



Registered Charity No 1035670

## HEALTH AND SAFETY POLICY

**Beckley Preschool** believes that the health and safety of children is of paramount importance. We make our setting a safe and healthy place for children, parents/carers, staff and volunteers.

### **Aim**

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

All employees must be aware of any health and safety issues and be responsible for ensuring that the policy is adhered to.

1. **Risk assessments**
2. **Insurance cover**
3. **Awareness training**
4. **Children's safety**
5. **Safety of adults**
6. **Security**
7. **Kitchen**
8. **Electrical/gas equipment**
9. **Storage**
10. **Outdoor area**
11. **Hygiene**
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13. **Food and drink**
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22. **Dealing with incidents**
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24. **Administration of medication**
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### **1. Risk assessment**

Our risk assessment process includes:

Checking for hazards and risks indoors and outside, and in our activities and procedures. Our assessment covers adults and children; deciding which area needs attention; and developing an action plan for these areas.

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

### **2. Insurance cover**

We have public liability insurance and employers' liability insurance. The certificate for public liability insurance is displayed on the notice board.

### **3. 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 wellbeing, including safe lifting and the storage of potentially dangerous substances.

The Health and safety policy is 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 given and issues discussed regularly at staff meetings.

We have a no smoking policy.

Children are made aware of health and safety issues through discussions, planned activities and routines.

### **4. Children's safety**

We ensure all staff employed has been checked for criminal records by an enhanced disclosure from the Disclosure and Barring Service.

Adults do not normally supervise children on their own.

All children are supervised by adults at all times.

Whenever children are on the premises the Child/Adult ratio is adhered to.

The comfort of children and adults within the setting is important, and heating, lighting and ventilation are constantly checked.

There will be space for children and adults to move safely and freely from one activity to another.

Electrical points will have safety plugs fitted.

There will be no trailing electrical wires.

### **5. Safety of Adults**

Adults are provided with guidance about the safe storage, movement, lifting and erection of large pieces of equipment.

When adults need to reach up to store equipment or to change light bulbs they are provided with safe equipment to do so.

All warning signs are clear and in appropriate languages.

Adults do not remain in the building on their own or leave on their own after dark.

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

### **6. Security**

Systems are in place for the safe arrival and departure of children. The children's arrivals are recorded.

The arrival and departures of visitors are recorded.

Our systems prevent any unauthorised access to our premises.

Our systems prevent children from leaving our premises unnoticed.

The personal possessions of staff and volunteers are securely stored during sessions.

## 7. Kitchen

Children do not have unsupervised access to the kitchen.

All surfaces are clean and non-porous.

There are separate facilities for hand-washing and for washing up.

Cleaning materials and other dangerous materials are stored out of children's reach.

When children take part in cooking activities, they:

- are supervised at all times;
- are kept away from hot surfaces and hot water;
- do not have unsupervised access to electrical equipment.

## 8. 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.

There are sufficient sockets to prevent overloading.

The temperature of hot water is controlled to prevent scalds.

Lighting and ventilation is adequate in all areas including storage areas.

## 9. Storage

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

All equipment and resources are stored or stacked safely to prevent them accidentally falling or collapsing.

## 10. Outdoor area

Our outdoor area is securely fenced and checked for safety and, cleared of rubbish or any faeces before it is used.

Adults and children are alerted to the dangers of poisonous plants, herbicides and pesticides.

Where water can form a pool on equipment, it is emptied before children start playing outside.

All outdoor activities are supervised at all times.

## 11. Hygiene

Beckley Preschool believes that good hygiene is important in all situations, to protect everyone against possible infection. Our daily routines encourage the children to learn about personal 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.

We have a regular cleaning routine for the setting which includes play room(s), kitchen, rest area, toilets and nappy changing areas.

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:

- Hands are washed after using the toilet;
- Hands are washed before handling food;
- Washing up is done in a dishwasher or a sterilizing solution is used.
- Washing and drying cloths are changed daily
- Hands are dried on disposable paper towels
- Cleaning tables between activities;
- Checking toilets regularly;
- Sand spilled on the floor is swept up and disposed of;
- Wearing protective clothing, such as aprons and disposable gloves, as appropriate;
- Providing sets of clean clothes;
- A box of tissues is available and children are encouraged to blow and wipe their noses when necessary, and soiled tissues disposed of hygienically;

- Floors are mopped after all spillages or accidents. When wiping up spills of any bodily fluids we;
- wear gloves
- use an appropriate cleaning solution
- seal soiled materials in two plastic bags
- wash any Preschool equipment that has come into contact with bodily fluids

#### 12. **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.

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.

#### 13. **Food and drink**

Staff who prepare and handle food receive appropriate training and understand, and comply with, food safety and hygiene regulations.

All food and drink is stored appropriately.

Adults do not carry hot drinks through the play area(s) and do not place hot drinks within reach of children.

Snack and meal times are appropriately supervised and children do not walk about with food and drinks.

Fresh drinking water is available to the children at all times.

We operate systems to ensure that children do not have access to food/drinks to which they are allergic.

#### 14. **Outings and visits**

We have agreed procedures for the safe conduct of outings.

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.

Our adult to child ratio is high, normally one adult to two children.

Named children are assigned to individual staff/helpers 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 record book stating:

- the date and item of outing
- the venue and mode of transport
- names of staff assigned to named children
- time of return

Staff take a mobile phone on outings, and supplies of tissues, wipes, pants etc. as well as a first aid kit, 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.

Records are kept of the vehicles used to transport children, with named drivers and appropriate insurance cover. If hired or public transport does not have the appropriate seating restraints, Parents/Carers are informed prior to the outing so that they may decide whether or not they wish their child to participate.

## 15. **Missing child**

Children's safety is maintained as the highest priority at all times both on and off premises. Every attempt is made through carrying out the outings procedure and the exit/entrance procedure to ensure the security of children is maintained at all times. In the unlikely event of a child going missing, our missing child procedure is followed.

### Procedures

#### *Child going missing on the premises*

- As soon as it is noticed that a child is missing the key person/staff alerts the manager.
- The manager will carry out a thorough search of the building and garden.
- The register is checked to make sure no other child has also gone astray.
- Doors and gates are checked to see if there has been a breach of security whereby a child could wander out.
- If the child is not found, the parent is contacted and the missing child is reported to the police.
- The manager talks to the staff to find out when and where the child was last seen and records this.
- The manager contacts the chairperson and reports the incident. The chairperson, with the management committee carries out an investigation and may come to the setting immediately.

#### *Child going missing on an outing*

If the Preschool's policies and procedures are being observed the likelihood of a child being lost is small. Very occasionally a child may become separated from the group on an outing or become lost. With careful planning and co-operative working amongst staff and volunteers, children should not be out of sight of an adult during an outing. Senior Staff on the outings should be aware of where children are at all times and do frequent mental 'head counts'. If a child goes missing from an outing where parents are not attending and responsible for their own child, the setting ensures that the procedure is followed.

- As soon as it is noticed that a child is missing, staff on the outing ask children to stand with their designated person and carry out a headcount to ensure that no other child has gone astray. One staff member searches the immediate vicinity but does not search beyond that.
- The manager is contacted immediately and the incident is reported.
- The outings leader contacts the police and reports the child as missing.
- The manager contacts the parent, who makes their way to the setting or outing venue as agreed with the outings leader. The setting is advised as the best place, as by the time the parent arrives, the child may have been returned to the setting.
- Staff take the remaining children back to the setting.
- In an indoor venue, staff contact the venue's security who will handle the search and contact the police if the child is not found.
- The manager contacts the chairperson and reports the incident. The chairperson, with the management committee, carries out an investigation and may come to the setting immediately.
- The outings leader, or designated staff member may be advised by the police to stay at the venue until they arrive.

#### *The investigation*

- Staff must keep calm and do not let the other children become anxious or worried.
- The manager together with the chairperson or representative from the management committee speaks with the parent(s).
- The chairperson and management committee carry out a full investigation taking written statements from all the staff that were on the outing.

- The outings leader writes an incident report detailing:
  1. The date and time of the report.
  2. What staff/children were on the outing and the name of the staff/carer designated responsible for the missing child.
  3. When the child was last seen on the outing.
  4. What has taken place on the outing since the child went missing.
  5. The time it is estimated that the child went missing.
- A conclusion is drawn as to how the breach of security happened.
- If the incident warrants a police investigation, all staff co-operate fully. In this case, the police will handle all aspects of the investigation, including interviewing staff. Children's Social Care may be involved if it seems likely that there is a child protection issue to address.
- The incident is reported under RIDDOR arrangements (see the Reporting of Accidents and Incidents policy); the local authority Health and Safety Officer may want to investigate and will decide if there is a case for prosecution.
- In the event of disciplinary action needing to be taken, Ofsted is informed.
- The insurance provider is informed.

### *Managing people*

- Missing child incidents are very worrying for all concerned. Part of managing the incident is to try to keep everyone as calm as possible.
- The staff will feel worried about the child, especially the key person or the designated carer responsible for the safety of that child for the outing. They may blame themselves and their feelings of anxiety and distress will rise as the length of time the child is missing increases
- Staff may be the understandable target of parental anger and they may be afraid. Setting leaders need to ensure that staff under investigation are not only fairly treated but receive support while feeling vulnerable.
- The parents will feel angry, and fraught. They may want to blame staff and may single out one staff member over others; they may direct their anger at the setting leader. When dealing with a distraught and angry parent, there should always be two members of staff, one of whom is the manager and the other should be the chairperson of the management committee or representative. No matter how understandable the parent's anger may be, aggression or threats against staff are not tolerated, and the police should be called.
- The other children are also sensitive to what is going on around them. They too may be worried. The remaining staff caring for them need to be focused on their needs and must not discuss the incident in front of them. They should answer children's questions honestly but also reassure them.
- In accordance with the severity of the final outcome, staff may need counselling and support. If a child is not found, or is injured, or worse, this will be a very difficult time. The chairperson will use their discretion to decide what action to take.
- Staff must not discuss any missing child incident with the press without taking advice

## **16. Animals**

Children learn about the natural world, its animals and other living creatures, as part of the Early Years Foundation Stage curriculum. This may include contact with animals, or other living creatures, either in the setting or in visits. We aim to ensure that this is in accordance with sensible hygiene and safety controls.

### *Animals in the setting as pets*

- We take account of the views of parents and children when selecting an animal or creature to keep as a pet in the setting.
- We carry out a risk assessment with a knowledgeable person accounting for any hygiene or safety risks posed by the animal or creature.
- We provide suitable housing for the animal or creature and ensure this is cleaned out regularly and is kept safely.

- We ensure the correct food is offered at the right times.
- We make arrangements for weekend and holiday care for the animal or creature.
- We register with the local vet and take out appropriate pet care health insurance.
- We make sure all vaccinations and other regular health measures, such as de-worming are up-to-date and recorded.
- Children are taught correct handling and care of the animal or creature and are supervised.
- Children wash their hands after handling the animal or creature and do not have contact with animal soil or soiled bedding.
- Staff wear disposable gloves when cleaning housing or handling soiled bedding.

If animals or creatures are brought in by visitors to show the children they are the responsibility of the owner. The owner carries out a risk assessment, detailing how the animal or creature is to be handled and how any safety or hygiene issues will be addressed.

#### *Visits to farms*

- Before a visit to a farm a risk assessment is carried out - this may take account of safety factors listed in the farm's own risk assessment which should be viewed.
- The outings procedure is followed.
- Children wash their hands after contact with animals.
- Outdoor footwear worn to visit farms are cleaned of mud and debris and should not be worn indoors.
- Children wash their hands after contact with animals.

#### **17. Fire safety**

Fire doors are clearly marked, never obstructed and easily opened from inside. Smoke detectors/alarms and firefighting appliances conform to BSEN standards, are fitted in appropriate high risk areas of the building and are checked as specified by the manufacturer.

Our emergency evacuation procedures are approved by the Fire Safety Officer and are:

- clearly displayed in the premises;
- explained to new members of staff, volunteers and parents;
- practised regularly.

All adults are aware of the whereabouts of the nearest phone

Records are kept of fire drills.

#### **18. Fire Drill Procedure**

A whistle will be blown or alarm sounded.

Children should stop play as soon as they hear the whistle/alarm and walk to the fire exit.

Staff to lead Children to fire exit and, as a group, onto the designated meeting point

After alarm has been raised ensure fire situation area is clear of people and doors are closed.

Manager to collect register, ensure all persons have left the areas, and meet at the designated meeting point to confirm all persons are accounted for.

Deputy to call the Fire Brigade.

#### **19. Accidents and Illnesses**

**IF IN DOUBT ABOUT ANY INJURY, CALL AN AMBULANCE**

Beckley Preschool has adopted the following procedure should it be necessary to call an ambulance.

The Manager will designate someone to telephone the ambulance by dialing 999 or 112 and this person should have the following information to hand:

Health and Safety Policy

- The name of the Preschool and the **precise** address: -

Beckley Preschool  
Beckley Village Centre

Main Street Beckley

East Sussex  
TN31 6RL  
01797 260582

- Brief details of the injury.

The child's Parents/Carers should be contacted and arrangements made for them to meet the child and the Preschool's staff member at the Accident and Emergency Department at the hospital.

A member of staff must accompany the child if the Parent/Carer is not present and the child's recorded details must be taken with them. The staff member who accompanies the child does not take the place of the Parent/Carer and should not sign anything in connection with the child.

We will notify OFSTED and local child protection agencies of any serious accident or injury to, or serious illness of, or the death of, any child whilst in our care and act on advice given.

#### 20. **First aid**

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

All accidents will be referred to and dealt with by a member of staff who holds a current first aid certificate.

All accidents that occur in the Preschool, to any person, should be recorded in an accident/incident book. Details should be entered as soon as possible after the accident. Incidents to include are anything that could possibly have future consequences. These include:

- All bumps/knocks to the head
- All bites - insect or human
- All wounds that bleed
- Foreign bodies in eyes/ears/noses/mouths, including sand in the eyes

Our first aid kit:

- complies with the Health and Safety (First Aid) Regulations 1981(revised 2013);
- is regularly checked by a designated member of staff and re-stocked as necessary;
- is easily accessible to adults;
- is kept out of the reach of children.

Parents/Carers sign the Registration form giving their permission for the staff to act appropriately in a medical emergency.

#### 21. **Accident / Incident book:**

- is kept safely and accessibly;
- all staff and volunteers know where it is kept;
- is reviewed at least half termly to identify any potential or actual hazards.

Ofsted is notified of any injury requiring treatment by a general practitioner or hospital doctor, or the death of a child or adult.

When there is any injury requiring general practitioner or hospital treatment to a child, parent, volunteer or visitor or where there is a death of a child or adult on the premises, we make a report to the Health and Safety Executive using the format for the Reporting of Injuries, Diseases and Dangerous Occurrences.

The accident/incident book should be shown to the Parent/Carer of the Child concerned as soon as they arrive and they should be asked to sign it to record acknowledgement.



We meet our legal requirements for the safety of our employees by complying with RIDDOR (the Reporting of Injury, Disease and Dangerous Occurrences Regulations) and Health Protection (Notification) Regulations 2010. We report to the Health and Safety Executive:

- any accident to a member of staff requiring treatment by a general practitioner or hospital;
- In an emergency procedures are carried out promptly, accurately and calmly.
- 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 Accident/Incident Book.

The accident/incident book should be shown to the Parent/Carer of the Child concerned as soon as they arrive and they should be asked to sign it to record acknowledgement. Any follow up, or insurance claim made, should also be 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 Policy will be followed and staff will take charge of their key children. The incident is recorded when the threat is averted.

## 22. Unusual Occurrences

We keep an incident book for recording incidents including those that are reportable to the Health and Safety Executive as above.

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,
- 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, if it was reported to the police, and if so a crime number.

In the unlikely event 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.

We will notify OFSTED and local child protection agencies of any serious accident or injury to, or serious illness of, or the death of, any child whilst in our care and act on advice given.

## 23. Administration of medication

While it is not our policy to care for sick children, who should be at home until they are well enough to return to the setting, we will agree to administer medication as part of maintaining their health and well-being or when they are recovering from an illness. In many cases, it is possible for children's GP's to prescribe medicine that can be taken at home in the morning and evening. As far as possible, administering medicines will only be done where it would be detrimental to the child's health if not given in the setting. If a child has not had a medication before it is advised that the parent keeps the child at home for the first 48 hours to ensure no adverse effect as well as to give time for the medication to take effect. The Managers decision, on whether they feel a child is well enough to attend, is final.

These procedures are written in line with current guidance in 'Managing Medicines in Schools and Early Years Settings; the manager is responsible for ensuring all staff

understand and follow these procedures.

- The key person [providing they hold a current paediatric first aid certificate] is responsible for the correct administration of medication to children for whom they are the key person. This includes ensuring that parent consent forms have been completed, that medicines are stored correctly and that records are kept according to procedures. The Manager or deputy is responsible for the overseeing of administering medication.
- Only prescribed medication may be administered. It must be in-date and prescribed for the current condition. Oral medications must be prescribed by a GP or have manufacturer's instructions clearly written on them.
- Children's prescribed drugs are stored in their original containers, are clearly labelled and are inaccessible to the children.
- Children taking prescribed medication must be well enough to attend the setting.
- Parents give prior written permission for the administration of medication. This states the name of the child, name/s of parent(s), the name of the medication, the dose and times, or how and when the medication is to be administered.
- The administration is recorded accurately each time it is given and is signed by staff.
- Parents sign the record book to acknowledge the administration of a medicine.
- If the administration of prescribed medication requires medical knowledge, individual training is provided for the relevant member of staff by a health professional.
- Medication will not be given to a child in the Preschool's care without the written consent of the Child's Parent or Carer.
- Medication should be administered in private/away from other children if the child requests it.
- Aspirin must not be given to children.
- If rectal diazepam is given another member of staff must be present and co-signs the record book.
- No child may self-administer. Where children are capable of understanding when they need medication, for example with asthma, they should be encouraged to tell their key person what they need. However, this does not replace staff vigilance in knowing and responding when a child requires medication.

Lifesaving medication & invasive treatments - 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).

The setting must have:

- a letter from the child's GP/consultant stating the child's condition and what medication if any is to be administered;
- written consent from the parent or guardian allowing staff to administer medication; and
- proof of training in the administration of such medication by the child's GP, a district nurse, children's' nurse specialist or a community paediatric nurse.
- Copies of all letters relating to these children must first be sent to the Insurance Department for appraisal Confirmation will then be issued in writing confirming that the insurance has been extended.

Key person for special needs children - children requiring help with tubes to help them with everyday living e.g. breathing apparatus, to take nourishment, colostomy bags etc.

- Prior written consent from the child's parent or guardian to give treatment and/or medication prescribed by the child's GP.
- Key person to have the relevant medical training/experience, which may include those who have received appropriate instructions from parents or guardians, or who have qualifications.
- Copies of all letters relating to these children must first be sent to the Insurance Department for appraisal. Written confirmation that the insurance has been extended will be issued by return

At all times the administration of medication must be compliant with the Welfare Requirements of the Early Years Foundation Stage and follow procedures based on advice given in supporting pupils at school with medical conditions (DfE 2014)

#### *Children who have long term medical conditions and who may require on ongoing medication*

- A risk assessment is carried out for each child with long term medical conditions that require ongoing medication. This is the responsibility of the manager alongside the key person. Other medical or social care personnel may need to be involved in the risk assessment.
- Parents will also contribute to a risk assessment. They should be shown around the setting, understand the routines and activities and point out anything which they think may be a risk factor for their child.
- For some medical conditions key staff will need to have training in a basic understanding of the condition as well as how the medication is to be administered correctly. The training needs for staff is part of the risk assessment.
- The risk assessment includes vigorous activities and any other nursery activity that may give cause for concern regarding an individual child's health needs.
- The risk assessment includes arrangements for taking medicines on outings and the child's GP's advice is sought if necessary where there are concerns.
- A health care plan for the child is drawn up with the parent; outlining the key person's role and what information must be shared with other staff who care for the child.
- The health care plan should include the measures to be taken in an emergency.
- The health care plan is reviewed every six months or more if necessary. This includes reviewing the medication, e.g. changes to the medication or the dosage, any side effects noted etc.
- Parents receive a copy of the health care plan and each contributor, including the parent, signs it.

#### *Storage of medicines*

- All medication is stored safely in a locked cupboard or refrigerated.
- The child's key person is responsible for ensuring medicine is handed back at the end of the day to the parent.
- For some conditions, medication may be kept in the setting. Key persons check that any medication held to administer on an as and when required basis or on a regular basis, is in date and returns any out-of-date medication back to the parent.

#### *Managing medicines on trips and outings*

If children are going on outings, staff accompanying the children must include the key person for the child with a risk assessment, or another member of staff who is fully informed about the child's needs and/or medication.

- Medication for a child is taken in a sealed plastic box clearly labelled with the child's name, name of the medication, Inside the box is a copy of the consent form and a card to record when it has been given, with the details as given above.
- On returning to the setting the card is stapled to the medicine record book and the parent signs it.
- If a child on medication has to be taken to hospital, the child's medication is taken in a sealed plastic box clearly labelled with the child's name, name of the medication. Inside the box is a copy of the consent form signed by the parent.
- As a precaution, children should not eat when travelling in vehicles

This procedure is read alongside the outings procedure.

## 24. Sickness

Our policy for the exclusion of ill or infectious children is discussed with parents. This includes procedures for contacting parents - or other authorised adults - if a child becomes ill while in the setting.

We do not provide care for children who are unwell, have a temperature, sickness and diarrhoea, or who have an infectious disease. Children must be clear of symptoms for at least 48 hours before attending pre-school.

Children of Preschool staff or volunteers who are unwell are not allowed to accompany their parents to work.

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

- If children appear unwell during the day, has a temperature, sickness, diarrhoea or pains, particularly in the head or stomach – the Manager calls the parents and asks them to collect the child, or send a known carer to collect on their behalf.
- If a child has a temperature, they are kept cool, by removing top clothing, sponging their heads with cool water, but kept away from draughts.
- Temperature is taken using a 'fever scan' kept near to the first aid box.
- In extreme cases of emergency the child should be taken to the nearest hospital and the parent informed.
- Parents are asked to take their child to the doctor before returning them to nursery; the nursery can refuse admittance to children who have a temperature, sickness and diarrhoea or a contagious infection or disease.
- Where medication has been prescribed it is advised that the parent keeps the child at home for the first 48 hours, especially if the child has not had a medication before, to ensure no adverse effect as well as to give time for the medication to take effect.
- After diarrhoea, parents are asked to keep children home for 48 hours or until a formed stool is passed.
- The setting has a list of excludable diseases and current exclusion times. The full list is obtainable from [www.patient.co.uk](http://www.patient.co.uk) and includes common childhood illnesses such as measles.

Staff showing signs of an infectious disease is sent home and emergency adult cover is called upon to ensure the staff/child ratio is correct.

At the end of the session Parents/carers are notified that there has been a case of an infectious illness, such as chicken pox, in the setting. No personal information about which child is involved will be given out.

If a child who attends the setting is absent and we are informed by the parent/carers that the child has an infectious disease then the above procedure will apply.

### *Influenza pandemic procedures.*

Experts advise that the flu pandemic is inevitable, but cannot say when it will happen. When a pandemic happens we will receive information and advice from the Department of Health and Local Authorities.

To help slow the spread of a pandemic we apply our usual hygiene procedures which include;

- washing hands using soap and water;
- covering mouths when coughing and sneezing;
- disposing of used tissues correctly.

In a pandemic, while our setting remains open, we will;

- take hygiene measures to reduce the risk of infection;
- ensure that any adults or children showing signs of infection go home;
- provide any information requested by our Local Authority, e.g. absence rates.

We will follow our local schools policy on closure which means they would have had Government advice that schools and nurseries in the area should close. We may have to close because of reasons specific to the Preschool [e.g. too many staff of ill]. We will remain closed until we have had advice from the Local Authority on when to re-open.

*HIV (Human Immunodeficiency Virus)* may affect children or families attending the setting. Staff may or may not be informed about it. If the Manager is informed that a child/adult is HIV positive the information must be passed on to the Chair of the Committee but must not be shared with anyone else. Children or families are not excluded because of HIV.

#### *HIV/AIDS/Hepatitis procedure*

- HIV virus, like other viruses such as Hepatitis, (A, B and C) are spread through body fluids. Hygiene precautions for dealing with body fluids are the same for all children and adults.
- Single use vinyl gloves and aprons are worn when changing children's nappies, pants and clothing that are soiled with blood, urine, faeces or vomit.
- Protective rubber gloves are used for cleaning/slucing clothing after changing.
- Soiled clothing is bagged for parents to collect. Alternatively if parents agree the soiled items can be placed in the sanitary disposal unit.
- Spills of blood, urine, faeces or vomit are cleared using mild disinfectant solution and mops; cloths used are disposed of with the clinical waste.
- Tables and other furniture, furnishings or toys affected by blood, urine, faeces or vomit are cleaned using a disinfectant.

#### *Head lice*

- Nits and head lice are not an excludable condition but we do ask you to treat the hair immediately to prevent them spreading to other children. In exceptional cases a parent may be asked to keep the child away until the infestation has cleared.
- On identifying cases of head lice, all parents are informed and asked to treat their child and all the family if they are found to have head lice.

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

- If a child or adult is diagnosed suffering from a notifiable disease under the Health Protection (Notification) Regulations 2010, the GP will report this to the Health Protection Agency.
- When the setting becomes aware, or is formally informed of the notifiable disease, the manager informs Ofsted and acts on any advice given by the Health Protection Agency.

#### *Procedures for children with allergies*

- When parents start their children at the setting they are asked if their child suffers from any known allergies. This is recorded on the registration form.
- If a child has an allergy, a risk assessment form is completed to detail the following:
  1. The allergen (i.e. the substance, material or living creature the child is allergic to such as nuts, eggs, bee stings, cats etc).
  2. The nature of the allergic reactions e.g. anaphylactic shock reaction, including rash, reddening of skin, swelling, breathing problems etc.
  3. What to do in case of allergic reactions, any medication used and how it is to be used (e.g. Epipen).
  4. Control measures – such as how the child can be prevented from contact with the allergen.
- This form is kept in the child's personal file and a copy is displayed where staff can see it.
- Parents train staff in how to administer special medication in the event of an allergic reaction.
- 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.

## 25. Records

In accordance with the Statutory Framework for the Early Years Foundation Stage, we keep records of:

Adults;

- names and addresses of all staff on the premises, including temporary staff who work with the children or who have substantial access to them;
- names and addresses of the owners or of all members of the management committee;
- all records relating to the staff's employment with the setting, including application forms, references, results of checks undertaken etc.

Children;

- names, addresses and telephone numbers of parents and adults authorised to collect children from setting;
- the names, addresses and telephone numbers of emergency contacts in case of children's illness or accidents.
- the allergies, dietary requirements and illnesses of individual children;
- the times of attendance of children, staff, volunteers and visitors;
- accidents and medicine administration records;
- consents for outings, administration of medication, emergency treatment; and incidents.

### *Privacy Notice*

Beckley Preschool processes personal information about its pupils and is a 'data controller' for the purposes of the GDPR 2018. We collect information from you and may receive information about your child from their previous setting.

We hold and use your child's information to support their teaching and learning, monitor and report on how well they are doing, provide them with pastoral care and to assess how well the setting is doing.

The information we hold includes yours and your child's contact details, your child's national curriculum assessment results, attendance information, ethnic group, special educational needs and any relevant medical information.

We will not give information about you or your child to anyone outside the Preschool without your permission unless the law and our rules permit it. We are required by law to pass some of your child's information to East Sussex County Council and to the Department for Education [DfE] and local NHS agencies. We will pass on individual child records to the receiving setting when a child moves from one setting to another. This includes when a child moves to reception class in primary school.

You can ask to see the information we hold about you.

If you want to see the information we hold and share about you then please contact the settings Manager.

use your information please contact them:

East Sussex County Council:

[www.eastsussex.gov.uk/dataprotection](http://www.eastsussex.gov.uk/dataprotection)

Department for education:

<http://media.education.gov.uk/assets/files/doc/w/what%20the%20department%20does%20with%20data%20on%20pupils%20and%20children.doc>

<http://www.education.gov.uk/researchandstatistics/childrenandyoungpeople/a0064391/who-the-department-passes-pupil-data-to>

If you are unable to access these websites, please contact the County council or DfE as follows:

Information Governance Officer

East Sussex County Council

County Hall

St Anne's Crescent

Lewes

BN7 1UE

Tel: 01273 482901

Email: [CS.DPA@eastsussex.gov.uk](mailto:CS.DPA@eastsussex.gov.uk)

Website: [www.eastsussex.gov.uk](http://www.eastsussex.gov.uk)

Public Communications Unit

Department for Education

Sanctuary Buildings

Great Smith Street

London

SW1P 3BT

Tel: 0870 000 2288

Email: <http://www.education.gov.uk/help/contactus>

Website: [www.education.gov.uk](http://www.education.gov.uk)

This policy was adopted by the Management Committee of Beckley Preschool after review on 5<sup>th</sup> October 2011.

Reviewed 7<sup>th</sup> October 2014

Reviewed 8<sup>th</sup> March 2020

Signed on behalf of the management committee

Name of signatory

Role of signatory