

Enabling a Safe & Healthy Environment



Inspiring and nurturing young minds

Little Companions Pre School  
Acorn Hall, Columbia Avenue, Eastcote HA4 8UG  
Mobile: 07586 291 510 • Email: [info@littlecompanions.eu](mailto:info@littlecompanions.eu)  
Website: [www.littlecompanions.org.uk](http://www.littlecompanions.org.uk)

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## **Administering Medicine Policy**

It is the policy of Little Companions that children who are suffering from illness should not be brought into the nursery. This is to ensure the welfare of both the child who is ill and the rest of the children in the nursery. Children who are ill should be cared for at home until they are well enough to return to nursery. However, in order to maintain health and wellbeing and to help children who are recovering from an illness, the nursery will agree to administer medication. Where possible, medication timing should be arranged so that parents can administer medicine. The nursery will only administer medication when not administering the medication in the nursery would be detrimental to the child's health. If a child has not had a medication before, parents should keep the child at home for the first 48 hours to ensure no adverse effect as well as to give time for the medication to take effect.

It is the responsibility of the key person to correctly administer medication to children for whom he/she is key person. The key person should ensure that parents have filled in a medication consent form, that medicines are labelled and stored correctly, to keep record of any medication administered and to ensure that medication is administered correctly. If the key person is absent then the nursery manager assumes responsibility for administering medication.

### **Procedure for Administering Medication**

- Only prescribed medication can be administered to children.
- Staff should check that the medicine is not out of date and is prescribed for the current condition.
- The medicine should be stored in its original container, must be clearly labelled and contain prescribers instructions for administration.
- Medicine should be stored in the kitchen and should be inaccessible to the children.
- Parents fill in and sign a medication consent form.
- Medication is administered by the child's key person
- Each time medicine is administered a record must be made in the medication book; each record must be signed by the member of staff who administered the medicine and the parent of the child.
- If administration of medicine requires technical/medical knowledge then individual training should be provided for the member of staff responsible for administering the medication by a qualified health professional. Training should be specific to the individual child concerned.
- Children should not administer medication themselves. In cases where children can understand when they require medication, for example, Asthma, they are instructed to tell their key person who should supervise the child and assist.

### **Procedure for the Storage of medicines**

- Any medication should be stored in a marked plastic box, in the kitchen cupboard or refrigerated (if necessary). Staff should check products instructions for storage and store accordingly.
- The key person is responsible for returning medication to parents at the end of a session.
- If the medication is ongoing then it can be kept in the nursery and used when required. The key person should check regularly that any regular medication is not out of date and return medication to parent if it becomes out of date.

### **Procedure for long-term medical conditions and on-going medication.**

- On registering a child at the nursery, parents fill in a registration form where they are asked about any medication or illness in regards to the child.
- If a child has a long-term medical condition or requires on-going medication information should be gained about the condition to better understand the child's needs. Information about medication the child requires and may need to take in the setting and support the child may require should be acquired from the parents. Information should be stored in the child's personal file.
- Parents should be shown around the setting, understand the routine and activities and point out anything they think may be a risk factor for their child.
- A health care plan for the child is drawn up with the parent, outlining the key person's role and what information must be shared with other members of staff. This should include measures to be taken in an emergency. This should be reviewed every six months or more if necessary, this includes reviewing changes to medication or dosage, any side effects noted, etc. Parents receive a copy of the health care plan and each contributor, including the parent signs it.

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

- Medication for a child is taken in a sealed plastic box, clearly labelled with the child's name and the name of the medication. Inside the box there should be copy of the consent form and a paper to record when it has been given and other details noted in medication record book.
- On returning to the nursery the paper should be stapled into the medication record book and the parents are asked to sign it.
- If a child on medication has to be taken to the 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.

## **Cleaning and checking equipment- guidance for staff**

All equipment will be checked once purchased and before laid out in the playgroup. Practitioners in charge of an area on each day will check their equipment for this area as they set up. Any equipment which is damaged and unsafe for the children will be removed and replaced.

Cleaning of equipment will happen on a 2 weekly basis. Staff in charge of their areas on the day of cleaning will wash the equipment as appropriate as they tidy up for the day. Some items may be required to be taken home and put through the washing machine and this will be carried out at the end of each month. There will also be a cleaning rota for the all the general areas of the premises.

## **Fire Drill**

All staff are required to know what to do in the event of a fire and upon hearing the fire alarm.

### **IF YOU DISCOVER A FIRE –**

1. Immediately evacuate all children, staff, visitors and contractors from the building by way of the nearest FIRE EXIT, i.e. the side door in the main play hall
2. Dial 999 and ask for the fire to the fire brigade to report your situation.
3. Inform your supervisor that you have contacted the fire brigade.
4. Under no circumstances are you to return to building until it has been confirmed safe to do so by the fire brigade.

### **IF YOU HEAR THE FIRE ALARM-**

1. Immediately evacuate all children, staff, visitors and contractors from the building by way of the nearest FIRE EXIT, i.e. the side door in the main play hall
2. Walk quickly and safely down the stairs - DO NOT RUN.
3. Children should be calmly escorted to the assembly point into the middle of the green at the front of the building. Children must be accompanied by a practitioner at all times.

4. SLEEPING CHILDREN: The staff member in the quiet area is responsible for the safe evacuation of the sleeping/children.
5. The register will be taken by the manager.
6. Remain at the assembly point until instructed otherwise.
7. Do not return to the building for any personal belongings.

**IF SAFE TO DO SO COLLECT THE FIRE BAG WHILST EXITING THE BUILDING – DO NOT UNDER ANY CIRCUMSTANCES GO BACK INTO THE BUILDING FOR THIS UNLESS IT IS CONFIRMED SAFE TO DO SO BY THE FIRE BRIGADE - IF MEDICAL ASSISTANCE IS REQUIRED PLEASE CONTACT THE MEDICAL SERVICES AND ACT ACCORDINGLY**

### **CONTENTS OF THE FIRE BAG**

- Fire book including all children’s parents/carers phone numbers.
- Emergency money.
- Emergency blankets.
- Emergency medication for children who may suffer from conditions such as asthma/ diabetes.

## **First Aid Policy**

At Little Companions our staff are professionally trained to carry our first aid involving a child or an adult. At least one member of staff with first aid training is on the premises or on an outing at any time.

### **Procedures**

- A first aid kit is kept in the nursery. This is kept in a cupboard is put out of the reach of children but at the same time remaining accessible to all adults. There is also a first aid kit kept in the main hall at a high distance away from the children’s reach
- The first aid kit is checked regularly to ensure that it is fully equipped and if anything is used it is immediately replaced.
- The first aid kit contains,
  - Triangular bandages
  - Small, medium and large sterile dressings

- Plasters in assorted sizes
- Sterile wipes
- Sterile eye pads
- Bandages
- Safety pins
- Guidance card
- In addition to the first aid equipment disposable plastic gloves and disposable plastic aprons are stored in the cupboard. A children's thermometer is kept alongside this equipment and a cold compress is stored in the refrigerator.
- No unprescribed medication is given to children in the nursery.
- During registration, parents complete a medical information form providing medical information and give consent for emergency medical treatment allowing staff to take their child to the nearest hospital to be examined or treated if necessary on the understanding that parents have been informed and are on their way to the hospital.

## **Food Hygiene**

As part of the session we provide children with a healthy snack and serve the children their packed lunches at lunch time.

We ensure that only fresh food is purchased and served to the children. Food and drinks are stored appropriately, and the highest levels of food hygiene are maintained during the preparation of food.

### **Procedures:**

- We have designated member of staff who has up-to date Food Hygiene training.
- The manager and the person responsible for food preparation understand principle of Hazard Analysis and Critical Control Point (HACCP). This is set out in the Safer Food Better Business. The basis for this is risk assessment as it applies to the purchase, storage, preparation and serving of food to prevent growth of bacteria and food contamination.
- All staff follow the guidelines of Safer Food Better Business.
- Staff regularly attend food hygiene and health and safety training to be well informed and keep up to date with hygiene requirements of health and safety legislation.
- Daily kitchen opening and closing checks are carried out to ensure high standards of food hygiene are consistently met.
- We purchase food from reliable suppliers and we ensure that all food is fresh and in date.
- Food is stored appropriately and at the correct temperature.
- Food is checked to ensure that it is not subject to contamination by pests, rodents or mould.

- Packed lunches are stored in a cool place and are served to the children within 4 hours of preparation.
- Food preparation areas are cleaned with antibacterial cleaner before and after they are used.
- There are separate facilities for hand-washing and washing-up.
- All surfaces are clean and non-porous.
- All utensils, plates, bowls, cooking and preparation equipment are clean, checked regularly and stored appropriately.
- Waste food is disposed of daily.
- Cleaning materials and other dangerous materials are stored in cupboards and out of the children's reach.
- Children do not enter the kitchen, unless an activity requires use of the kitchen and at which time children will be adequately supervised by members of staff.
- When children take part in cooking activities, they must be kept away from hot surfaces or hot water, electrical equipment such as blenders, dangerous equipment such as sharp knives or matches. Staff should help children explain the importance of washing hands and simple hygiene rules.

### **Reporting of food poisoning**

- Food poisoning can occur for a number of reasons; not all cases of sickness or diarrhoea are as a result of food poisoning and not all cases of sickness or diarrhoea are reportable.
- Where children and/or adults have been diagnosed by a GP or hospital doctor to be suffering from food poisoning and where it seems possible that the source of the outbreak is within the setting, the manager will contact the Environmental Health Department and the Health Protection Agency, to report the outbreak and will comply with any investigation.
- If the food poisoning is identified as a notifiable disease under the Public Health (Infectious Diseases) Regulations 1988 the setting will report the matter to Ofsted.

### **Legal Framework**

Regulation (EC) 852/2004 of the European Parliament and of the Council on the hygiene of foodstuffs

### **Further guidance**

Safer Food Better Business (Food Standards Agency)

## **Health and Safety General Standards**

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



We aim to make children, parents and staff 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: Reema Juttla

She is competent to carry out these responsibilities and has undertaken health and safety training and regularly updates her knowledge and understanding.

We display the necessary health and safety poster in the nursery room.

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

### **Procedures:**

#### **Raising Awareness**

- 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.
- Health and safety issues are explained to the parents of new children so that they understand the part played by these issues in the daily life of the setting.
- As necessary, health and safety training is included in the annual training plans of staff, and health and safety is discussed regularly at staff meetings.
- We operate a no smoking policy.
- Children are made aware of health and safety issues through discussions, planned activities and routines.

#### **Safety of adults**

- Adults are provided with guidance about the safe storage, movement, lifting and erection of large pieces of equipment.
- All warning signs are clear and in appropriate languages.
- The sickness of staff and their involvement in accidents is recorded. The records are reviewed termly to identify any issues that need to be addressed.
- We keep a record of all substances that may be hazardous to health - such as cleaning chemicals, or gardening chemicals if used. This states what the risks are and what to do if they have contact with eyes or skin or are ingested. It also states where they are stored.
- We keep all cleaning chemicals in their original containers.

#### **Windows**

- Low level windows are made from materials that prevent accidental breakage or are made safe.
- Windows are protected from accidental breakage or vandalism from people outside the building.
- Windows above the ground floor are secured so that children cannot climb through them.

### **Doors**

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

### **Floors**

- All floor surfaces are checked daily to ensure they are clean and not uneven, wet or damaged.

### **Electrical/gas equipment**

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

### **Storage**

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

### **Outdoor area.**

- Our outdoor area is checked for safety and cleared of rubbish before it is used.
- Adults and children are alerted to the dangers of poisonous plants, herbicides and pesticides.
- Where water can form a pool on equipment, it is emptied before children start playing outside.
- Our outdoor sand pit is covered when not in use and is cleaned regularly.
- All outdoor activities are supervised at all times.

### **Hygiene**

- We regularly seek information from the Environmental Health Department and the Health Authority to ensure that we keep up-to-date with the latest recommendations.

- Our daily routines encourage the children to learn about personal hygiene.
- We have a daily cleaning routine for the setting which includes play room(s), kitchen, rest area, toilets and nappy changing areas.
- We have a schedule for cleaning resources and equipment, dressing-up clothes and furnishings.
- The toilet area has a high standard of hygiene including hand washing and drying facilities and the disposal of nappies.
- We implement good hygiene practices by:
  - cleaning tables between activities;
  - cleaning toilets regularly;
  - wearing protective clothing - such as aprons and disposable gloves - as appropriate;
  - providing sets of clean clothes;
  - providing tissues and wipes.

### **Activities and resources**

- Before purchase or loan, equipment and resources are checked to ensure that they are safe for the ages and stages of the children currently attending the setting.
- The layout of play equipment allows adults and children to move safely and freely between activities.
- All equipment is regularly checked for cleanliness and safety and any dangerous items are repaired or discarded.
- All materials, including paint and glue, are non-toxic.
- Sand is clean and suitable for children's play.
- Physical play is constantly supervised.
- Children are taught to handle and store tools safely.
- Children who are sleeping are checked regularly.
- 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 chairperson or owner

### **Legal framework:**

Health and Safety at Work Act (1974)

Management of Health and Safety at Work Regulations 1992

Electricity at Work Regulations 1989

Control of Substances Hazardous to Health Regulations (COSHH) 2002

Manual Handling Operations Regulations 1992 (as amended)

Health and Safety (Display Screen Equipment) Regulations 1992

### **Further guidance:**

Health and Safety Law: What You Should Know (HSE Revised 2009)

Health and Safety Regulation...A Short Guide (HSE 2003)

Electrical Safety and You (HSE 1998)

## Outing Policy

As part of our curriculum the children are taken for local walks, visits and trips, off the premises. Permission will be sought for all children to be included in such outings.

- Parents/carers will be informed in writing of any visits or outings and transportation involved. They will be asked to sign a consent form each time such an outing takes place.
- For local outings (for example, walk in the local area) we ask that the parents/ carers give their consent for the trips by signing the relevant section on our registration form. Where possible, staff will let parents/carers know in advance that their children will be attending a local walk/trip.
- A risk assessment will be carried out for each outing and staff will follow the specific procedures outlined below:
  1. Advise parents on the equipment needed for the trips, i.e. coats, rucksacks, packed lunch, etc.
  2. Operate a staff ratio of 1:2 and ensure at least two members of staff are present. Each adult will assume responsibility for the same children throughout the trip.
  3. Provide a designated person in charge, normally a senior staff member and a designated First Aider.
  4. In case of a child going missing the Lost/Missing Child Procedure will be followed.
- The staff members will:
  1. Ensure the staff to children ratio is maintained at all times.
  2. Take a list of the children/ register with them.
  3. Take a first aid kit.
  4. Take a mobile phone and contact number for staff and children.
  5. Take anything else deemed necessary for the comfort of the trip.
  6. Contact the nursery at least once whilst out, however, this will not be necessary when all the staff and children are on the trip and no one has stayed behind in the nursery.
  7. Ensure all children are wearing badge and/ wrist straps with the contact details of the nursery.
  8. Ensure wrist straps are used as an extra security measure where appropriate, e.g. children with special needs.
  9. Ensure all children not in a buggy are wearing florescent safety jackets.

10. Take the register of children attending the trip before setting off, on arrival, halfway through the visit, before departure and again back at the nursery.
11. Take head counts as deemed necessary throughout the trip.
12. Make provisions for children with learning difficulties and/or disabilities, and those speaking English as an additional language ensuring that their individual needs and safety are properly met whilst on the outing, e.g. by obtaining specific words in their first language, the use of pictures, photographs or signs to enhance their experience whilst on the trip.
13. Ensure any incident or accident that occurs on the outing is recorded in writing and parents are informed.
14. Inform Ofsted and/or Local Health and Safety Executive of any serious incident or accidents.
15. Follow the nursery's code of conduct and maintain the nursery's high standards of care and professionalism whilst on outing and trips.

### **Use of vehicles for outings.**

When planning a trip or outing using vehicles, records of vehicles and drivers including licenses, MOT certificates and business use insurance will be checked by the nursery manager.

If a vehicle is used for outings the following procedure will be followed:

- Ensure written consent has been obtained for all children from parents/carers.
- Ensure vehicles are fitted with seatbelts, child seats, booster seats and air bags are correctly used.
- Ensure the maximum seating is not exceeded.
- All children will be accompanied by the staff members.
- No child will be left in the vehicle unattended.
- Care will be taken when leaving vehicles. Where possible, vehicles should be parked away from busy roads; children should enter and exit the vehicle on the pavement side.

### **Procedure to follow for all outings.**

The staff member in charge of the outing will:

- Carry out risk assessment of the destination in advance of the trip. Should this be a destination that is frequently visited (e.g. local playground), staff will complete risk assessment once a year but be mindful of any safety concerns on every visit and update the risk

assessment as appropriate. The risk assessment must be counter signed by the nursery manager before the outing commences.

- Ensure an outing checklist has been completed before commencing the journey.
- Assign each child to an adult who will be responsible for the child throughout the outing. Ensure that both children and adults are made aware of this.
- Ensure all children hold hands with an adult whilst walking and that the group stays together as one unit at all times. Group should be led by the designated person in charge of the outing.
- Plan a safe walking route to the destination using approved pedestrian crossings.
- Ensure that each adult maintains a constant vigilance whilst at the destination, in particular keeping sight of the children for whom they are responsible.
- Outings will take place, so long as sufficient number of staff remains on nursery premises to maintain required adult to child ratios. This will be recorded on the nursery register.

## **Risk Assessment Policy**

We believe that the children's welfare is paramount; this includes their health and safety. We make every effort to ensure that our nursery is a safe and healthy place for the children, staff and parents. We carry out regular risk assessments on all areas of the premises to ensure that hazards and risks are assessed and minimised and the nursery remains a safe and healthy environment.

### **Procedures:**

- A risk assessment checklist is carried out every morning before the start of the session, during which every area of the premises is checked for hazards or risks that the children may come into contact with.
- This is in a checklist form and is carried out by a qualified and experienced member of staff, who signs the risk assessment to confirm that it has been carried out. If any concerns are raised a note is made on the risk assessment sheet and the manager is made aware of these concerns. Staff are made aware of any potential risks and measures are put into place to minimise the risks or hazards until they can be removed. Any hazards or risks are dealt with immediately.

- A detailed risk assessment is carried out every six months, this process covers adults and children and includes:
  - Checking for and noting hazards and risks indoors and outside, in the premises and for our activities.
  - Assessing the level of risk and who might be affected.
  - Deciding which areas need attention.
  - Developing an action plan that specifies the action required, the time-scales for action, the person responsible for the action and any funding required.
- The risk assessment is reviewed once a year. When more staff are employed, important changes are made to the routine or new equipment purchased; the risk assessment should be reviewed and updated.

## **Safe manual handling of equipment-guidance for staff**

Little Companions will comply with the Manual Handling Operations Regulations 1992 (as amended) which place a requirement on the employer and employee to reduce the hazards to health associated with the manual handling of loads. In accordance to this Little Companions will ensure:-

- Staff avoid hazardous Manual Handling Operations so far as is reasonable practicable.
- We assess any hazardous Manual Handling that cannot be avoided
- To reduce the risk of injury so far as reasonably practicable.
- Provide suitable and sufficient supervision, training and information to all staff on induction as well as periodic refresher courses.

### Assessing manual handling risks

The following guidelines should also be taken into account on handling equipment and children. When assessing manual handling activities it advised to look at four specific areas- Task, Individual, Load and Environment (TILE), key factors to consider in each element are:

1. THE TASK- Does the activity involve twisting, stooping, bending, excessive travel, pushing, pulling or precise positioning of the load, sudden movement, inadequate rest or recovery periods, team handling or seated work?
2. THE INDIVIDUAL- Do you require unusual strength or height for the activity, are you pregnant, disabled or suffering from a health problem. Is specialist knowledge or training required?
3. THE LOAD- Is the load heavy, unwieldy, difficult to grasp, sharp, hot, cold, difficult to grip, are the contents likely move or shift?

4. THE ENVIRONMENT- Are there space constraints, uneven, slippery or unstable floors, extremely hot, cold or humid, clothing which is restrictive?

#### Basic Principles of Manual Handling

There are some basic principles that everyone should observe prior to carrying out a manual handling operation:

- Ensure that the object is light, stable and unlikely to shift or move.
- Heavy or awkward loads may require assistance, so please ask another suitable member of staff to help.
- Make sure the route is clear of obstructions
- Make sure there is somewhere to put the load down wherever it is to be moved.
- To stand as close to the load as possible, spread your feet shoulder width, bend your knees and try and keep the back's natural, upright posture
- Grasp the load firmly as close to the body as you can
- Use the legs to lift the load in a smooth motion as this offers more leverage reducing the strain on your back
- Carry the load close to the body with your elbows tucked into the body
- Avoid twisting the body as much as possible by turning your feet to position yourself with the load.

#### Key Legislative requirements

- The Health and Safety at Work etc Act 1974 sets out the general duties which employers have towards employees and members of the public, and employees have to themselves and each other.
- The Management of Health and Safety at Work Regulations 1999, generally make more explicit what employers are required to do to manage health and safety under the Act. Like the Act they apply to every work activity. The main requirements being that employers carry out a risk assessment.
- The Manual Handling Operations Regulations, 1992 (as amended), seek to prevent injury from the manual handling of loads. They establish a clear hierarchy of measures for dealing with risks from manual handling.

The manager will carry out risk assessments daily, annually and medially on the equipment and functional areas of the nursery to ensure staff are working in environment which is safe.