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Review Date:	February 2027



Agreed by Health and Safety Committee

Date: 26/03/2026

Name: Natalie Sadler

Signature: Electronically on Governor Hub

## Health and Safety Policy – Care of Children - February 2026

This setting believes that the health and safety of all children is of paramount importance. We make our setting a safe and healthy place for children, parents, practitioners and volunteers.

We aim to make children, parents and practitioners 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.

The Headteacher has overall responsibility. Ruth Coleman has responsibility in the Nursery School. Jannice Simpson has responsibility in the Children's Centre. The practitioner responsible for health and safety within the daycare room is the Daycare Manager. All practitioners in nursery are responsible for health and safety within the nursery classrooms and garden. They are competent to carry out these responsibilities. They have undertaken health and safety training and regularly update their knowledge and understanding. We display the necessary health and safety posters within the rooms. Belinda Handley has responsibility in nursery for keeping the first aid supplies up to date.

We have public liability insurance and employer's liability insurance. The certificate for public liability insurance is displayed in the daycare room and in the front office of nursery school.

### Induction Training

Our induction training for practitioners, students and volunteers includes a clear explanation of health and safety issues so that all adults are able to adhere to our policy and understand their shared responsibility for health and safety. The induction training covers matter of employee wellbeing, including safe lifting and the storage of potentially dangerous substances.

Records are kept of these induction training sessions and new team members, students and volunteers are asked to sign the records to confirm they have taken part. Staff regularly update health and safety practices as appropriate. We ensure that during the induction process that team members, students and volunteers are aware of the following:

- We have a no smoking/no vaping policy anywhere on the premises.
- If they arrive at the setting clearly under the influence of illegal drugs or alcohol they will be asked to leave immediately and disciplinary procedures implemented.

### Risk Assessments

Please see our separate risk assessment policy. We complete general risk assessments on both the indoor and outdoor environment to identify hazards within the learning environment. Control measures are stated to minimise the potential hazard. An action plan is then completed if needed. These specify the action required, the timescales for action and the person responsible for the action. These risks assessments are reviewed on a regular basis.

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On a daily basis a practitioner checks the indoor and outdoor environment to ensure that it is safe.

### Visits and Outings

Risk assessment forms have also been devised for visits and outings.

Practitioners will ensure the following procedures take place:

- Parents have agreed and signed consent forms to allow their child to participate. If a parent does not give consent to their child being taken off the premises this is shared with all the team.
- A risk assessment is carried out before an outing takes place and checked by the room leader, Visits co-ordinator /room leader who signs and agrees adding any recommendations. All practitioners involved in the visit read and sign the risk assessment. This is evaluated after the visit.
- Our adult to child ratio is high.
- Named children are assigned to individual staff to ensure each child is individually supervised and to ensure a child does not get lost. It also ensures that there is not any unauthorised access to children.
- Practitioners take a mobile phone, first aid bag, essential medication and snack, including water on outings.
- A minimum of two practitioners will accompany children on outings and a minimum of two practitioners should remain behind with the rest of the children.

### Control of substances hazards to health (COSHH)

COSHH data sheets are kept for appropriate substances used within the kitchen and cleaners cupboard. Substances are using following procedures on the bottle. Equipment is provided if necessary i.e. aprons, gloves.

Electrical items are PAT tested by an external company.

Caretaker, kitchen staff, cleaner and Senior Admin Assistant are all COSHH trained

### Critical Incidents

Please see out Critical Incident Policy and Procedure

### Incident/Near Miss Record

From June 2025, all incidents are recorded on the Suffolk County Council online form. We keep records of incidents and near miss occurrences. These are monitored termly by the Health and Safety Committee.

These incidents include:

- Break in, burglary, theft of personal or the settings property.
- Fire, flood, gas leak or electrical failure.
- Attack on a member of the team or parent on the premises or near by.
- Any racist incident involving a practitioner or family on the centres premises.
- Death of a child.
- A terrorist attack or threat of one.

Within the incident record/near miss record, 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. The form is then sent online to Nina Bickerton at SCC. Any follow up, or insurance claim made should also be recorded.

In the unlikely event of a terrorist attack we follow the advice of the emergency services with regard to invacuation/evacuation, medical aid and contacting children's families. Our standard fire safety and evacuation policy will be followed. The incident is recorded when the threat is averted.

In the unlikely event of a child dying on the premises the emergency services are called and the advice of these services are followed.

The incident recording form is not for recording concerns involving a child. This is recorded on CPOMS.

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### **Security**

The safeguarding lobby, entrance to daycare, entrance to the main nursery doors and The Hive have electronic fob entry and entrances to all other rooms have a key pad entrance system in place. The number is confidential to only team members and cleaning staff. Systems are in place for the safe arrival and departure of the children. Parents are only able to enter the room when a member of the team lets them in. This also ensures that the children do not leave the premises unnoticed. The security system does not allow anyone to enter unannounced. However rude it may seem we ask parents not to hold the front door or daycare door open to anyone unknown to them.

All windows are fitted with inhibitors to prevent any unauthorised access.

### **Children's Safety**

The following points have been implemented to ensure the safety of the children.

- Windows are fitted with inhibitors to prevent children climbing through them.
- All doors are fitted with finger protectors to prevent trapped fingers. Practitioners are also extra vigilant when doors are open and closed.
- The flooring within the rooms is non slip and spillages are cleared away to prevent accidents happening.
- Children are made aware of health and safety issues through discussion, planned activities and routines.

### **Kitchen**

The following procedures are maintained when using the kitchen:

- Children do not have unsupervised access to the kitchen.
- All surfaces are clean and non-porous.
- There are separate facilities for hand washing and washing up in the catering kitchen.
- Cleaning materials and other dangerous materials are stored in a high cupboard out of children's reach.
- When children take part in cooking activities, they:
  - are supervised at all times
  - are kept away from hot surfaces and hot water
  - do not have unsupervised access to electrical equipment.

### **Electrical/gas equipment**

- All electrical/ gas equipment conforms to safety requirements and is checked regularly.
- Our boiler cupboard is not accessible to the children.
- Electrical sockets, wires and leads are properly guarded and the children are taught not to touch them.
- There are sufficient sockets to prevent overloading.
- The temperature of hot water is controlled to prevent scalds.
- Natural lighting and ventilation is adequate in all areas including storage areas.

### **Storage**

- All resources and materials from which children select are stored safely.
- All equipment and resources indoors and outdoors are stored or stacked safely to prevent them accidentally falling or collapsing.

### **Outdoor Area**

- Our outdoor area is securely fenced.
- The outdoor area is checked for safety and cleared of rubbish before it is used. A form is used to record this information/hazards noted daily and action taken
- Adults and children are alerted to the dangers of poisonous plants
- Where water can form a pool on equipment, it is emptied before children start playing outside.
- Outdoor area is checked daily for water trapped in horizontal places. Items are stored upside down by practitioners to prevent water being permitted to lay.

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- Our outdoor sandpit is covered when not in use and is cleaned regularly.
- All outdoor activities are supervised at all times.

### Activities

- Before the purchase or loan, equipment and resources are checked to ensure that they are safe for the ages and stages of the children currently attending the setting.
- The layout of play equipment allows adults and children to move safely and freely between activities.
- All equipments regularly checked for cleanliness and safety and any dangerous items are repaired or discarded
- All materials – including paint and glue – are non-toxic and washable.
- Sand is suitable and clean for children’s play
- Physical play is constantly supervised.
- Children are taught how to handle and store tools safely
- Children who are sleeping are checked regularly
- Children learn about health, safety and personal hygiene through the activities we provide and routines we follow.

### Missing Child

Please see our Non-Collection of Child, Critical Incident, Outings & Visits and Attendance policies.

### Food and Drink

Please see our Food and Drink Policy

We have a food and drink policy in place to support this section.

- Practitioners who prepare and handle food receive appropriate training and understand and comply with the food safety and hygiene regulations.
- All food and drink is stored appropriately
- Adults do not carry hot drinks through the play area and do not place hot drinks within reach of children.
- Snack and meal times are appropriately supervised and all children must be seated when eating and drinking.
- Fresh drinking water is available to the children at all times
- We operate systems to ensure that children do not have access to food/drinks to which they are allergic.
- Environmental health assessed the preparation kitchen to enable us to cook and serve dinners

### Hygiene

Please see out Hygiene and Infection Control Policy

- We regularly seek information from the Environmental Health Department and the Health Authority to ensure that we keep up to date with the latest recommendations.
- Our daily routines encourage the children to learn about personal hygiene.
- We have schedules for cleaning resources and equipment, dressing up clothes and furnishings. Mrs Djemal has responsibility for this within the Nursery and Jayde Scripps within in Butterflies room.
- The toilet area has a high standard of hygiene including hand washing and drying facilities.
- In our nappy changing area we have facilities for the disposal of nappies.
- We implement good hygiene procedures by:
  - Cleaning tables between activities.
  - Checking toilets regularly.
  - Wearing protective clothing – such as aprons and disposable gloves.
  - Providing sets of clean clothes.
  - Providing tissues and wipes.

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## **Fire Safety**

Please see our Fire Evacuation Policy

- Fire doors are clearly marked, never obstructed and easily opened from the inside.
- Smoke detectors/alarms and fire fighting appliances conform to BSEN standards, are fitted in appropriate high risk areas of the building and are checked by the Local Authority designated organisation annually.
- Our emergency evacuation procedures are approved by the fire safety and are:
  - Clearly displayed in the premises.
  - Explained to new members of the team, students, volunteers and parents.
  - We regularly practice evacuations at least once every term with prior warning and without. Please refer to the evacuation policy and fire record book.
- Records are kept of fire drills and the servicing of fire safety equipment.
- Annual review audit carried out in January each year.

In the event of a fire, a member of the team will raise the alarm immediately and the emergency service will be called at the earliest opportunity.

All children will immediately be escorted out of the building to the assembly point using the nearest marked exit. No attempt will be made to collect personal belongings, or to re-enter the building after evacuation.

The room will be checked by the most senior team member before leaving to ensure everyone is safe.

On exiting the building, the practitioner will close all accessible doors and windows to prevent the spread of fire. They will also collect any medical items and a mobile phone.

The register will be taken and all children and staff accounted for. If any person is missing from the register or signing in and out sheets, the emergency services will be informed immediately.

Walkie Talkies are used to communicate with the office and other centre users.

## **Closing the Centre in an Emergency**

Please see our Critical Incident Policy and Business Continuity Plan

In very exceptional circumstances, the setting may need to be closed at very short notice due to unexpected emergency. Such incidents could include:

- Serious weather conditions
- Heating system failure
- Burst water pipes
- Discovery of dangerous structural damage
- Fire or bomb scare/explosion
- Death of a member of the team
- Serious assault on a member of the team from the public
- Serious accident or illness

In such circumstances the Headteacher and the team will ensure that all steps are taken to keep both the children and themselves safe. All staff and children will assemble at the meadow, where a register will be taken.

Steps will be taken to inform parents/carers and to take the necessary actions in relation to the cause of the closure. All children will be supervised until they are safely collected.

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### **First aid and medication**

All Staff members have current first aid training. For most staff the first aid qualification is paediatric.

Our first aid kit:

- Complies with health and safety (first aid) regulations 1981
- Is checked termly by a designated member of the team and restocked as necessary.
- Is easily accessible to adults.
- Is kept out of reach of children.

At the time of admission to the setting, parents/carers written permission for emergency medical advice or treatment is sought. Parents sign and date their written approval.

Parents sign a consent form at registration allowing the team to take their child to the nearest Accident and Emergency unit to be examined, treated or admitted as necessary on the understanding that parents have been informed and are on their way to hospital.

### **Administration of Medication**

We promote the well-being of all children and have a whole community approach to the provision of medical care, with a lead from health professionals.

Forms are completed for administering medication.

- Medication can only be administered if parents have completed a medication form. Without written consent practitioners **will not** administer medication.
- Staff **will not** administer non-prescription drugs, such as calpol. If a child is taking such medicine they should not attend nursery and staff will advise parents to keep children at home. This advice is given to parents in the prospectus and is on the website.
- Prescribed medication may be administered. However, it must be in date and prescribed for the current condition.
- Children taking prescribed medication must be well enough to attend the setting.
- Children's medications are stored appropriately in their original containers, are clearly labelled and are inaccessible to the children.
- Parents give prior written permission for the administration of medication on a medication consent form. This states the name of the child, date and the times to be administered any the quantity of the dose. It also states how the medication is to be administered, i.e. by spoon.
- Staff will add a label with the child's name onto the bottle, taking care not to cover the Dr's label. This will be checked before administering medication and before the bottle is handed back to parents at the end of the session.
- The administration is recorded accurately on the medication consent form each time it is given and is signed by the member of the team. Parents sign and date the form to acknowledge the administration of the medicine.
- Children with complex medical needs have an individual care plan and these will be regularly reviewed and updated. These include a risk assessment produced in line with their care plan. This will be put in place prior to the child's attending the setting.
- We recognise that staff has the right to refuse to administer medication if they do not feel confident to do so. In this situation we would refer to the room leader and then a parent.
- Staff will follow safety procedures and protect their own health.
- If the administration of prescribed medication requires medical knowledge (e.g. epipen), individual training is provided for the relevant members of the team by a health professional or parent of a child with a medical need.
- Asthma – please refer to our separate policy regarding the care of children with Asthma in our setting.

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Staff at the setting follow our 'Administering medication procedure' to ensure everyone is following the same guidelines. The following priorities are absolutely essential for staff to follow:

- Date
- Check child's name
- Type of Medication
- Dose given
- Time of administration

The forms are kept for at least 2 years.

The EYFS is the statutory document concerning this.

### Reportable Incidents

When there is an injury requiring general practitioner or hospital treatment to a child, parent, student, volunteer or visitor or where there is a death of a child or adult on the premises, we make a report to the health and safety executive/Suffolk County Council using the format for the reporting of injuries, diseases and dangerous occurrences.

Our Accident book is a digital section of the Family application:

- Kept safe and accessible
- Notification is sent to parents immediately, through the Family app
- All team members know how to access the app within the classroom and how to complete it.
- Is reviewed in line with the risk assessment cycle annually to identify any potential or actual hazards.

First Aid incidents within the setting

The centre meets the requirements of the: **The Health and Safety at Work Act 1974** and the **Management of Health and Safety at Work Regulations 1999**.

If a child has a first aid incident within the setting it is recorded within the first aid section of the Family app. The following information is recorded:

- Child's name
- Date and time of injury
- Where it happened (inside outside)
- Nature of the injury (inc body chart)
- Treatment
- Practitioner who dealt with the injury
- Who has been notified

We also record significant incidents to monitor children's behaviour, the following information is recorded:

- Where then incident happened
- Who was involved
- The nature of the incident
- How the incident was dealt with
- The practitioner who dealt with the incident

Please see our Supporting Behaviour policy.

### Sickness

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

- We do not provide care for children who are unwell, have a temperature, or sickness and diarrhoea, or have an infectious disease. If a child becomes ill outside setting hours, the parent/carer should notify the setting

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as soon as possible. The minimum exclusions periods outlined in the 'Guidance on Communicable Diseases' (Health Protection Agency) will then apply.

- Parents will be notified immediately if their child becomes unwell at the setting and needs to go home. The child will be comforted, kept safe and under safe supervision until they are collected. The child should remain at home until they are better for at least 24 hours, or according to the times set out in the 'Guidance on Communicable Diseases'.
- If a member of the team becomes ill at work similar restrictions on their return will apply.
- Children with headlice are not excluded, but must be treated to remedy the condition. The child concerned will not be isolated from the other children and there is no need for them to be excluded from activities or sessions at the setting.
- Parents are notified if there is a case of headlice within the setting and advice and guidance on treating headlice will be provided.
- Parents are notified if there is an infectious disease such as chicken pox. A sign will be added to the main door to inform parents.
- HIV (Human immunodeficiency Virus) may affect children or families attending the setting. Practitioners may or may not be informed about it.
- Children or families are not excluded because of HIV.
- Good hygiene practice concerning the clearing of any spilled bodily fluids is carried out at all times.
- Practitioners suffering from sickness and diarrhoea should not be present at the setting.
- The LA are notified of any infectious diseases that a qualified medical person considers notifiable.

### **Records/Information Sharing/Data Protection**

In accordance with the welfare requirements, we keep records of:

#### **Adults**

- Names and address of all team members on the premises, including temporary team members who work with the children or who have substantial access to them.
- Name and address of governors.
- All records relating to the teams employment with the setting, including application forms, references, results of checks undertaken etc.

#### **Children**

- Names, addresses and telephone numbers of parents and adults authorised to collect children from the setting.
- The names, addresses and telephone numbers of emergency contacts in case of children's illness or accident.
- The allergies, dietary requirements and illnesses of individual children.
- The times of attendance of children, practitioners, volunteers, students and visitors.
- Accidents and medicine administration records.
- Consents for outings, administration of medication, emergency treatment and incidents.
- A separate sun smart policy details information to support practitioners with sun safety.

### **Sun protection**

Please see our Sun Smart policy.

The team members understand the dangers posed to children and themselves by over exposure to the sun.

In hot weather, parents/carers are encouraged to provide sun cream for their children. Children will also be encouraged to wear a hat when playing outside in the sun.

When necessary, practitioner may apply sun cream to children who cannot do so themselves, where prior permission has been given by the parent/carer on the consent/agreement form.

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In hot weather practitioners will encourage children to drink water frequently. Practitioners should also ensure that shady areas out of the sun are always available when playing outside.

### **Visitors**

All visitors to the Centre are asked for ID and then asked to sign IN and OUT in the visitor's iPad app and are to wear a (red or green) lanyard with a visitor badge. They are also given a leaflet which contains information about fire and concerns regarding a child.

Pre-arranged visits are recorded in the appropriate diaries and written daily on the message boards in the front office and Day Care Room.

- Risk assessments
- Records of visitors
- Fire safety procedures
- Fire safety records and certificates
- Operational procedures for outing and visits
- Administration of medication
- Prior parental consent to administer medicine
- Record of the administration of medicines
- Prior parental consent for emergency treatment
- Accident record
- Personnel records
- Safeguarding File