

Health and safety

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See also Appendix 1: Risk Assessment

Health and safety policy

Designated Health and Safety Officer is: Tracey Jacobs

Aim

Our provision is a suitable, clean and safe place for children to be cared for, where they can grow and learn. We meet all statutory requirements for health and safety and fulfil the criteria for meeting the Early Years Foundation Stage Safeguarding and Welfare Requirements.

- 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.
- Our member of staff responsible for health and safety is Tracey Jacobs.
- She is competent to carry out these responsibilities.
- She has undertaken health and safety training and regularly updates her knowledge and understanding.
- We display the necessary health and safety poster in Glenton building office.

Objectives

- We recognise that we have a corporate responsibility and duty of care towards those who work in and receive a service from our provision. Individual staff and service users also have responsibility for ensuring their own safety as well as that of others. Adherence to policies and procedures and risk assessment is the key means through which this is achieved.
- Insurance is in place (including public liability) and an up-to-date certificate is always displayed.
- Risk assessment is carried out to ensure the safety of children, staff, parents, and visitors. Legislation requires all those individuals in the given workplace to be responsible for the health and safety of premises, equipment and working practices.
- Smoking is not allowed on the premises, both indoors and outdoors. If children use any public space that has been used for smoking, members of staff ensure that there is adequate ventilation to clear the atmosphere. Staff do not smoke in their work clothes and are requested not to smoke within at least one hour of working with children. The use of electronic cigarettes is not allowed on the premises.
- Staff must not be under the influence of alcohol or any other substance which may affect their ability to care for children. If staff are taking medication that they believe may impair them, they seek further medical advice and only work directly with children if that advice is that the medication is unlikely to impair their ability to look after children. The setting manager must be informed.
- Alcohol must not be bought onto the premises for consumption.

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- A risk assessment (01.1a Generic risk assessment) and access audit (01.1b Access audit form) are carried out for each area and the procedure is modified according to needs identified for the specific environment.
- Risk assessments are monitored and reviewed by those responsible for health and safety.

Legal references

Health and Safety at Work etc Act 1974

Health and Safety (Consultation with Employees) Regulations 1996

Management of Health and Safety at Work Regulations (1999)

Insurance cover

We have public liability insurance and employers' liability insurance. The certificate for public liability insurance is displayed in each building.

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 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.

Windows

- Low level windows are made from materials that prevent accidental breakage or we ensure that they are made safe.
- We ensure that any blind cords are secured safely and do not pose a strangulation risk for young children.

Doors

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

Floors and walkways inside and out

- 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 slopes are left clear and uncluttered.

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Electrical equipment

- We ensure that all electrical equipment conforms to safety requirements and is checked regularly.
- Our electrical meter cupboard is not accessible to the children.
- Heaters, electric sockets, wires and leads are properly guarded and we teach the children not to touch them.
- We check heaters daily to make sure they are not covered.
- There are sufficient sockets in our setting to prevent overloading.
- We switch electrical devices off from the plug after 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, including storage areas.
- CO2 detectors are used to monitor ventilation.

Storage

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

Outdoor areas

- Our outdoor areas are securely fenced. All gates and fences are childproof and safe.
- Our outdoor areas are checked for safety and cleared of rubbish, animal droppings and any other unsafe items before it is used.
- Adults and children are alerted to the dangers of poisonous plants, herbicides and pesticides.
- We leave receptacles upturned to prevent collection of rainwater. Where water can form a pool on equipment, it is emptied and cleaned before children start playing outside.
- Our outdoor sand pit is covered when not in use and is cleaned regularly.
- We check that children are suitably attired for the weather conditions and type of outdoor activities; ensuring that sun cream is applied and hats are worn during the summer months.
- We supervise outdoor activities at all times; and particularly children on climbing equipment.

Hygiene

- We seek information from the 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 daily cleaning routine for the setting, which includes the play room(s), kitchen, rest area, toilets and nappy changing areas. Children do not have unsupervised access to the kitchens.
- 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;
 - cleaning and checking toilets regularly;
 - wearing protective clothing - such as aprons and disposable gloves - as appropriate;
 - providing sets of clean clothes;
 - providing tissues, wipes and paper hand towels.

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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.
- The layout of our play equipment allows adults and children to move safely and freely between activities.
- All our equipment is regularly checked for cleanliness and safety, and any dangerous items are repaired or discarded.
- We make safe and separate from general use any areas that are unsafe because a repair is needed.
- All our materials, including paint and glue, are non-toxic.
- We ensure that sand is clean and suitable for children's play.
- Physical play is constantly supervised.
- We teach children to handle and store tools safely.
- We check children who are sleeping at regular intervals of at least every ten minutes. This is recorded with the times checked and the initials of the person undertaking the check.
- If children fall asleep in-situ, it may be necessary to move or wake them to make sure they are comfortable.
- 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. Large pieces of equipment are discarded only with the consent of the manager and the management team.

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.
- Parents must ensure that any jewellery worn by children poses no danger; particularly earrings which may get pulled, bracelets which can get caught when climbing or necklaces that may pose a risk of strangulation.
- We ensure that hair accessories are removed before children sleep or rest.

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 provide safe equipment for adults to use when they need to reach up to store equipment or to change light bulbs.
- We ensure that all warning signs are clear and in appropriate languages.
- 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.

Control of substances hazardous to health

- Our staff implement the current guidelines of the Control of Substances Hazardous to Health Regulations (COSHH).
- We keep a record of all substances that may be hazardous to health - such as cleaning chemicals, or gardening chemicals if used and where they are stored.
- Hazardous substances are stored safely away from the children.

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- We carry out a risk assessment for all chemicals used in the setting. This states what the risks are and what to do if they have contact with eyes or skin or are ingested.
- We keep all cleaning chemicals in their original containers.
- We keep the chemicals used in the setting to the minimum in order to ensure health and hygiene is maintained.
- Environmental factors are taken into account when purchasing, using and disposing of chemicals.
- All members of staff are vigilant and use chemicals safely.
- Members of staff wear protective gloves when using cleaning chemicals.

Adverse Weather Procedures

Walkways and Ramps

Daily the Manager and Deputy - Identify the outdoor areas used by pedestrians most likely to be affected by ice, for example: - building entrances, pedestrian walkways, shortcuts, sloped areas and areas constantly in the shade or wet.

The Manager and Deputy will - Monitor the temperature, and take necessary steps to assess if the provision will be open due to adverse weather conditions using advice from local and national weather forecasts.

A procedure is in place daily in adverse weather conditions to prevent an icy surface forming and/or keep pedestrians off the slippery surface.

We use grit in the morning on areas deemed needing this treatment (grit sourced for this purpose). It is used on areas prone to be slippery in frosty, icy conditions; walkways and our ramps into the mobile classrooms. Parents will be, if deemed necessary, diverted to use safer entrances into the site and mobile classrooms. Staff will direct in these situations or notices will be put up to direct.

Lighting

There is enough lighting from the mobile classrooms and outside to ensure parents are able to avoid hazards that might be on the ground.

Wet and decaying leaves

Daily the manager and deputy check for fallen leaves that become wet or have started to decay which can and may create slip risks.

Risk assessment policy

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 by assessing and minimising the hazards and risks to enable the children to thrive in a healthy and safe environment.

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 parents should be involved in reviewing risk assessments and procedures – they are the ones with first-hand knowledge as to whether the control measures are effective – and they can give an informed view to help update procedures accordingly.

This policy is based on the five steps below:

1. Identification of a risk: Where is it and what is it?
 2. Who is at risk: Childcare staff, children, parents, cooks, cleaners etc?
 3. Assessment as to whether the level of a risk is high, medium, low. This takes into account both the likelihood of it happening, as well as the possible impact if it did.
 4. Control measures to reduce/eliminate risk: What will you need to do, or ensure others will do, in order to reduce that risk?
 5. Monitoring and review: How do you know if what you have said is working, or is thorough enough? If it is not working, it will need to be amended, or maybe there is a better solution.
- Our Manager and/or Deputy Manager undertake training and ensure staff and volunteers have adequate training in health and safety matters.
 - Our risk assessment process covers adults and children and includes:
 - determining where it is helpful to make some written risk assessments in relation to specific issues, to inform staff practice, and to demonstrate how we are managing risks if asked by parents and/or carers and inspectors;
 - checking for and noting hazards and risks indoors and outside, in relation to our premises and activities;
 - 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 time-scales for action, the person responsible for the action and any funding required.
 - Our risk assessment is written and is reviewed regularly.

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- We maintain lists of health and safety issues, which are checked daily before the session begins, as well as those that are checked on a weekly and termly basis when a full risk assessment is carried out.
- Our Manager and/or Deputy Manager undertake ensures that checks, such as electricity and gas safety checks, and any necessary work to the setting premises are carried out annually and records are kept.
- Our Manager and/or Deputy Manager ensures that staff members carry out risk assessments that include relevant aspects of fire safety, food safety for all areas of the premises.
- Our Manager and/or Deputy Manager carry out risk assessments for work practice including:
 - changing children;
 - preparation and serving of food/drink for children; ○ children with allergies; ○ cooking activities with children;
 - supervising outdoor play and indoor/outdoor climbing equipment; ○ putting young children down for a sleep
 - assessment, use and storage of equipment for disabled children;
 - the use and storage of substances which may be hazardous to health, such as cleaning chemicals;
 - visitors to the setting who are bring equipment or animals as part of children’s learning experiences; and
 - following any incidents involving threats against staff or volunteers.
- Our Manager and/or Deputy Manager ensures that staff members carry out risk assessments for off-site activities if required, including:
 - children’s outings (including use of public transport)
 - home visits; and ○ other off-site duties such as attending meetings, banking etc.
 - We take precautions to reduce the risks of exposure to Legionella (Legionnaires disease). Our manager ensure that we are familiar with the HSE guidance and risk assess accordingly.
 - During a pandemic Longleaze pre-school and nursery will follow and advertise government guidelines as appropriate.

In electronic document also see appendixes

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Animals in the setting policy

Children learn about the natural world, its animals and other living creatures, as part of the Learning and Development Requirements of the Early Years Foundation Stage. This may include contact with animals, or other living creatures, either in the setting or on 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, as well as any allergies or issues that individual children may have any animals or creatures.
- 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.
- Our staff are knowledgeable of the pet's welfare and dietary needs and ensure that 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.
- We teach children the correct handling and care of the animal or creature and supervise them at all times.
- We ensure that children wash their hands after handling the animal or creature and do not have contact with animal soil or soiled bedding.
We 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 their 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, we carry out a risk assessment - this may take account of safety factors listed in the farm's own risk assessment, which should be viewed.
- We contact the venue in advance of the visit to ensure that there has been no recent outbreak of E.coli or other infections. If there has been an outbreak, we will review the visit and may decide to postpone it.
- We follow our outings procedure.
- Children wash and dry their hands thoroughly after contact with animals.
- Outdoor footwear worn to visit farms is cleaned of mud and debris as soon as possible on departure and should not be worn indoors.
- We advise staff and volunteers who are, or may be, pregnant to avoid contact with ewes and to consult their GP before the visit.

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Fire safety and emergency evacuation policy

We ensure the highest possible standard of fire precautions are in place. The person in charge and our staff are familiar with the current legal requirements. Where necessary we seek the advice of a competent person, such as our Fire Officer or Fire Safety Consultant. A Fire Safety Log Book is used to record the findings of risk assessment, any actions taken or incidents that have occurred and our fire drills. We ensure our policy is in line with the procedures specific to our building, making reasonable adjustments as required.

Fire safety risk assessment

- The basis of fire safety is risk assessment, carried out by a 'competent person'.
- The Manager or Deputy Manager has received training in fire safety sufficient to be competent to carry out the risk assessment; this will be written and will follow 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.
 - Cookers.
 - Matches.
 - Flammable materials – including furniture, furnishings, paper etc.
 - Flammable chemicals.
 - Means of escape.
 - Anything else identified.

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 fire-fighting appliances conform to BSEN standards, are fitted in appropriate high risk areas of the building and are checked as specified by the manufacturer.
- We have all electrical equipment checked annually by a qualified electrician. Any faulty electrical equipment is taken out of use and either repaired or replaced.
- We ensure sockets are covered.
- 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; and
 - are practised regularly, at least once every six weeks.
- Records are kept of fire drills and of the servicing of fire safety equipment.

Emergency evacuation procedure

On hearing the fire alarm:

- Room Leaders and staff inform the children that there is a fire and that we need to evacuate.
- Staff lead the children, and visitors, from the buildings, using the nearest fire exit.

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- On the way out staff ensure that all areas are empty. In Llewellyn building Emma Flack/Tracey Jacobs check the meeting room, connecting toilet and entrance area including cupboards.
- The Room leader collects the register, telephone and registration folder if it is safe to do so.
- Children line up on the yellow line in the KS2 Primary school playground and the Room Leader calls the register.
- Member of the management team telephones the emergency service.
- Room leaders/Management team telephone parents.

Fire drills

We hold fire drills termly, ensuring that children are familiar with the sound of the fire alarms, and record the following information about each fire drill in the Fire Safety Log Book:

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

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FIRE DRILL

ON FINDING A FIRE

RAISE THE ALARM!!!!!!

EMMA / TRACEY J / ROOM LEADER;

Ensure everyone vacates the building via the nearest fire exit
Collect the register, registration forms and check the building is
clear

- Call register at assembly point
ASSEMBLY POINT; KEY STAGE 2 PLAYGROUND

ALL STAFF;

- Escort everyone to the assembly point
- Call fire service; giving the following details;
LONGLEAZE PRE-SCHOOL AND NURSERY
BYRON AVENUE
ROYAL WOOTTON BASSETT
WILTSHIRE
SN4 8BA

First aid policy

We are able to take action to apply first aid treatment in the event of an accident involving a child or adult. We try and make sure all our staff are first aid trained which means there is at least one adult with a current first aid certificate 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 have evidence of due diligence when choosing first aid training and ensure that it is relevant to adults caring for young children.

The first aid kit

- Our first aid kits are accessible at all times and contains the following items (although we may hold additional items if they seem necessary):
 - 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.
- Information about who has completed first aid training and the location of the first aid box is provided to all our staff and volunteers. A list of staff and volunteers who have current PFA certificates is [displayed in the setting/made available to parents.
- The first aid box is easily accessible to adults and is kept out of the reach of children.
- Medication is only administered in line with our Administering Medicines policy.
- 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.

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- 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.

Giving medicines to children in our care policy

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. We ensure that where medicines are necessary to maintain health of the child, they are given correctly and in accordance with legal requirements.

In many cases, it is possible for children's GPs 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, especially a baby/child under two, it is advised that the parent keeps the child at home for the first 48 hours to ensure there are no adverse effects, as well as to give time for the medication to take effect.

Our staff are 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. In the absence of the key person, the manager is responsible for the overseeing of administering medication. We notify our insurance provider of all required conditions, as laid out in our insurance policy.

- Children taking prescribed medication must be well enough to attend the setting.
- We only usually administer medication when it has been prescribed for a child by a doctor (or other medically qualified person). It must be in-date and prescribed for the current condition.
- Non-prescription medication, such as pain or fever relief (e.g. Calpol) and teething gel, may be administered, but only with prior written consent of the parent and only when there is a health reason to do so, such as a high temperature. Children under the age of 16 years are never given medicines containing aspirin unless prescribed specifically for that child by a doctor. The administering of un-prescribed medication is recorded in the same way as any other medication.
- Children's prescribed medicines are stored in their original containers, are clearly labelled and are inaccessible to the children. On receiving the medication, the member of staff checks that it is in date and prescribed specifically for the current condition.
- Parents must give prior written permission for the administration of medication. The staff member receiving the medication will ask the parent to sign a consent form stating the following information. No medication may be given without these details being provided:

the full name of child and date of birth, the name of medication and strength, who prescribed it, the dosage and times to be given in the setting, the method of administration how the medication should be stored and its expiry date, any possible side effects that may be expected, the signature of the parent, their

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printed name and the date the administration of medicine is recorded accurately and is signed by the person administering the medication.

- Parents are shown the record at the end of the day and asked to sign the record book to acknowledge the administration of the medicine. The medication record book records the: name of the child, name and strength of the medication, name of the doctor that prescribed it, date and time of the dose, dose given and method, signature of the person administering the medication and witness who verifies that the medication has been given correctly, parent's signature (at the end of the day).
 - If the administration of prescribed medication requires medical knowledge, we obtain individual training for the relevant member of staff by a health professional.
 - 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.
 - We monitor the medication record book to look at the frequency of medication given in the setting. For example, a high incidence of antibiotics being prescribed for a number of children at similar times may indicate a need for better infection control.

Storage of medicines

- All medication is stored safely in a locked cupboard or refrigerated as required. Where the cupboard or refrigerator is not used solely for storing medicines, they are kept in a marked plastic box.
- 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 to be administered on a regular or as-and-when- required basis. Key persons check that any medication held in the setting, is in date and return any out-of-date medication back to the parent.

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

- We carry out a risk assessment for each child with a long term medical condition that requires on-going medication. This is the responsibility of our 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

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administered correctly. The training needs for staff form part of the risk assessment.

- The risk assessment includes vigorous activities and any other 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 advice is sought from the child's GP if necessary where there are concerns.
- An individual health plan for the child is drawn up with the parent; outlining [the key person's role and what information must be shared with other adults who care for the child.
- The individual health plan should include the measures to be taken in an emergency.
- We review the individual health plan every six months, or more frequently 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 individual health plan and each contributor, including the parent, signs it.

Managing medicines on trips and outings

- If children are going on outings, the key person for the child will accompany the children 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, the original pharmacist's label and the name of the medication. Inside the box is a copy of the consent form and a card to record when it has been given, including all the details that need to be recorded in the medication record as stated above. For medication dispensed by a hospital pharmacy, where the child's details are not on the dispensing label, we will record the circumstances of the event and hospital instructions as relayed by the parents.
- 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 and the name of the medication. Inside the box is a copy of the consent form signed by the parent.
- This procedure should be read alongside the outings procedure.

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To be reviewed at the next AGM in November 2023

Managing children who are sick, infectious, or with allergies policy

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.

During a pandemic we will follow government guidelines. (see attached documentation)

- If children appear unwell during the day – for example, if they have a temperature, sickness, diarrhoea or pains, particularly in the head or stomach we 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. If the child's temperature does not go down and is worryingly high, then we may give them Calpol or another similar analgesic, after first obtaining verbal consent from the parent where possible. This is to reduce the risk of febrile convulsions, particularly for babies. Parents sign the medication record when they collect their child.
- In extreme cases of emergency, an ambulance is called and the parent informed.
- Parents are advised to seek medical advice before returning them to the setting; we can refuse admittance to children who have a temperature, sickness and diarrhoea 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 diarrhoea or vomiting, 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.
- There is a list of excludable diseases and current exclusion times. The full list is obtainable from www.hpa.org.uk/webc/HPAwebFile/HPAweb_C/1194947358374 and includes common childhood illnesses such as measles.

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 manager informs/ Ofsted and contacts Public Health England, and acts on any advice given.

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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.
- Bag soiled clothing for parents to take home for cleaning.
- Clear spills of blood, urine, faeces or vomit using mild disinfectant solution and mops; any cloths used are disposed of safely.
- 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 asking them to check family members treat their child and all the family if they are found to have head lice.

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.
- We try not to have nuts or nut products within the setting.
- Parents are made aware so that no nut or nut products are accidentally brought in.

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

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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.

Life-saving medication and invasive treatments including 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 (if you have another provider, please check their procedures with them)]. 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.
- We will discuss with our insurers what paper work they need in relation to extending cover for a child in these circumstances.

Nappy changing and toilet training policy

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.

If a child is not potty/toilet trained we ask parents to provide the following for each session:

nappies or pull ups/ wipes/ nappy sacks and a change of clothing (required for all children)

- All children are changed in the morning. Children staying all day are checked at lunch (and changed if necessary) then all children are changed in the afternoon. Nappies will be changed more frequently where necessary.
- We encourage young children from two years to normally wear pull ups, or other types of trainer pants, as soon as they are comfortable with this and if their parents agree.
- Our key persons undertake changing children in their key groups; back up key persons change them if the key person is absent.
- Babies and young children are changed within sight of other staff whilst maintaining their dignity and privacy at all times.
- Our changing area is warm, with a safe area to lay children and no bright lights shining down in their eyes.
- Our staff put on gloves and aprons before changing starts and the areas are prepared. Paper towel is put down on the changing mat freshly for each child.
- 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 and 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.

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- 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 do not have the facilities to dispose of nappies so they are wrapped up and returned to parents at the end of the day for disposal at 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 and will be a disciplinary matter.

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No-smoking policy

We comply with health and safety regulations and the Safeguarding and Welfare Requirements of the Early Years Foundation Stage in making our setting a no-smoking environment - both indoors and outdoors.

- All staff, parents and volunteers are made aware of our No-smoking Policy.
- The No-smoking Policy is stated in information for parents and staff.
- We actively encourage no-smoking by having information for parents and staff about where to get help to stop smoking if they are seeking this information.
- Staff who smoke do not do so during working hours.
- Staff who smoke travelling to and from work must not do so whilst wearing a setting uniform, or must at least cover the uniform.
- E-cigarettes are not permitted to be used on the premises.
- Staff who smoke or use e-cigarettes during their scheduled breaks go well away from the premises.
- Staff are made aware that failure to adhere to this policy and procedures may result in disciplinary action.
- It is a criminal offence for employees to smoke in smoke-free areas, with a fixed penalty of £50 or prosecution and a fine of up to £200.

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Supervision of children on outings and visits policy

Children benefit from being taken outside of the premises on visits or trips to local parks, or other suitable venues, for activities which enhance their learning experiences. We ensure that there are procedures to keep children safe on outings; all staff and volunteers are aware of and follow the procedures as laid out below.

- All off site activity has a clearly identified educational purpose with specific learning and development outcomes.
- There is a designated lead for each excursion who is clear about their responsibility as designated lead.
- We ask parents to sign a general consent on registration for their children to be taken out on local short outings as a part of the daily activities of the setting. This general consent details the venues used for daily activities.
- We assess the risks for each local venue used for daily activities, which is reviewed regularly.
- We always ask parents to sign specific consent forms before major outings; and the risks are assessed before the outing takes place.
- Our manager and all staff taking part in the outing sign off every risk assessment.
- Children with allergies or other specific needs have a separate risk assessment completed i.e. child with allergies visiting a supermarket.
- An excursion will not go ahead if concerns are raised about its viability at any point.
- Any written outing risk assessments are made available for parents to see.
- Our adult to child ratio is high, normally one adult to two children, depending on their age, sensibility and the type of venue, as well as how it is to be reached.
- A minimum of two staff accompany children on outings. Unless the whole setting is on an outing, a minimum of two staff also remain behind with the rest of the children.
- Named children are assigned to individual staff member to ensure that each child is well supervised, that no child goes astray and that there is no unauthorised access to children.
- Staff frequently count their designated children and ensure hands are held when on the street and crossing the road.
- Parents who accompany us on outings are responsible for their own child only. Where parents have undergone vetting with us as volunteers, they may be included in the adults to child ratio and have children allocated to them.
- Outings are recorded in an outings record book kept in the setting, stating:
 - The date and time of the outing.
 - The venue and mode of transport used.
 - The names of the staff members assigned to each of the children
 - The time of return.

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- We take a mobile phone on outings, as well as supplies of tissues, wipes, spare clothing and nappies, medicines required for individual children, a mini first aid kit, snacks 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. We apply sun cream to children as needed and ensure they are dressed appropriately for the type of outing and weather conditions.
- We take a list of children with us with contact numbers of parents/carers, as well as an accident book and a copy of our Missing Child Policy.
- We provide children with badges or 'high viz' vests to wear that contain the name and setting telephone number – but not the name of the child.
- Records are kept of the vehicles used to transport children, with named drivers and appropriate insurance cover.
- We ensure that seat belts are worn whilst travelling in vehicles and that booster seats and child safety seats are used as appropriate to the age of the child.
- As a precaution, we ensure that children do not eat when travelling in vehicles.
 - We ensure that contracted drivers are from reputable companies, do not have unsupervised access to the children and are not included in the ratios.

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Recording and reporting of accidents and incidents

We follow the guidelines of the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (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.

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; and
- is reviewed at least half termly to identify any potential or actual hazards.

Reporting accidents and incidents

- Ofsted 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 serious illness of, a child in our care and the action we take in response
 - 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 any child, while in our care and we act on any advice given by those agencies.
- Any food poisoning affecting two or more children or adults on our premises is reported to the local Environmental Health Department.
- We meet our legal requirements in respect of the safety of our employees and the public by complying with RIDDOR. We report to the Health and Safety Executive (HSE):
 - Any work-related accident leading to an injury to a member of the public (child or adult), for which they are taken directly to hospital for treatment.
 - Any work-related accident leading to a specified injury to one of our employees. Specified injuries include injuries such as fractured bones, the loss of consciousness due to a head injury, serious burns or amputations.
 - Any work-related accident leading to an injury to one of our employees which results in them being unable to work for seven consecutive days. All work-related injuries that lead to one of our employees being incapacitated for three or more days are recorded in our accident book.
 - When one of our employees suffers from a reportable occupational disease or illness as specified by the HSE.
 - 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 causes injury or fatalities or 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 Preschool Learning Alliance's Accident Record publication. Any dangerous occurrence is recorded in our incident book (see below).

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Incident book

- We have ready access to telephone numbers for emergency services, including the local police. We have contact numbers for the gas and electricity emergency services, and a carpenter and plumber.
- We ensure that our staff and volunteers carry out all 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 – fire, police, ambulance – if those services are needed.
- If an incident occurs before any children arrive, our manager risk assess[es] this situation and decide[s] if the premises are safe to receive children. Our manager may decide to offer a limited service or to close the setting.
- Where an incident occurs whilst the children are in our care and it is necessary to evacuate the premises/area, we follow the procedures in our Fire Safety and Emergency Evacuation Policy or, when on an outing, the procedures identified in the risk assessment for the outing.
- If a crime may have been committed, we ask all adults witness to the incident 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 that are reportable to the Health and Safety Executive as above.
- These incidents include:
 - a break in, burglary, or theft of personal or our setting's property
 - an intruder gaining unauthorised access to our premises
 - a fire, flood, gas leak or electrical failure
 - an attack on an adult or child on our premises or nearby
 - any racist incident involving families or our staff on the setting's premises
 - a notifiable disease or illness, or an outbreak of food poisoning affecting two or more children looked after on our premises
 - the death of a child or 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 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, through cot death in the case of a baby for example, the emergency services are called and the advice of these services is followed.
- The incident book is not for recording issues of concern involving a child. This is recorded in the child's own file.

Incident folder

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We also have an incident folder that we use to record minor incidents that aren't suitable to record in either the accident book or the incident record. This could include things like a child trying to escape or biting.

Common Inspection Framework

As required under the *Common Inspection Framework*, we maintain a summary record of all accidents, exclusions, children taken off roll, incidents of poor behaviour and discrimination, including racist incidents, and complaints and resolutions.

Security and visitors policy

It is our intention to provide a secure environment for all members of our Pre-School. In order to accomplish this we will:

- Restrict access to the Pre-School grounds. Parents are requested to avoid walking through Longleaze Primary School grounds between 9am and 3pm. Staff members of the Pre-School will open the Pre-School Gate and Nursery Gate in time for the start of a session and will ensure that it is locked once children have arrived. The gate will always be locked if children are using the outdoor play areas.
- If a visitor arrives at a time when the gate is locked they may contact the Pre-School for access on 01793 848978, or failing that, to report to the office at Longleaze Primary School to ensure that the school's security is not jeopardised.

Visitors to the setting include:

Parents
 Children
 Local Authority employees
 Early Years Advisory Team
 Multi-Agency Professionals
 Contractors
 Delivery people
 Committee members

In all instances

- If the visitor is not known, ID will be requested and verified.
- Visitors will be asked to sign in and sign out using the visitors' book in each building. (Only one visitor book needs to be signed) Visitors will be informed what to do in the event of a fire and the visitor book will be taken out of the building during a fire/ fire drill
- If the visitor is expected to work with children, their Safe Guarding Children checks, CRB, DBS, qualifications etc, will be verified.

Non-regular visitors

- When possible visitors are encouraged to make an appointment in advance so that they are expected.
- If no appointment has been made and the visitor is not expected, a telephone call will be made to the company / main contractor to verify the visit.
- If it is not possible to verify the visit a member of staff will remain with the visitor at all times while they carry out their work / during the purpose of their visit.
- If they are moving between buildings they will be accompanied by a member of staff

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Regular visitors

- Will be expected to complete full Safeguarding Children Checks or a Risk assessment will be completed.
- Volunteers and students will have our safeguarding policy explained to them and they will be expected to agree with our policies and procedures. Anyone who works with children during a visit will also be given a copy of the Student/visitor or Parent/helper booklet and asked to sign to confirm their understanding of, and agreement with our policies and procedures.

Delivery People

- People who make deliveries would not normally be on the premises long enough to sign in and out.
- Will be met at the appropriate access point by a member of staff who will take delivery.

Staff personal safety including home visits policy

This setting believes that the health and safety of all staff is of paramount importance and that all staff have the right to work in a safe environment. We support safe working both on and off the premises, acknowledging the needs and diversity of children and their family.

General

- All staff in the building early in the morning, or late in the evening, ensure doors and windows are locked.
- Where possible, at least the first two members of staff to arrive in the building arrive together, and the last two members of staff in the building leave together.
- Visitors are generally only allowed access with prior appointments and only admitted once their identity has been verified.
- Minimal petty cash is kept on the premises.
- When taking cash to the bank, members of staff are aware of personal safety. Managers carry out a risk assessment and develop an agreed procedure appropriate to the setting, staff and location.
- Members of staff make a note in the diary of meetings they are attending, who they are meeting and when they are expected back.
- Managers have good liaison with local police and ask for advice on safe practice where there are issues or concerns.

Home visits

- □ Where staff members conduct home visits, this is done at the manager's discretion and the following health and safety considerations apply:
 - Prior to a home visit the key person and manager undertake a risk assessment that is specific to the visit being undertaken.
 - Members of staff normally do home visits in pairs – usually the manager/deputy manager with the key person.
 - Each home visit is recorded in the diary with the name and address of the family being visited, prior to the visit taking place.
 - Staff, alert an agreed contact person in the setting when they are leaving to do the home visit and advise on their expected time of return.
 - If there is any reason for staff to feel concerned about entering premises, they do not do so, for example, if a parent appears drunk.
 - Members of staff carry a mobile phone when going out on a home visit.
 - If staff do not return from the home visit at the designated time, the contact person attempts to phone them and continues to do so until they make contact.
 - If no contact is made after a reasonable amount of time has passed, the contact person rings the police.

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Dealing with agitated parents in the setting

- If a parent appears to be angry, mentally agitated or possibly hostile, two members of staff will lead the parent away from the children to a less open area, but will not shut the door behind them.
- If the person is standing, staff will remain standing.
- Members of staff will try to empathise and ensure that the language they use can be easily understood.
- Staff will speak in low, even tones, below the voice level of the parent.
- Members of staff will make it clear that they want to listen and seek solutions.
- If the person makes threats and continues to be angry, members of staff make it clear that they will be unable to discuss the issue until the person stops shouting or being abusive, while avoiding potentially inflammatory expressions such as 'calm down' or 'be reasonable'.
- If threats or abuse continues, members of staff will explain that the police will be called and emphasise the inappropriateness of such behaviour in front of children.
- After the event, details are recorded in the child's personal file together with any decisions made with the parents to rectify the situation and any correspondence regarding the incident.

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Sun cream policy

The Pre-School & Nursery recognise the importance of protecting children when out in the sun. As we like to conduct our sessions both inside and outside we always ask that the children have sun cream put on before each session. Children who attend full day sessions should bring their sun cream with them so that it can be reapplied when necessary.

This is communicated to parents in newsletters / email.

However, in the event that the child has not had sun cream applied or if they have not bought their own sun cream to be reapplied the Pre-School request permission to use their own sun cream.

Parents/Legal Guardians should indicate their consent to children being given sun cream on the Registration Form.