

**Chudleigh Pre-school**

**Registered Charity No: 1028874**

**PLA No: 22478**

**Health and Safety Policy**

**Section A: Statement of Intent**

**Section B: Organisation and Responsibilities**

1. Responsibility
2. Risk Assessments
3. Inspections
4. Equipment
5. COSHH
6. Employees and Visitors
7. Accidents
8. Training
9. Fire
10. First Aid
11. VDUs
12. Smoking

**Section C: Health and Safety Procedures**

1. Town Hall School Room
2. School Site
3. Fire Drill
4. Arrival and Departure
5. Adult Supervision
6. Accidents and Medical Emergency
7. RIDDOR
8. Sickness and Minor Accidents
9. Health
10. Food and Drink
11. Visitors
12. Trips and Outings
13. Play Equipment/Resources
14. Premises
15. Employee Welfare

**STATEMENT OF INTENT**

At Chudleigh Pre-school we aim to provide and maintain safe and healthy working conditions, equipment and safety procedures for all our employees and to provide such information, training and supervision as they need for this purpose. Thus we hope to ensure a happy, healthy, secure and safe environment for the children in our care. We also accept our responsibility for the health and safety of other people who may visit our Pre-school.

The following Health and Safety Policy will be kept up to date on an annual basis. This will include reviewing the way in which the policy has operated in practice.

The policy will be reviewed annually, and updated when necessary.

## **ORGANISATION/RESPONSIBILITIES**

### **1. Responsibility**

Overall and final responsibility for Health and Safety at Chudleigh Pre-school is that of Committee Chair together with the members of the Committee.

Day to day responsibility for ensuring this policy is put into practice is delegated to the Early Years Manager and Office Manager.

### **2. Risk Assessments**

To ensure that the Committee recognise any potential problems, a Risk Assessment is carried out annually by a Committee Member and the Early Years Manager or Office Manager. The findings of the risk assessment are reported to the Committee and a copy of the same is available for inspection upon request. Where identified risks are under the responsibility of our Land Lord at either site we will report our findings to them.

Action required to remove/control risks is approved by the Committee. The Early Years Manager & Office Manager are responsible for ensuring the action required is implemented. The Committee checks that the implemented actions have removed/reduced the risks.

The Assessments are reviewed every year or when the work activity changes, whichever is soonest.

### **3. Inspections**

Ofsted carry out inspections at our two sites under The Children Act (previously undertaken by Social Services).

The Environmental Health Department may appear at our two sites annually to check our Health and Safety Procedures/Policy.

### **4. Equipment**

The Lead Practitioners are responsible for identifying all equipment needing maintenance. The Early Years Manager & Office Manager is responsible for ensuring that all identified maintenance is implemented.

Any problems found with plant/equipment are reported to the Lead Practitioners and the Early Years Manager or Office Manager. The Lead Practitioners check that new plant and equipment meets health and safety standards before it is purchased.

All employees are made fully aware of how to assemble any large pieces of equipment.

### **5. COSHH**

We comply with the Control of Substances Hazardous to Health Regulations 2002 (COSHH) (as amended). A COSHH assessment encompassing the eight basic measures that employers must take is completed by a committee member and the Office Manager when the annual health and safety audit is completed.

The results of this assessment are issued to all employees and others who may be open to exposure stating the control/safety measures implemented. If exposure occurs details of remedial actions are outlined in the assessment.

A copy of the assessment is displayed with identified substances which are stored with restricted access.

The Lead Practitioners are responsible for ensuring that all actions identified in the assessments are implemented. The Office Manager checks that the new substances can be used safely before they are purchased.

### 6. **Employees and Visitors**

The health and safety law poster is displayed at both sites. Health and safety advice is available from the Committee. All employees are given health and safety training including the "Getting to Grips with Manual Handling" leaflet produced by the HSE in their induction and an explanation of the importance of this document. This is recorded on each employee's induction record kept on their file, signed by his/herself and ourselves.

The Lead Practitioners are responsible for the policy being carried out during their sessions. The relief/stand-in Lead Practitioner is responsible in the absence of the main Lead Practitioner for that session.

All staff are responsible for co-operating with the Lead Practitioners and the Committee to achieve a healthy and safe work place and to take reasonable care of themselves and the children attending their sessions. All staff will communicate this in an appropriate manner to the children as they play and as needed. The policy is available to all employees, and to our regular visitors.

Whenever an employee notices a Health and Safety problem that they are unable to put right, they immediately notify the Early Years Manager or Office Manager. If this is not possible they immediately notify the Committee, who take appropriate action.

Consultation between the Committee and employees is provided by:

- open Committee meetings and In-House training;
- attendance at the two sites by individual Committee Member

### 7. **Accidents**

Depending on the incident the Lead Practitioners, Early Years Manager or Office Manager are responsible for investigating accidents.

The Early Years Manager & Office Manager and Chair are responsible for investigating work related causes of sickness absences. The Early Years Manager & Office Manager are responsible for acting on investigation findings to prevent re occurrence.

All accidents and cases of work-related ill health are recorded in the accident book. A book is kept at each site.

The Lead Practitioner and Early Years Manager or Office Manager are responsible for reporting accidents, diseases and dangerous occurrences to the Committee and enforcing authority.

### 8. **Training**

Health and Safety induction training is provided to all new employees by the Early Years Manger or Office Manager or a Lead Practitioner. Training records are retained in the employees file. Training is identified, arranged and monitored by the Committee.

### 9. **Fire**

The Committee Secretary is Chudleigh Pre-school's Fire Marshall and is responsible for ensuring the fire risk assessment is undertaken and implemented. Lead Practitioners are deputy Fire Marshalls for the purposes of evacuation and daily checks.

Escape routes are checked by the Lead Practitioners at every session.

## Chudleigh Pre-school: Health and Safety Policy

Fire extinguishers are maintained and checked annually by the Landlord at the School Room and by the School at School Site.

Fire alarms are tested by the Landlord every year.

Emergency evacuation is tested every half term.

### 10. **First Aid**

There is a First Aider present in every session this is usually, but not necessarily, the Lead Practitioner.

The Committee ensures that sufficient funding is available for employee training in first aid, which is reviewed every three years for each First Aider. If funding allows, other staff are offered access to first aid training.

The first aid boxes are kept in locked cupboards behind the desk in the School Room and above the sink at School Site, along with the first aid kits for use on outings. All staff have access to the keys during all sessions.

An allocated staff member checks the contents of each first aid box every half term. A first aid instruction book is located with each first aid box.

There is a notice in each first aid box stating that gloves and disposable aprons must be used whenever dealing with bodily fluids. A list is kept in each first aid box of its contents, highlighting those items that are absolutely necessary and those specific items must be replaced immediately after they have been used.

A list of staff and volunteers who have current PFA certificates is displayed in each setting.

In the event of minor injuries or accidents, we inform parents when they collect their child and they are required to sign the 'Record of Accident' book which they are given a copy. Where a child is unduly upset or we have concerns about an injury 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. We will continue to monitor children who have had an accident or injury throughout the rest of their sessional time within Pre-School.

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 (section C 7).

### 11. **VDUs**

We comply with the Health & Safety (Display Screen Equipment) Regulations 1992.

The Pre-School's Office Manager and the Early Years Manager and Deputy Manager use VDUs to carry out their roles and the Committee is responsible for ensuring that a risk assessment of their work stations is carried out. The risk assessment is carried out when Pre-School acquires a new administrative employee or when work stations change. The results of the risk assessments are reported to the Committee

The Office Manager and Early Years Manager are given a copy of the HSE's booklet "Working with VDUs".

## 12. **Smoking**

No smoking (cigarettes, or e-cigarettes or any other type) is permitted on the premises both during and outside of pre-school sessions. The pre-school's landlords of both sites have the relevant notices in place.

Staff who smoke do not do so during working hours, unless on a break and off the premises. Staff who smoke during their break make every effort to reduce the effect of the odour and lingering effects of passive smoking for children and colleagues.

## HEALTH AND SAFETY PROCEDURES

### 1. Town Hall School Room

- 1.1. Lead Practitioners to ensure that prior to and during all sessions:
  - 1.1.1. the extra security lock on the schoolroom door is locked during the session so it can only be opened from the outside by using the code. When a member of staff/volunteer leaves, the code should be changed immediately.
  - 1.1.2. the four fire exit signs are visible on main hall door, kitchen door, toilet lobby and front door;
  - 1.1.3. the stair gate and security gate are shut and doors at the bottom of the slope and back entrance to be closed;
  - 1.1.4. the children are not in the hatchway area and the children do not leave the School Room on their own;
  - 1.1.5. safety plugs are placed in all the electrical sockets;
  - 1.1.6. a fire blanket is in the kitchen for use in case of fire. A fire blanket is on the wall by the store room in the schoolroom;
  - 1.1.7. fire alarms and extinguishers are in place, and fire escape routes are clear and in accordance with the Fire Officer's advice;
  - 1.1.8. employees must know how to use fire appliances;
  - 1.1.9. all exits are clear of obstructions;
  - 1.1.10. kitchen utensils that could be dangerous (e.g. kettles and knives) must be kept in the kitchen out of reach of children, switched off and unplugged from the mains immediately after use
  - 1.1.11. Cleaning products are stored in the locked store cupboard out of the room. Products in necessary daily use are stored out of the children's use with caps in locked position.
  - 1.1.12. there is no smoking
  - 1.1.13. equipment is checked, any unsafe equipment is removed and the Early Years Manager or Office Manager and Committee are informed of any problems.
- 1.2. Office Manager and a Committee Member to:
  - 1.2.1. check the above-mentioned every half term;
  - 1.2.2. ensure that the Landlord has arranged for the fire extinguishers, fire alarm and portable electric appliances to be checked annually, and the fixed electrical wiring examined every five years; and
  - 1.2.3. check fire escape routes every half term.

### 2. School -Site

- 2.1. Lead Practitioners to ensure that prior to and during all sessions:
  - 2.1.1. the children do not leave the Community Room unsupervised;

## Chudleigh Pre-school: Health and Safety Policy

- 2.1.2. safety plugs are placed in all electrical sockets;
  - 2.1.3. a fire blanket is in the kitchen area;
  - 2.1.4. employees know how to use the fire appliances;
  - 2.1.5. all exits are clear of obstructions;
  - 2.1.6. Cleaning products are stored in a locked cupboard. Kitchen utensils that could be dangerous (e.g. kettles and knives) must be kept out of reach of children, switched off and unplugged from the mains immediately after use.
  - 2.1.7. Cleaning products in regular use throughout a session are kept out of the reach of the children and caps are placed in the locked position.
  - 2.1.8. there is no smoking;
  - 2.1.9. the external door that the children and parents use to enter and exit the School building is locked when all the children are present, in accordance with the School Safety Policies, and unlocked five minutes before the end of the sessions to allow parents to collect their children. The metal gate must be closed and bolted once the session starts.
  - 2.1.10. equipment is checked, any unsafe equipment is removed and the Early Years Manager & Office Manager and/or Committee are informed of any problems.
- 2.2. The unlocking of the internal door in the room and the external fire door is the responsibility of the School Caretaker.
- 2.3. Early Years Manager & Office Manager and a Committee Member to:
- 2.3.1. check the above-mentioned every half term;
  - 2.3.2. ensure that School has arranged for the fire extinguishers, fire alarm and portable electric appliances to be checked annually, and the fixed electrical wiring examined every five years; and
  - 2.3.3. check fire escape routes every half term.

### 3. Fire Drill

- 3.1. In the case of suspecting a real fire.
- 3.1.1. Lead Practitioner to take whistle (situated behind Lead Practitioner's desk) and stand in the centre of the room.
  - 3.1.2. First blast on the whistle – all to stop what they are doing.
  - 3.1.3. Second blast on the whistle – all to follow the Lead Practitioner's instructions and line up in the room.
  - 3.1.4. The fire alarm must be activated.
  - 3.1.5. Everyone to be led from the room via the fire exits with an adult at the front and rear of the group. The register, visitors signing in records, admissions folder and phone must be taken with them.

- 3.1.6. When evacuating the School Room the children must be led to the rear yard area via the store room fire exit door. The assembly point for the Town Hall is Chudleigh Carpark. If this exit is blocked for any reason, the children must be led out of the building according to the Town Hall instructions, which are clearly displayed on the wall in the School Room. A staff member needs to ensure the second lock on the entrance door to the school room be latched open to allow emergency services access to the room.
- 3.1.7. When evacuating the Community Room the children must be led towards the Key Stage 1 playground; to the point just before the playground, so that Pre-School have their own defined area, exit is through the internal door. If this exit is blocked for any reason, the children must be led out of the building according to the Chudleigh Primary School instructions, which are clearly displayed on the wall in the Community Room.
- 3.1.8. The register must be checked with a full roll call of both children and staff at the assembly point.
- 3.1.9. Employees must be allocated the following additional different roles:
  - 3.1.9.1. check for children left in the toilets;
  - 3.1.9.2. collect the register and admissions file;
  - 3.1.9.3. collect the visitors and signing-in books; and
  - 3.1.9.4. call the fire brigade.
  - 3.1.9.5. It must be indicated within the register which employee carries out each role.
- 3.2. Half-termly Fire Drills
  - 3.2.1. A fire drill must be carried out in every session of the second week of each half term and details of these drills must be entered in the fire safety log book, including the time taken to evacuate the premises. This record is read by the Early Years Manager and any action is immediately identified to all staff.
  - 3.2.2. The following must be noted 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.
  - 3.2.3. The Fire Door to the children's toilets at the Town Hall must be kept shut when the toilet is not in use.

#### **4. Arrival and Departure**

Please see separate policy adopted by our Committee on the 4<sup>th</sup> March 2020.

#### **5. Adult Supervision**

- 5.1. All activities must be supervised and adhere to our desired ratio of at least one adult to six children (where the children are aged 3-4) and one adult to four children aged 2 years; the 3-4 year old ratio can be increased to the legal 1:8 ratio if needed. Only vetted employees are allowed to accompany children out of the School/Community Room.
- 5.2. Lead Practitioners should be present where the majority of children are.
- 5.3. The ratio of staff to children must reflect the flexible movement of the children between indoors and outside.
- 5.4. The Early Years Manager is responsible for checking the qualifications of all employees and ensuring that a contract is signed by employees upon appointment.
- 5.5. Should any child be sleeping whilst in the care of pre-school staff, the child will be placed in a quiet, cordoned off place where they will be checked every 10 minutes.

## 6. Accidents

### 6.1. General

- 6.1.1. All HSE Accident Books and our children's Accident Books are to be retained for 21 years and 3 months; please see Retention Policy.
- 6.1.2. Records of Accidents must be reported to the committee at each meeting, in particular reporting any severe accidents or patterns of incidences for practices to be reviewed.
- 6.1.3. In the case of normal spillage – water/paint, a staff member must isolate the area, mop up and wipe dry to avoid slipping.

### 6.2. Employees

- 6.2.1. All accidents to employees must be entered in the HSE Accident Book with the details, date and time of the accident being recorded.

### 6.3. Children

- 6.3.1. Accidents involving the children must be recorded in our separate Accident Books, which provide duplicate copies of the accident report for the parents.
- 6.3.2. Parents must be asked to sign the children's Accident Book when collecting the child from the session and are given a duplicate of the report.
- 6.3.3. If a child has a head injury/significant bump to the head during a session (which doesn't need obvious immediate care) the parents/carers will be contacted immediately to inform them of the incident and whether they would like us to keep the child within the session and monitor them or for them to come and collect the child and at their decision seek medical advice.
- 6.3.3. Children arriving with recent significant injuries e.g. nasty fall en route to Pre-school, must have this noted in the 'Child Arriving with an Injury' book.

### 6.4. Medical Emergency

Should there be a medical emergency during a pre-school session then the following procedure will be implemented:

- 6.4.1 Two members of staff will be assigned to dealing with any necessary first aid treatment for the child in question; one to administer care to the child and one to call the emergency services and/or parents and to gather the relevant medical information from files etc.
- 6.4.2. Remaining staff will calmly gather all other children to an area away from the incident, reassuring them and distracting them with activities such as reading a story, singing songs, ring games etc. They will remain together until the incident has been dealt with.
- 6.4.3 If the child needs to attend hospital and his/her parent or carer has not arrived, accompany the child in the ambulance and stay with them until their parent carer arrives.

### **7. REPORTING OF INJURIES, DISEASES AND DANGEROUS OCCURRENCES REGULATIONS (“RIDDOR”)**

- 7.1. If an employee dies or sustains a major injury as a result of work activity, the Health and Safety Executive (HSE) must be informed immediately. This can be done by contacting the Incident Contact Centre (ICC) on 0345 300 9923.
- 7.2. If a member of the public, including a child in our care dies or is taken straight to hospital from the premises and receives treatment, the HSE must be informed immediately. This can be done by contacting the ICC.
- 7.3. If an employee injures themselves whilst at work and is unable to continue their normal work for more than 3 days, the HSE must be informed within 10 days. This can be done by contacting the ICC or via the HSE website at [www.hse.gov.uk/riddor/](http://www.hse.gov.uk/riddor/).
- 7.4. In any event, the HSE Accident Book must be completed after any employee accident.
- 7.5. If something takes place that does not result in a reportable injury as defined in 7.1 or 7.2, but that might have done, then it may be a dangerous occurrence which must be reported to the HSE immediately. These do not have to go in the HSE Accident Book but must be entered into the Incident Book.
- 7.6. For a list of major injuries and dangerous occurrences, see ‘RIDDOR explained’ or ‘A guide to RIDDOR’.
- 7.7. If something takes place that results in RIDDOR being informed, OFSTED must also be notified.
- 7.8. 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.

### **8. Sickness and Minor Accidents**

- 8.1. In the case of vomiting/toilet accidents/nose bleeds/grazes:
  - 8.1.1. take charge of the individual child and remove to the toilet area, using gloves and wearing a disposable apron when dealing with bodily fluids;
  - 8.1.2. clean child and remove soiled clothing and put clothing into a plastic bag;
  - 8.1.3. dress child in fresh clothing;
  - 8.1.4. in the case of sickness/vomiting, contact parent/guardian immediately by telephone;
  - 8.1.5. clear area and mop up vomit etc, disinfect area and wipe dry; and

- 8.1.6. the remaining children to be assembled in a different area of the room by the Lead Practitioner and remaining staff.

### 9. Health

- 9.1. Parents must not send children who are unwell to Pre-school, for example a child suffering from an infectious disease such as chicken pox or measles. A list of infectious diseases and exclusion periods is provided to all parents/carers in the Parent Handbook and is displayed at all sites.
- 9.2. If an employee or child exhibits gastrointestinal infection such as vomiting and/or diarrhoea, they must be excluded immediately, and if there is a serious outbreak the Environmental Health department must be contacted. Children and employees must be symptom-free for 48 hours before returning to Pre-school.
- 9.3. On registering with the Pre-school, the parents complete the registration and medical forms which cover medical needs, allergies and special dietary requirements. The parent or guardian must sign the form stating that the information given is correct and the form must be handed to Pre-school prior to or at the first session attended by the child in question. On receiving this information, the Lead Practitioners ensure all staff are aware of these issues and thus ensure that the child's individual needs are met. Should either of these needs require a risk assessment for any child, one will be carried out and the resulting procedures required to be followed passed on to all staff. We regularly consult with parents to ensure that these records remain up-to-date and that the parent signs the form to confirm the changes.
- 9.4. Only a prescribed drug can be administered to a child by a qualified First Aider during a session. Parents give prior written permission for the administration of medication. The staff receiving the medication must ask the parent to sign their consent in the medication record giving the following information:
- 9.5. No medication may be given without the following details being provided:
  - 9.5.1. full name of child and date of birth;
  - 9.5.2. name of medication and strength;
  - 9.5.3. who prescribed it; dosage to be given in the setting;
  - 9.5.4. how the medication should be stored and expiry date;
  - 9.5.5. any possible side effects that may be expected should be noted; and
  - 9.5.6. signature, printed name of parent and date.
- 9.6. The Lead Practitioner is responsible for receiving the medicine and asking the parent to complete the consent form. All staff are aware of this.
- 9.7. Only medicines will be accepted in the container that the drug was prescribed in which must bear the child's details (name etc.), the correct dose of the medicine and the frequency of administration.
- 9.8. Medicines should be stored strictly in accordance with product instructions (paying particular attention to temperature). The medicine must then be locked away in the employee cupboard. If the medicine requires refrigeration, it must be placed in the medicine box in the fridge.
- 9.9. Any medicines must be returned to the parent at the end of the session.

- 9.10. The member of staff administering any medicines must check the date on the label and when administering liquid medicines, place their hand over the label whilst pouring the medicine. The administration is recorded accurately each time in the medication record book, detailing:
  - 9.10.1. name of child;
  - 9.10.2. name and strength of medication;
  - 9.10.3. the date and time of dose;
  - 9.10.4. dose given and method; and
  - 9.10.5. is countersigned by the Lead Practitioner; and is verified by parent signature at the end of the session.
- 9.11. If the administration of prescribed medicine requires medical knowledge, individual training is provided for the relevant member(s) of staff by a health professional.
- 9.12. 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 worker what they need. However, this does not replace staff vigilance in knowing and responding when a child requires medication.
- 9.13. For children who have long term medical conditions and so may require 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 key person. Other medical or social care personnel may need to be involved in the risk assessment. This risk assessment is completed following receipt of the medical form which is completed on registering with the pre-school and notes about the situation recorded on the Special Needs & Disability register at the appropriate site(s).
- 9.14. 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. This document outlines the key person's role and what information must be shared with other staff who care for the child.
- 9.15. 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.
- 9.16. The risk assessment includes vigorous activities and any other pre-school activity that may give cause for concern regarding an individual child's health needs.
- 9.17. 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.
- 9.18. The risk assessment should include the measures to be taken in an emergency.
- 9.19. The risk assessment 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.
- 9.20. Parents receive a copy of the risk assessment and each contributor, including the parent, signs it.

- 9.21. 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.
- 9.22. Lead Practitioners must ensure that any animals visiting the premises are free of disease and have been wormed (If appropriate) (check with the owners) and that children are supervised while touching or handling the animals. The animals remain the responsibility of the owner during the visit and 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. Lead Practitioners must inform parents about visiting animals and consider factors such as allergies or anxiety and raise sensitivity and awareness of the children towards animals and their behaviour. Lead Practitioners ensure that children wash their hands after touching animals and their equipment.
- 9.23. During the Summer months parents will be reminded that they must put appropriate sunscreen on their children before they attend a session and that sun hats must be provided and worn by the children when playing outside.
- 9.24. Each site has a thermometer to take the temperature in the child's ear. A temperature above 38C is considered to be a fever. When using this thermometer, a new protective extra cover should be fitted prior to use. If the temperature is increasing when checked and recorded every 10 minutes three times in total then the following procedure is followed:
- 9.24.1. Noting that the temperature is increasing the staff member would speak to the parent/carer concerned over the phone and explain the situation. If the parent is going to take some time to get to pre-school to collect their child, the staff member would check with the parent/carer if the child had taken any other medication recently and then ask the parent/carer's permission to administer paracetamol if it is safe to do so.
- 9.24.2. The correct dose of paracetamol would be administered only if at this time a parent gives verbal consent and confirms no other medication had been taken which could interfere with the paracetamol and when written consent is already on file.
- 9.25. It is now recommended by first aid trainers that antihistamine be part of the first aid kit in order to treat mild allergic reactions. Loratidine is an antihistamine medication used to treat mild allergic reactions. The medication provided for use at Chudleigh Pre-school is Loratadine syrup.

Before administering the medicine think:

Is this anaphylaxis?

If suspected phone 999 immediately.

The correct dose of antihistamine would be administered only if at this time a parent gives verbal consent and confirms no other medication had been taken which could interfere with the antihistamine and when written consent is already on file.

If no improvement or any signs of anaphylaxis: Phone 999

Again, as above (9.10) the administration of paracetamol or antihistamine is recorded accurately each time in the medication record book.

## 10. Food and Drink

- 10.1. For hygiene reasons, all food must be prepared on appropriate chopping boards and not on work surfaces in the kitchen. Please refer to the Food and Hygiene Policy.

- 10.2. All drinks consumed by employees/visitors must be consumed in the hatchway area at the Town Hall site and in the kitchen area at the School Site. All drinks must be consumed within safety mugs with screwed lids.
- 10.3. Consumption of drinks must be staggered so the ratio of adults to children around the room is correct at all times at both sites.
- 10.4. All food substances must be checked and recorded on the allergies chart on the parents' notice board.
- 10.5. Dates will be regularly checked on all food ingredients.

### 11. Visitors

- 11.1. All visitors are made aware of our health & safety requirements via the information sheet and regular visitors to our two sites are given a copy of our Health & Safety Policy. All visitors must complete the Visitor's Book and read the accompanying Safety Measures sheet.
- 11.2. Visitors to School Site must enter the building through the School's Main Reception, sign in using their electronic system. You will then be required to sign the Visitor's Book in the school Community Room. Committee Members and parents must sign the Visitor's Book in the School Site room.
- 11.3. All long-term visitors, employees and Committee Members must have a DBS check.

### 12. Trips and Outings

- 12.1. Parents must sign the Registration Form giving their consent to their child attending a Pre-school outing prior to Pre-school taking the child on that outing. The registration document allows parents to give consent to venues used frequently around Chudleigh. All off site activity has a clearly identified educational purpose with specific learning and development outcomes.
- 12.2. A risk assessment is completed prior to every outing that takes place and these can be found in the Risk Assessment files at each site. This file is made available for parents to see.
  - 12.2.1 There is a designated lead for each excursion who is clear about their responsibility as designated lead.
- 12.3. The Pre-school must ensure that the ratio of adult to children is appropriate for the venue and the children concerned, as determined by the risk assessment. Children are assigned to a staff member to ensure each child has close supervision, no child going astray and no unauthorised access to the children.
  - 12.3.1 Staff frequently count their designated children and ensure hands are held when on the street and crossing the road.
- 12.4. All planned outings are recorded in the Outings record book (one kept at each site) stating:
  - the date and time of outing
  - the venue and the mode of transport
  - the names of children assigned to each adult
  - the time of return.
- 12.5. Short walks with staff member(s) and small groups of children will be recorded in the sessions register on a separate 'outings register' for that session only, stating the times in and out of the building,

- naming the staff and children assigned to them. These outings will be under a general 'Local Outings' Risk Assessment to still allow for the spontaneity of learning opportunities.
- 12.6. Staff take a first aid kit, a mobile phone and supplies of tissues, changes of clothing, snacks and water (as appropriate). They also take a register of those on the outing along with emergency contact details.
  - 12.7. There is a risk of children contracting E.Coli 1057 on a farm visit. Children must therefore be closely supervised during direct contact with animals and be told:
    - 12.7.1. to keep fingers out of mouths and not to eat until hands have been washed thoroughly;
    - 12.7.2. not to sample or take away any animal feedstuff – raw milk etc;
    - 12.7.3. not to drink water from farm taps; and
    - 12.7.4. that outdoor footwear worn to visit farms is cleaned of mud and debris and should not be worn indoors.
  - 12.8. If private cars are used to carry children other than the driver's own, the owner must have fully comprehensive insurance and a record is kept of the vehicles used along with the names of the drivers.
  - 12.9. A parent or adult nominated by the parent must always accompany each child when attending an event outside of regular session time e.g. Pre-school summer outing, Christmas party, Carnival Float etc.
  - 12.10. If children are going on outings who require medication, staff accompanying the children must include a member of staff who is fully informed about the child's needs and/or medication and a full risk assessment for that situation should have been completed. 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, and other details as per the medication record book. On returning to the setting the card is stapled to the medicine record book and the parent signs it.
  - 12.11. The Lead Practitioner taking part in the outing signs off every risk assessment.
  - 12.12. An excursion will not go ahead if concerns are raised about its viability at any point.

## **12 Play Equipment/Resources**

Please refer to the Equipment and Resources Policy

## **13 Premises**

- 13.1. At both sites, we take precautions to prevent children's fingers from being trapped in doors.
- 13.2. At both sites, floors are checked daily to ensure they are clean and not uneven, wet or damaged.
- 13.3. The outdoor premises are checked at both sites prior to the children using the area.

## 14 Employee Welfare

### 14.1. Lifting

- 14.1.1. Employees must think before they lift a heavy object.
- 14.1.2. Check how many people are needed to lift the object and if there is enough space.
- 14.1.3. Keep object close and maintain spinal curves.
- 14.1.4. Keep chin tucked in and brace stomach muscles, using arm and leg muscles to do the lift.

### 14.2. Bending forwards

- 14.2.1. If engaged in an activity that requires prolonged forward bending or stooping, employees must stand upright during the activity, so as to restore the lordosis and bend backwards five or six times.

### 14.3. Clothing

- 14.3.1 To ensure that items can be lifted safely, and employees can run safely, suitable footwear must be worn during the sessions. Very open sandals, flip flops and clogs are not appropriate.
- 14.3.2 When clearing up accidents and/or bodily fluids, disposable gloves and aprons must be worn.

## **Further Guidance and legislation**

Common Inspection Framework, Education, Skills and Early Years (Ofsted 2015)

Early Years Inspection Handbook (Ofsted 2015)

RIDDOR - Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013

The Regulatory Reform (Fire Safety) Order 2005

Policy reviewed at Committee Meeting June 2014

Updated November 2017

Updates November 2019

Reviewed and updated 4<sup>th</sup> March 2020