

Health and Safety Policy

Lead person is **Lesley Fry**

We at Cottage Pre-school like to promote a healthy lifestyle and a high standard of hygiene in our day to day work with the children and adults.

At least one member of staff will have attended Health and Safety training and all staff will have access to an up to date health and safety booklet.

All staff will have an awareness of food hygiene and where possible will have undertaken food safety training.

Risk Assessment Files are kept on Pre-school premise.

A Health & Safety Law poster "What you should know" is displayed in the kitchen.

Other Health and Safety issues concerning the premises and garden, fire guidance are to be found elsewhere in this document.

Health

We provide healthy snacks during each session and we are aware of those children and adults that have dietary needs.

We provide opportunities for children to practice cooking and including the basic hygiene skills, such as washing hands before handling food etc.

We take the children to play outside in the fresh air on a daily basis.

We ask parents to keep their children at home if they have an infection, and to inform the pre-school as to the nature of the illness/infection, so that the pre-school can alert other parents and make careful observation of any child who seems unwell.

We ask parents not to bring in children that have been suffering from vomiting or diarrhoea until 48 hours has elapsed since the last attack

Cleaning and Clearing

Latex or plastic gloves are to be worn when cleaning up blood, vomit, excrement and urine and to be disposed of in the correct manner. Affected surfaces are to be cleaned and disinfected using the correct cleaning utensils and then disposed of in the correct manner.

We have a wide range of clothing available if a child has an accident and ask parents to wash and return them.

Food areas to follow food hygiene policy.

Adults or children will not be involved with the preparation of food if suffering from any infection.

Infection Control

The staff are aware of how to prevent infection spreading in our setting and the following practises are observed:

1. Children are made aware that they must wash their hands on entering the building at snack/lunch time and after going to the toilet and why.
2. To use soap and their own towels.
3. Children are encouraged to shield their nose and mouth when coughing or sneezing.
4. Children have access to tissues to encourage them to blow and wipe their noses when necessary and dispose of hygienically.
5. There is important government guidance for Early Years during the COVID 19 outbreak and see what to do if a child shows symptoms by accessing <https://www.gov.uk/government/publications/coronavirus-covid-19-early-yearsand-childcare-closures> This has now been inserted into the policy handbook.
6. Children are asked not to wear jewellery such as rings, necklaces and bracelets.
7. If a child has pierced ears, studs only are permitted. Children do not try on or share each other's earrings.
8. All food surfaces are sanitised before and after contact with food and correct chopping boards will be used to prepare raw, cooked meats, fish and fruit.
9. Staff will wear aprons and gloves during food preparation times and during all times when dealing with bodily fluids.
10. Soiled garments are to be handled correctly. Children's clothing will be put into a sealed bag and given to the parent at the end of the session. Materials contaminated in blood, excrement or urine will be placed in the sealed bin in the disabled toilet and disposed of at the end of the session.
11. Toys and equipment are cleaned and sanitised on a regular basis, in accordance with the settings cleaning rota.
12. Surfaces in the kitchen area and bathrooms sanitised and cleaned daily.

Safety Policy

The staff at Cottage Pre-school take all responsible steps to ensure children in their care are not exposed to risks. To do this we :

1. Carry out Risk Assessment checks on the premises, both indoor and outdoor before each session.
2. All adults are aware of the systems in operation for children's arrival and departure and an adult will be present at the door during those sessions.
3. Children will leave only with authorised adults.
4. A register of both adults and children is completed as people arrive so that a complete record of all those present is available in an emergency.
5. Whenever children are on the premises at least 2 adults are present.
6. All children are supervised at all times and will be insight of an adult.
7. Volunteers and student placements are not to be left unsupervised.
8. The swing doors are locked during the session and only be opened by a member of staff.
9. Fire doors are not obstructed. This is a no smoking building.
10. Fire drills are held every half term
11. The Community Centre is responsible for fire extinguishers being checked annually.
12. Electric points, wires and leads are adequately guarded.
13. Children do not have unsupervised access to the kitchen, cookers, or any cupboards with hazardous materials. All hazardous materials are stored out of reach to children.
14. Equipment is checked regularly and cleaned and any items that have become damaged or torn etc will be repaired or discarded.
15. The layout of the room and space ratio allows children and adults to move safely and freely between activities.
16. Equipment is laid out in a manner that is accessible to all children.

17. Adults are aware that equipment offered for older children, is not always suitable for younger children, and they take the appropriate action.
18. Large equipment is erected with care and checked regularly.
19. Large, heavy equipment is carried in the correct manner and with two adults
20. Outdoor area is securely fenced and gates kept closed at all times.
21. Low level glass is safety glass in our setting and if it is required to be replaced than it will be replaced with safety glass with the kite mark on.
22. All accidents are recorded through Tapestry. Staff write the accident through the app, stating where, when and how and the outcome. Parents then sign this at the end of the session. All accidents are printed termly for the Manager and Health and Safety Lead to check and monitor.
23. Children are not left unsupervised at the computer.
24. Adults do not walk around with hot drinks or place them within reach of the children
25. When children are accompanying adults on an outing then the correct procedure is carried out by the policy of the setting.
26. If children are taken out in small groups, then the correct adult to child ratio applies and that a fully qualified First Aider will be present. The first aid kit is taken on all outings.
27. All equipment cupboards are locked at the end of each day. The premises are checked and left in a suitable condition for other users before leaving.
28. A telephone is accessible in the hall for use in cases of emergencies.
29. Staff using cleaning materials should make themselves aware of the hazards, by reading the information printed on the product label.
30. All portable electrical equipment used by Pre-school staff will be PAT tested by a qualified electrician, on a yearly basis.

RIDDOR (Reporting of Injuries Diseases and Dangerous Occurrences Regulations)

Generally, the Manager should report major incidents and accidents that occur during pre-school hours where equipment

or the environment contributed in some way to the circumstances of the accident.

All incidents should be reported on-line to www.hse.gov.uk A telephone service is provided for fatal and specified injuries 03453009923

Health and Safety Policy for Staff to Sign

The Health and safety at work act 1974 imposes certain obligations on an employer not only to take all such actions as reasonable to safe guard the health and safety of their employee's, volunteers and work placements but also to be able to show they are doing so, by producing adequate written policies and procedures.

We fully accept our responsibilities under the act.

Sick Child Policy and Infection Control

Procedure to be followed in the event of a child's illness

Parents are asked to keep their children at home if they have any infection, and to inform the pre-school as to the nature of the infection. This will allow the pre-school to alert other parents as necessary and to make careful observations of any child who seems unwell. Cuts or open sores, whether on adults or children, will be covered with sticking plaster or other47#4 dressing.

1. If a child exhibits symptoms of illness such as a rise in temperature, vomiting or diarrhoea, the staff should immediately notify the supervisor.
2. The supervisor should contact the parents/carers and advise them to collect the child. If the parents are unavailable all attempts should be made to contact other emergency names on information forms.
3. Whilst waiting for parent/carer the child should be isolated, monitored and if any adverse changes occur then medical advice should be sought.

If possible, the child's parents will administer medicine. If not, then medication must be stored in the original container and clearly labelled with child's name, dosage and any instructions. Where local regulations require it, guidance will be sought from social services before people other than parents agree to administer medicines.

Infection Exclusion Periods in line with HPECS and Cottage Policies.

Any Child requiring antibiotics is to remain at home for 24hrs from the onset of antibiotics to ensure no adverse reaction. All children must appear well in themselves and not be needed to be maintained through medication/Calpol.

Infection	Exclusion Period	Comments
Athletes Foot	None	Children should not be barefoot at their setting (for example in changing areas) and should not share towels, socks or shoes with others.
Chicken Pox	At least 5 days from onset of rash and until all blisters have crusted over.	Pregnant staff contacts should consult with their GP or midwife.
Cold Sores	None	Avoid kissing and contact with the sores.
Conjunctivitis	Must have been on eye drops for 24 hrs before returning to setting. Eye drops can continue to be administered by staff –	Children are not able to maintain own personal hygiene, and therefore need infection to be treated before returning to avoid mass spreading.

	Short term medication form to be completed.	If an outbreak or cluster occurs, consult your local health protection team (HPT).
Respiratory infections including coronavirus (COVID-19)	Children and young people should not attend if they have a high temperature and are unwell. Children and young people who have a positive test result for COVID-19 should not attend the setting for 3 days after the day of the test.	Children with mild symptoms such as runny nose, and headache who are otherwise well can continue to attend their setting.
Diarrhoea and vomiting	48 hours from the last bout of vomiting or diarrhoea.	Must be back to eating and drinking normally.
Diphtheria	Exclusion is essential Always consult with your UKHSA HPT	Preventable by vaccination. Family contacts must be excluded until cleared to return by your local HPT.
Flu (influenza) or influenza like illness	Until recovered	
Glandular fever	None	Child must be well in themselves.
Hand Foot and Mouth	Until cleared of any oozing and blisters scabbed	Child must not have temperature and be well in themselves before returning to setting.
Headlice	None – unless persistent non treatment of lice and causing spreading.	Parents are requested to treat headlice ASAP to avoid spreading.
Hepatitis A	Exclude until 7 days after onset of jaundice	

	(or 7 days after symptom onset if no jaundice).	
Hepatitis B,C , HIV	None	Not transferrable through close contact.
Impetigo	Until lesions are crusted or healed, or 48 hours after starting antibiotic treatment.	Antibiotic treatment speeds healing and reduces the infectious period.
Measles	4 days from onset of rash and well enough.	Preventable through 2 doses of MMR Vaccine.
Meningococcal meningitis* or septicaemia*	Until Recovered	Meningitis ACWY and B are preventable by vaccination.
Meningitis* due to other bacteria	Until Recovered	Hib and pneumococcal meningitis are preventable by vaccination.
Meningitis viral	None	Milder illness than bacterial meningitis. Siblings and other close contacts of a case need not be excluded. Child must be well in themselves.
Mumps	5 days after onset of swelling	Preventable by vaccination with 2 doses of MMR. Promote MMR for all Children and staff.
Ringworm	Not usually required	Treatment required
Rubella* (German measles)	5 days from onset of rash	Preventable by vaccination with 2 doses of MMR. Promote MMR for all pupils and staff. Pregnant staff

		contacts should seek prompt advice from their GP or midwife.
Scabies	Can return after first treatment.	Household and close contacts require treatment at the same time.
Scarlet Fever	Exclude until 24 hours after starting antibiotic treatment	Individuals who decline treatment with antibiotics should be excluded until resolution of symptoms. In the event of 2 or more suspected cases, please contact your UKHSA HPT. Pregnant contacts of case should consult with their GP or midwife.
Tuberculosis* (TB)	Until at least 2 weeks after the start of effective antibiotic treatment (if pulmonary TB). Exclusion not required for non-pulmonary or latent TB infection. Always consult your local HPT before disseminating information to staff, parents and carers.	Only pulmonary (lung) TB is infectious to others, needs close, prolonged contact to spread. Your local HPT will organise any contact tracing.
Whooping cough (pertussis)*	2 days from starting antibiotic treatment, or 21 days from onset of symptoms if no antibiotics	Preventable by vaccination. After treatment, non-infectious coughing may continue for many weeks. Your local HPT will organise any contact tracing

Most other infections do not require an exclusion period.

***denotes a notifiable disease. It is a statutory requirement that doctors report a notifiable disease to the proper officer of the local authority**

Infections in children are common. This is because a child's immune system is immature. Added to this, young children often have close contact with their friends, for example through play, and lack good hygiene habits, making it easier for infections to be passed on.

Infection prevention and control measures aim to interrupt the cycle of infection by promoting the routine use of good standards of hygiene so that transmission of infection is reduced overall.

Where a case of infection is known, measures aim to reduce or eliminate the risk of spread through information and prompt exclusion of a case.