**Section 3 – Health and Safety**

The health and safety of children in early years setting is of the utmost importance and every measure is taken to ensure that all children are protected from any dangers. It is the duty of all early years providers to protect children and reassure parents that their child will be safe and secure when they are in the care of the provider by following the correct health and safety procedures.

By promoting health and safety in an early years setting both parents and their child will feel that they are safe and secure and aware of any potential dangers. Health and safety is promoted in a fun and exciting way so that children will be interested in learning the potential dangers and the reasons why these dangers are avoided. Health and safety surround every child every day so by teaching them potential dangers and giving them the opportunity to experiment with small risks a child will become more aware of the dangers surrounding them every day in any environment. Keeping it fun but informative will also keep a child interested in learning.

**In this section you will find the following policies and procedures:**

* [Covid 19 Policy](#covid)
* [Administration of medicine Policy](#medication)
* [Managing children’s health, sickness and allergies](#allergies)
* [Food Hygiene Policy](#food)
* [Accidents and Incidents Policy and Procedures](#accidents)
* [No Smoking Policy](#smoking)
* [Suitability of premises, Environment and Equipment](#suitability)
* [Risk Assessment Policy](#risk)
* [Fire Safety and Emergency Evacuation](#fire)
* [Equipment and Resources](#equipment)
* [Emergency Procedures](#emergency)
* [Weather Warning Policy](#weather)
* [Outdoor Safety Policy](#outdoor)

**Covid 19 Policy**

**Procedure:**

*Policy created on March 10th 2020*

**What is Coronavirus?**

Coronavirus is a type of virus with similar symptoms to flu. It has two to fourteen days incubation period. Symptoms include, coughing, difficulty in breathing, fever.

**How serious is it?**

The virus is not serious for most people, including children. There is a vaccine available, but this is currently only available to adults. Most people will get better with rest, water and some medicine for the pain.

**How likely are you to catch the virus?**

You can only catch the virus if you have been close to a person who has the virus. The chance of catching the virus is currently very low. If you have travelled abroad in the past 10days it is advisable to check the Government website to see what the current advice is <https://www.gov.uk/government/topical-events/coronavirus-covid-19-uk-government-response>

**Advice:**

Advice can be found <https://www.nhs.uk/conditions/coronavirus-covid-19/>

If you are or your child becomes unwell or you have returned from a specified country or had contact with someone who is a confirmed case. Call NHS 111 for further advice.

The Government have issued an action plan to deal with outbreak of Coronavirus.

<https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/869827/Coronavirus_action_plan_-_a_guide_to_what_you_can_expect_across_the_UK.pdf>

Following Government guidance and the action plan issued by the Government, our policy and procedure would be to update parents and staff on the current advice from the Government and NHS. We will promote hand washing to help prevent the spread of the infection and display hand washing posters.

If a child calls in sick, we ask what is wrong with the child. If the child is showing symptoms of Coronavirus, we would ask them if they have travelled to any of the countries listed by the Government and for them to call 111. They would keep us updated.

If a child or their family or a member or staff has travelled to one of the countries listed, self-isolation would apply for 10days

<https://www.gov.uk/government/topical-events/coronavirus-covid-19-uk-government-response>

***Please note – This policy and procedure is updated regularly when the Government issue new advice.***

31st December 2020

**Statement of Intent:**

Fenham Playgroup Limited intend to use this policy to provide precautionary measures to minimise transmission risks of disease in the setting during an epidemic or pandemic. It also states ideas for continuity of business if allowed.

Legislation and leading authorities which have guided and influenced this policy are:

* Coronavirus Act 2020
* Health and Safety at Work Act (1974)
* Health and Safety Executive (HSE)
* Government Briefings
* Public Health England (PHE)
* World Health Organisation (WHO). Advice from but not limited to,
* The Secretary of State
* The Chief Medical Officer
* Local Authority (LA)
* Department for Education (DfE)
* The policy also has regard to Ofsted and Early Years Foundation Stage (EYFS) guidance where appropriate.

**Our Aim:**

This Policy defines and assists the operating arrangements in place within the Playgroup that assures compliance to the Government and leading bodies requirements with relation to the outbreak of a pandemic such as Covid19. This information builds upon our current procedures for areas such as Safeguarding, Child Protection and Equality and Diversity, however new practices may emerge as the situation continues. The policy and considerations may evolve and be built upon as the situation deepens and new precautionary measures have been introduced and practices have been reflected upon.

**Method:**

As early years providers we ensure to offer a continuum of very high standards of practice of childcare and education. The fundamental principles to be outlined in this policy are set out to ensure physical distancing is enabled and implement good hygiene practices as well as avoiding coming into contact with infected children and adults or anyone displaying symptoms. It states the protective measures put in place for children, parents, and staff as best as possible to ensure the risk of transmission is reduced. We will continue to follow our other policies if they do not conflict with this policy and be guided by the EYFS as best as we can. The main areas we will be considering are:

* Minimising contact with individuals who are unwell.
* Maintaining personal and respiratory hygiene (handwashing, catch it, kill it, bin it).
* Ensuring cleanliness of the environment (especially frequently touched surfaces).
* Minimising general contact and mixing (limiting numbers).
* The use of Protective and Personal Equipment (PPE) for personal hygiene purposes i.e., nappy changing.
* When a child is showing symptoms.
* Testing.

***Focus/ Areas of Consideration / Recommendations***

**Children:**

***Attendance****:*

* Only children who are symptom free or have completed the required isolation period should attend the setting.
* Providers may consider taking temperatures of children if they are showing symptoms and risk assessing with regular health questionnaires for returning children.
* Physical distancing/ grouping.
* Extremely vulnerable children should continue under government advice (to shield).

***Physical Distancing/grouping:***

* Limited amounts of children in the whole setting may be advised or preferable. As we usually run to capacity most days this could be achieved by, but not limited to:
* A temporary cap on the number of children in the setting at any one time.
* Temporarily limiting funded hours to only 15 hours per child, ensuring all children have access to some Playgroup time.
* Changing children’s hours.
* Only allowing the older children or those moving to Primary school to attend.
* Changing the playgroup open hours to all children so the days are shorter so the staff can deep clean every day.
* Prioritising children such as those who are vulnerable, those with special educational needs, those from households where both parents work (or work full time).
* The take up on places may be small so there may be no need to change children’s hours.
* The use of communal internal spaces should be restricted as much as possible and outdoor spaces should be utilised as much as possible.
* A phased return may be best to ease their transition back into playgroup if the playgroup has been closed for quite a while or only open for critical workers.
* Sunscreen should be applied by the parents/carers before the child arrives at the playgroup. T-shirts covering shoulders and leggings would be preferable to minimise how much top up of sunscreen the playgroup staff will do.

***Wellbeing and education:***

* Children should be supported in age-appropriate ways to understand the steps they can take to keep themselves safe including regular hand washing, coughing into an elbow, using a tissue, and adopting a ‘catch it, kill it, bin it’ regime.
* Children should be supported to understand the changes and challenges they may be encountering because of Covid-19 and staff need to ensure they are aware of children’s attachments and their need for emotional support at this time.
* EYFS framework will continue to be delivered through play and adult led activities.
* If your child must have an operation or is admitted into hospital, they must isolate for 10 days until they can return to playgroup.

**Workforce:**

***Attendance:***

* Staff should only attend playgroup if they are symptom free, have completed the required isolation period or achieved a negative test result. All staff and their household are eligible for testing if they display symptoms.
* Staff hours, days they work, and length of day may change to meet childcare demands and considerations within this policy.

***Physical distancing/ grouping /safety:***

* Staff will read a risk assessment before opening to address any risks from the virus, ensure sensible measures are in place to control risks.
* Staff to be informed of measures in place and sign a disclaimer to state they have read and understood the playgroup policies and procedures.
* Wherever possible staff should maintain social distancing.
* Emergency revisions to the EYFS may have been implemented which provides some flexibility on ratios and qualifications to make this feasible.
* Staff have been advised by the government not to wear PPE such as face masks during their day but should continue to wear PPE at the usual times such as intimate care and wear disposable gloves and apron if completing one to one care and if supporting an ill child, a face mask and visor should also be worn if a 2-meter distance cannot be maintained.
* After dealing with an ill child who displayed symptoms the staff member should continue to wear PPE and clean the affected area with disinfectant.
* All PPE should be removed and disposed of following current government guidelines, the staff member should wash their hands for at least 20 seconds.
* The staff member who supported the unwell child does not need to go home unless they are developing symptoms themselves.
* Social distancing must be maintained during breaks. This may be achieved through a range of strategies including the staggering of breaks and subdivision of spaces allocated to team breaks where possible.
* Staff may be required to oversee specific rooms or areas including the outdoors to minimise their contact with surfaces etc. This includes potentially working from one particular table if tabletop toys are available.
* Staff will be responsible to ensure appropriate cleaning takes place and enough ventilation is in the room such as opening windows. If doors are open, ensure the safety of the children is maintained.
* Staff members should avoid physical contact with each other including handshakes, hugs etc.
* Staff to wear fresh, clean clothes for each session.
* Advise staff to remove their work clothes before the enter their home and take a shower immediately to remove any germs they may have picked up.

***Training:***

* All staff members must receive appropriate instruction and training in infection control and the standard operating procedure and risk assessments within which they will be operating.
* Online training may be available to allow their training levels to be maintained if appropriate.

***Travel*:**

* Wherever possible staff should travel to playgroup alone, using their own transport or if possible, walk.
* If public transport is necessary, current guidance on the use of public transport must be followed.

**Parents:**

***Physical distancing:***

* Only parents who are symptom free and or have completed the required isolation periods will be able to drop off or collect their child.
* Aim to minimise the social interaction during the day and limit drop off and pick up to one parent per family.
* Stagger the drop off and collection timings where possible will avoid a queue of families waiting to enter playgroup.
* Arrange drop off and pick up at the playgroup entrance to avoid parents entering the playgroup unnecessarily.
* When parents are waiting to drop off or collect their child, physical distancing should be maintained in a safe area sticking to government social distancing policies.
* If the child is too distressed perhaps a delayed start to their playgroup entry may be preferred or half hour settling in sessions without their parent.

***Communications:***

* Parents should receive clear communication regarding the role they play in the safe operating procedure and all measures being taken to ensure the safety of their children and themselves.
* Parents should inform playgroup of their circumstances and if they plan to keep their child away, this helps playgroup to conform to our safeguarding policy.

***Travel:***

* Wherever possible parents should travel to playgroup alone, using their own transport or if possible, walk.
* If public transport is necessary, current guidance on the use of public transport must be followed.
* Parents should be encouraged to ensure they do not leave travel accessories including buggies, car seats, scooters in the setting premises or grounds.

**Visitors:**

***Attendance:***

* Access to the setting should be restricted to only children and staff as far as practically possible and visitors should not be permitted to the playgroup unless essential (e.g., essential building maintenance).
* Where essential visits are required these should be made outside of the usual playgroup operational hours where possible.
* As far as possible parents and carers should not enter the premises.

**Hygiene and Health & Safety**

***Hand Washing:***

* All children and staff must wash their hands upon arrival at the playgroup for at least 20 seconds.
* Children and staff members should be encouraged to wash their hands frequently, this includes before and after eating food, after visiting the toilet or playing outdoors, after sneezing, blowing their nose or coughing into their hand and dealing with unwell people.
* Bodily fluid spills should follow the correct procedures as normal.

***Cleaning:***

* An enhanced cleaning schedule must be implemented that includes furniture, surfaces and children’s toys and equipment and all staff are responsible in their area of work.
* Communal area, touch points and hand washing facilities must be cleaned and sanitised regularly and cleaned thoroughly every night.
* A deep clean may be needed after a child has become ill in the area they were waiting.

***Waste disposal:***

* All waste must be disposed of in a hygienic and safe manner following government guidelines.
* Tissues must be immediately disposed of and placed in a bin with a bag, lid, and foot pedal.
* Bodily fluids must be double bagged and disposed of in a bin with a bag, lid, and foot pedal.

***Risk assessment:***

* The setting and all activity should be risk assessed before opening or going ahead to address the risks from the virus and due consideration given to any adaptations to usual practice.
* Sensible measures should be put in place and policies and procedures followed.
* It is expected that would include, but not be limited, to the suspension of learning experiences involving materials which are not easily washable such as malleable materials (dough, clay) and the suspension of the sharing of food and utensils.
* Cut down on the available resources out in the preschool.
* Remove anything which cannot be easily wiped down or washed at the end of the day.
* Play food, play cutlery and crockery etc. should be removed or anything else which may be ‘mouthed’ by many children.
* Baking, food play and finger painting should be avoided.

***PPE:***

* Government guidance is that PPE is not required for general use in early years settings to protect against COVID- 19 transmission.
* PPE should continue to be worn and disposed of as normal for nappy changing, one to one care and the administration of first aid.
* If a child shows symptoms, staff should wear a face mask, visor, disposable gloves, and apron if a 2-meter distance cannot be always maintained.
* PPE should be disposed of following government guidelines.

***Premises Building:***

* Where premises have been temporarily closed during the lockdown period or where they may need to temporarily close during future lockdowns appropriate Health & Safety checks should be conducted prior to reopening including legionnaires checks.
* Keep windows open where possible to ensure good levels of ventilation. If doors are opened ensure the children safety is maintained with locked gates.

***Resources****:*

* Children should not be permitted to bring items from home into the setting unless absolutely essential for their wellbeing.
* Anything that is brought in from home should remain in the child’s bag on their peg.
* All resources required for play and learning experiences of children should be regularly washed and/or sterilised. Any resources which are difficult to clean should be removed.
* Equipment used by staff such as stationary, tablets etc. should be allocated to individual staff members where possible and cleaned regularly.

***Supplies Procurement & monitoring:***

* The playgroup should ensure an adequate supply of essential supplies and contingency plans such as additional suppliers are in place to minimise the impact of any shortages of supplies.
* The playgroup will not be able to operate without essential supplies required for ensuring infection control.
* A monitoring system for the usage of PPE is essential to ensure that a supply of stock is available to all who require it as and when required to meet the operational needs of the setting.

***Responding to a suspected case:***

* In the event of a child developing suspected coronavirus symptoms whilst attending the setting, they should be collected as soon as possible and isolate at home in line with the current NHS guidance.
* Whilst waiting for the child to be collected they should be isolated from others in a previously identified room or area. If possible, a window should be opened for ventilation.
* The staff member responsible for the child during this time should be a staff member from their ‘bubble’. The provider may consider suitable PPE for this staff member such as the addition of face mask, visor disposable gloves and apron.
* The area should be thoroughly cleaned, immediately if the area cannot be left unvisited, and if the area can be left unvisited then cleaned after 72 hours.
* The person responsible for cleaning ideally should be the person dealing with the unwell child and should continue to wear their PPE. This should then be disposed of according to current government guidelines.
* In the event of a staff member developing suspected coronavirus symptoms whilst working at the Playgroup, they should return home immediately and isolate at home in line with the NHS guidance. They should also follow current testing advice for themselves and their household.
* If a child or staff member tests positive for Covid19 then the setting may be closed for 14 days and all staff and children from the setting must isolate for 10 days. Ofsted and RIDDOR must be informed of the positive test.

**Response to any infection:**

***Prevention*:**

1. Minimise contact with individuals who are unwell by ensuring that those who have coronavirus (COVID-19) symptoms, or who have someone in their household who does, do not attend settings.
2. Clean hands thoroughly more often than usual.
3. Ensure good respiratory hygiene by promoting the ‘catch it, bin it, kill it’ approach.
4. Introduce enhanced cleaning, including cleaning frequently touched surfaces often using standard products, such as detergents and bleach.

*(Numbers 1 to 4 must be in place in all settings, all the time).*

1. Minimise contact between groups where possible.

*(Number 5 must be properly considered, and settings must put in place measures that suit their particular circumstances).*

1. Where necessary, wear appropriate personal protective equipment (PPE).

*(Number 6 applies in all specific circumstances).*

1. Engage with the NHS Test and Trace process.
2. Manage confirmed cases of coronavirus (COVID-19) amongst the setting community.
3. Contain any outbreak by following local health protection team advice.
4. Notify Ofsted.

*(Numbers 7 to 10 must be followed in every case where they are relevant).*

**Managing confirmed cases of COVID-19 in the setting:** Settings must take swift action when they become aware that someone who has attended has tested positive for coronavirus (COVID-19). Settings should contact the local health protection team. This team will also contact settings directly if they become aware that someone who has tested positive for coronavirus (COVID-19) attended the setting – as identified by NHS Test and Trace.

The local health protection team will work with settings to carry out a rapid risk assessment to confirm who has been in close contact with the person during the period that they were infectious, and ensure they are asked to self-isolate.

The local health protection team will work with settings in this situation to guide them through the actions they need to take. Based on the advice from the local health protection team, settings should send home those people who have been in close contact with the person who has tested positive, advising them to self-isolate for 10 days since they were last in close contact with that person when they were infectious. Close contact means:

* direct close contacts - face to face contact with an infected individual for any length of time, within 1 metre, including being coughed on, a face-to-face conversation, or unprotected physical contact (skin to skin).
* proximity contacts - extended close contact (within 1-2m for more than 15 minutes) with an infected individual.
* Travelling in a small vehicle, like a car, with an infected person.

The local health protection team will provide definitive advice on who must be sent home. To support them in doing so, we recommend settings keep a record of:

* Children and staff in specific groups/rooms (where applicable)
* Close contact that takes places between children and staff in different groups/rooms.

This should be a proportionate recording process. Settings do not need to ask staff to keep definitive records in a way that is overly burdensome.

A template letter will be provided to settings, on the advice of the local health protection team, to send to parents, carers and staff if needed. Settings must not share the names or details of people with coronavirus (COVID-19) unless essential to protect others.

Household members of those who are sent home do not need to self-isolate themselves unless the child or staff member who is self-isolating subsequently develops symptoms. If someone in a group that has been asked to self-isolate develops symptoms themselves within their 10-day isolation period they should follow [COVID-19: guidance for households with possible coronavirus infection](https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance). They should get a test, and:

* If the test delivers a negative result, they must remain in isolation for the remainder of the 10-day isolation period. This is because they could still develop the coronavirus (COVID-19) within the remaining days.
* If the test result is positive, they should inform their setting immediately, and must isolate for at least 10 days from the onset of their symptoms (which could mean the self-isolation ends before or after the original 10-day isolation period). Their household should self-isolate for at least 10 days from when the symptomatic person first had symptoms, following [COVID-19: guidance for households with possible coronavirus infection](https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance).

**Contain any outbreak by following local health protection team advice:** If settings have two or more confirmed cases within 10days, or an overall rise in sickness absence where coronavirus (COVID-19) is suspected, settings may have an outbreak, and must contact their local health protection team who will be able to advise if additional action is required.

In some cases, health protection teams may recommend that a larger number of other children self-isolate at home as a precautionary measure – perhaps the whole site or a group. If settings are implementing the controls from this list, addressing the risks they have identified and therefore reducing transmission risks, whole setting closure based on cases within the setting will not generally be necessary, and should not be considered except on the advice of health protection teams.

If the setting has a confirmed positive COVID case in a child or member of staff the procedure would be as follows

1. Ring Public Health DFE helpline 08000468687 – need date symptoms started and the date of the test
2. Fill in the online form for the Local Authority by typing this into the browser bit.ly/3frSiue. Complete the form.
3. Fill in the Ofsted online form – google reporting a COVID case to Ofsted. Ofsted registration number EY544285

***Public health will issue advice for next steps to take.***

**Monitoring of this policy:**

*This policy will be reviewed regularly by the setting, new government legislation and policies will be incorporated appropriately as and when required or informed.*

**Administration of Medication Policy**

**Statement of intent:**

It is our intention to promote the health of the children in our care and where necessary take steps to prevent the spread of infection and take appropriate action when they are ill. We will adhere to the guidance set out in the legal framework Medicines Act (1968).

**Our Aim:**

In many cases, it is possible for the child’s GP’s to prescribe medicine that can be taken at home in the morning and evening. As far as possible, administrating medicines will only be done where it would be detrimental to the child’s health if not given in the setting.

Fenham playgroup is not permitted to administer any form of medication to a child, other than prescribed medication or on-going medication from a doctor, dentist or pharmacist.

**Procedures for administering medicines:**

* Children taking prescribed medication must be well enough to attend the setting including outdoor play.
* Only prescribed medication is administered. It must be in-date and prescribed for the current condition.
* Children’s prescribed medicines are stored in a locked medicine cabinet or refrigerated in their original containers and are clearly labelled. These are locked in the main cupboard and inaccessible to the children.
* A child may only be accepted into the playgroup once they have already taken the prescribed medication for a minimum of 48 hours since the first administration of the medication. This is to ensure that if an allergic reaction were to take place it would be evident in the first 48 hours after the first dosage.
* For prescribed Antibiotics pre parental consent must be provided on the medication form to allow the managers to administer the medication.
* The medication form needs to be filled in by the parents/main carers before the child attends the session and on collection from the playgroup, parents will need to sign the medication out confirming it has been returned to the parent and confirm the correct procedure was adhered to.

The copy of the form will be given to the parents. The following details will be provided:

* Full name of child and date of birth.
* Name of medication.
* Who prescribed the medication?
* Dosage to be given in the setting and when to be given.
* Any possible side effects that may be expected should be noted.
* Signature of parent, parents name in print form and the date.

Fenham playgroup caters for all children’s individual needs. Where necessary, we will seek out technical/medical knowledge to cater for the child’s individual needs. Where necessary training will be provided by a qualified health professional.

**Storage of medicines:**

* All medicines will be stored strictly in accordance with the product instructions. All medication is stored in a locked medicine cabinet in the main cupboard or refrigerated in their original packaging.
* For some conditions, medication may be kept in the setting. The manager/deputy check that any medication held to administer on an as and when required basis, or on a regular basis, is in date and returns any out-of-date medication back to the parents.

**Children who have long term medical conditions and who may require onongoing medication cases**:

* A risk assessment is carried out for each child with long term medical conditions that require on-going medication. This is the responsibility of the manager alongside the key person.
* Parents will also contribute to a risk assessment. They should be shown around the setting, understand the routines and activities and point out anything which they think may be a risk factor for their child.
* For some medical conditions key staff will need to have training in basic understanding of the condition as well as how the medication is to be administered correctly. The training needs for members of staff are part of the risk assessment.

**Nappy Creams and Lotions:**

* The nursery will accept nappy creams, lotions, and other creams once the application of creams form has been completed by parents or carers.

**Managing Children’s Health, Sickness and Allergies**

**Statement of intent:**

We provide care for healthy children through preventing cross infection of viruses and bacterial infections and promote health through identifying allergies and preventing contact with the allergenic substance.

Only the Playgroup management can administer medication. When the medication is administered the member of management must have a witness present to ensure the correct procedure has been adhered to.

**Procedures for children who are sick or infectious:**

* If children appear unwell during the day – have a temperature, sickness, two cases of diarrhoea or pains, particularly in the head or stomach, the manager will call the parents and asks them to collect the child or send a known carer to collect on their behalf.
* The child will be placed in a quiet comfortable area where they can rest and will be reassured, comforted, and looked after continuously by staff until they are collected from the setting.
* In extreme cases of emergency, the child should be taken to the nearest hospital and the parent informed.
* Parents are asked to take their child to the doctor before returning them to playgroup; the playgroup can refuse admittance to children who have a temperature or a contagious infection or disease.
* Where children have been prescribed antibiotics, parents are asked to keep them at home for 48 hours before returning to the setting.
* After sickness or diarrhoea, parents are asked to keep children home for 48 hours from the last attack or until a formed stool is passed.
* The setting has a list of excludable diseases and current exclusion times however follow the manager’s discretion at the time. The full list is obtainable from our parent notice board displayed in the window beside the main door.

**Reporting of ‘notifiable diseases’:**

* If a child or adult is diagnosed suffering from a notifiable disease under the Public Health (Infectious Diseases) Regulations 1988, The Government 2020, the GP will report this to the Health Protection Agency.
* When the setting becomes aware, or is formally informed of the notifiable disease, the manager informs Ofsted and acts on any advice given by the Health Protection Agency.

**Nits and head lice:**

* Nits and head lice are not an excludable condition, although in exceptional cases a parent may be asked to keep the child away until the infestation has cleared.
* On identifying cases of head lice, all parents are informed and asked to treat their child and all the family if they are found to have head lice.

**Procedures for children with allergies:**

* When parents start their children at the setting they are asked if their child suffers from any known allergies. This is recorded on the child’s personal file and an up-to-date list is displayed on the staff notice board.
* If a child has an allergy, a risk assessment form is completed to detail the following:
  + The allergen (i.e., the substance, material or living creature the child is allergic to such as nuts, eggs, bee stings, cats etc).
  + The nature of the allergic reactions e.g., anaphylactic shock reaction, including rash, reddening of skin, swelling, breathing problems etc.
  + What to do in case of an allergic reaction, any medication used and how it is to be used (e.g., EpiPen).
  + Control measures – such as how the child can be prevented from contact with the allergen.
  + Review regularly if needed.
* The risk assessment form is kept in the child’s personal file and the information is recorded on the dietary requirement or health requirement section where staff can see it.
* Each room has a table of all children’s allergies and health requirements.
* Parents train staff in how to administer special medication in the event of an allergic reaction and this need to be recorded.
* Generally, no nuts, no sesame or nut and sesame products are used for children within the setting, but we cannot guarantee it is nut free as the premises is also used at weekends by the members of church.

At all times, the administration of medication must be compliant with the Safeguarding and Welfare Requirements of the Early Years Foundation Stage. It is imperative that all procedures must be followed based on advice given in the Managing Medicines in Schools and Early Years Settings (DfES 2005).

**Oral medications:**

* Oral medication such as Inhalers must be prescribed by a GP or have manufacturer’s instructions clearly written on them.
* The provider must be provided with clear written instructions on how to administer such medication.
* All risk assessment procedures need to be adhered to for the correct storage and administration of the medication.
* The group must have the parents/carers prior written consent. This consent must be kept on file.

**Lifesaving medication & invasive treatments:**

* For Adrenaline injections (EpiPen’s) for anaphylactic shock reactions (caused by allergies to nuts, eggs etc) or invasive treatments such as rectal administration of Diazepam (for epilepsy) the provider must have:
  + A letter from the child's GP/consultant stating the child's condition and what medication if any is to be administered.
  + written consent from the parent or guardian allowing staff to administer medication.
  + Proof of training in the administration of such medication by the child's GP, a district nurse, children’s nurse specialist or a community paediatric nurse.

Further guidance can be found inManaging Medicines in Schools and Early Years Settings (DfES 2005).

**Food Hygiene Policy**

(Including procedure for reporting food poisoning)

**Statement of Intent:** We provide and/or serve food for children on the following basis:

* We offer a mid-morning snack of fresh fruit, milk, and water.
* We maintain the highest possible food hygiene standards regarding the purchase, storage, preparation and serving of food.
* Children provide their own packed lunch, but we maintain high standards of hygiene when preparing the area for mealtimes and placing the lunches on the tables.

**Procedures:**

* All members of staff will have an in-date Food Hygiene Certificate.
* Food is stored at correct temperatures and is checked to ensure it is in-date and not subject to contamination by pests, rodents, or mould.
* Packed lunches are stored in a cool place; un-refrigerated food is served to children within 4 hours of preparation at home.
* Food preparation areas are cleaned before use as well as after use.
* There are separate facilities for hand-washing and for washing up.
* All surfaces are clean and non-porous.
* All utensils, crockery etc are clean and stored appropriately.
* All staff use disposable aprons when handling food.
* Waste food is disposed of daily.
* Cleaning materials and other dangerous materials are stored out of children's reach.
* Children do not have access to the kitchen.
* When children take part in cooking activities, they are always supervised.
* understand the importance of hand washing and simple hygiene rules.
* The children are kept away from hot surfaces and hot water; and do not have unsupervised access to electrical equipment such as blenders etc.

***Reporting of food poisoning:***

* Food poisoning can occur for several 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 managers will contact the Environmental Health Department and the Health Protection Agency, to report the outbreak and will comply with any investigation.
* Any confirmed cases of food poisoning affecting two or more children looked after on the premises, will also be notified to Ofsted as soon as is reasonably practicable, and always within 14 days of the incident.

**Accidents and Incidents Policy**

*(Including procedure for reporting to HSE, RIDDOR)*

**Statement of intent**

We ensure the children in our setting are always safe with minimal exposure to accidents. We conduct regular risk assessments throughout the playgroup and every 6 months the accident records are checked by the manager to ensure there are no reoccurring dangers or hazards.

We follow the guidelines of the Reporting Injuries, Diseases and Dangerous Occurrences (RIDDOR) for the reporting of accidents and incidents. Child protection matters or behavioural incidents between children are NOT regarded as incidents and there are separate procedures for this.

**Our Aim**

It is our aim to prevent accidents from occurring by following all the relevant health and safety procedures. We must remember that accidents do happen though.

**Procedures**

If an accident occurs while your child is in our care, we will firstly and most importantly care for your child and make sure they are comfortable and safe before we do anything else. We will contact you as the child’s parent/carer if the accident is serious. The accident will be recorded in detail using our accident form procedure and a copy will be given to the parent/carer to sign on arrival of collecting their child. (Due to current Covid 19 regulations these forms are currently being sent electronically). We use the following procedures:

**Our accident forms:**

* Are kept safely and accessibly.
* Are accessible to all Fenham playgroup staff, who know how to complete them on the Tapestry system.
* Are reviewed at least every 6 months to identify any potential or actual hazards.
* Individual accident forms are filled out by staff and parents, a copy is filed in the child’s individual file. A copy of the form will be provided for parents. (Due to current Covid 19 regulations these forms are currently being sent electronically).
* In addition to the accident form, if a child had incurred a serious noticeable mark of any form to their body, the Playgroup manager will contact the parents or person collecting the child to notify them in advance of collection time.
* The manager will check the accident against any reported risk assessments to see if there are any concerns.

**First Aid:**

* At the setting, only a qualified first aider or a member of staff supervised by a first aider will deal with accidents.
* First aid kits are kept in each room and kitchen area.
* Equipment from the first aid kits will be checked regularly by the setting Health & Safety officer and details of expiry dates will be recorded on the risk assessment form.
* The manager is responsible for checking the accident forms every 6 months to ensure there are not any frequent reoccurring accidents.
* Staff members will always wear gloves and dispose of all fluids and spillages in the nappy bag, this is then emptied into the outdoor bin area appropriately.
* Pre-parental consent is obtained before the child attends the nursery, allowing the parents to consent to medical advice, hospitalisation and permission to use hypoallergenic plasters on the child if necessary.
* We will use a cold compress and make sure your child is cared for and comfortable when dealing with minor bumps. More serious accidents will be reported to the manager, who will take on the decision to take further action if needed.

**The first aid kit**:

* Our first aid kit is always accessible, complies with the Health and Safety (First Aid) Regulations 1981 and contains the following items:
* Triangular bandages (ideally at least one should be sterile) x 4.
* Sterile dressings:
* Small (formerly Medium No 8) x 3.
* Medium (formerly Large No 9) – HSE 1 x 3.
* Large (formerly Extra-Large No 3) – HSE 2 x 3.
* Composite pack containing 20 assorted (individually wrapped) plasters x 1.
* Sterile eye pads (with bandage or attachment) e.g. No 16-dressing x 2.
* Container of 6 safety pins x 1.
* Guidance card as recommended by HSE x 1.

**In addition to the first aid equipment, each box should be supplied with:**

* At least 2 pairs of disposable plastic (PVC or vinyl) gloves.
* A children’s temperature thermometer.

**Incidents:** Ofsted is notified of any food poisoning affecting two or more children looked after on our premises and any injury requiring treatment by a general practitioner or hospital doctor, or the death of a child or adult as soon as possible or at least within 14 days of the incident occurring.

Local child protection agencies are informed of any serious accident or injury to, or the death of any child while in our care and we act on any advice given by those agencies.

When there is any injury requiring a general practitioner or hospital treatment to a child, parent, 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 using the format for the Reporting of Injuries, Diseases and Dangerous Occurrences.

We meet our legal requirements for the safety of our employees by complying with RIDDOR (the Reporting of Injury, Disease and Dangerous Occurrences Regulations).

**We report to the Health and Safety Executive:**

* any accident to a member of staff requiring treatment by a general practitioner or hospital; and
* any dangerous occurrences. This may be an event that causes injury or fatalities or an event that does not cause an accident but could have done, such as a gas leak.
* Any dangerous occurrence is recorded in our incident book.

**Our incident form states:**

* We have ready access to telephone numbers for emergency services, including local police. We rent premises and we ensure we have access to the person responsible and that there is a shared procedure for dealing with emergencies.
* We keep an incident form for recording incidents including those that are reportable to the Health and Safety Executive as above.

**These incidents include:**

* break in, burglary, theft of personal or the setting's property.
* an intruder gaining unauthorised access to the premises.
* fire, flood, gas leak or electrical failure.
* attack on member of staff or parent on the premises or nearby.
* any racist incident involving staff or family on the nursery premises.
* death of a child.
* a terrorist attack, or threat of one.
* The incident book is not for recording issues of concern involving a child. This is recorded in the child's individual file.

On the incident form we record the date and time of the incident, nature of the event, who was affected, what was done about it or if it was reported to the police, and if so a crime number. Any follow up, or insurance claim made, is also recorded.

In an event of a terrorist attack, we follow the advice of the emergency services regarding evacuation, medical aid and contacting children's families. Our standard *Fire Safety and Emergency Evacuation Policy* will be followed, and staff will take charge of their key children. The incident is recorded when the threat is averted.

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

**Legal framework:**

* Health and Safety (First Aid) Regulations (1981)
* Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR 1995)

**No Smoking Policy**

**Statement of intent:**

We comply with health and safety regulations and the Safeguarding and Welfare Requirements of the EYFS in making our setting a no-smoking environment - both indoor and outdoor.

**Introduction:**

Second-hand smoke is both a public and workplace health hazard. This No-Smoking Policy seeks to guarantee the right of all to breathe air free of tobacco smoke and to comply with smoke-free legislation. Adequate signage will be displayed to inform employees, customers, clients, and visitors of the smoke-free status of the organisation, and so it should be working with young children.

P**rocedures:**

* All staff, parents and volunteers are made aware of our no-smoking policy.
* The no-smoking policy is stated in our information for parents.
* Members of staff who smoke do not do so during working hours.

**Legal framework:**

* The Smoke-free (Premises and Enforcement) Regulations 2006
* The Smoke-free (Signs) Regulations 2007 (To be replaced with 2012, as from 1st October)

**Suitability of Premises, Environment and Equipment Policy**

**Statement of intent:**

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

**Our Aim:**

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.

The manager is responsible for health and safety of the setting. They are competent to carry out these responsibilities:

* They will undertake health and safety training and regularly update their knowledge and understanding.
* We display the necessary health and safety posters in the room where all the members of staff can see them.
* Insurance cover**:** We have public liability insurance and employers' liability insurance. The certificate for public liability insurance is displayed on the notice board in the window beside the main door.

**Procedures:**

**RaisingAwareness**:

* Our induction training for staff and volunteers includes a clear explanation of health and safety issues so that all adults can 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.
* Records are kept of these induction training sessions and new staff and volunteers are asked to sign the records to confirm that they have taken part.
* 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.

**Children’s safety**:

* Systems are in place for the safe arrival and departure of children. The times of the children’s arrivals and departures are recorded with the staff name who handed over the child and the time.
* The arrival and departure times of adults – staff, volunteers and visitors are recorded.
* Our systems prevent children from leaving our premises unnoticed.
* The personal possessions of staff and volunteers are securely stored during sessions.
* Viewings are by appointment only. (Due to current Covid 19 restrictions we are unable to allow viewings at the setting at this time unless deemed essential).

**Kitchen:**

* Children do not have unsupervised access to the kitchen.
* All surfaces are clean and non-porous.
* There are separate facilities for handwashing and for washing up.
* Cleaning materials and other dangerous substance are stored out of children’s reach.
* When children take part in cooking activities, they:
  + are always supervised.
* are kept away from hot surfaces and hot water; and do not have unsupervised access to electrical equipment.

**Safety of adults:**

* Adults are provided with guidance about the safe storage, movement, lifting and erection of large pieces of equipment.
* When adults need to reach up to store equipment, they are provided with safe equipment to do so.
* All warning signs are clear and in appropriate languages.
* Adults do not remain in the building on their own or leave on their own after dark.
* The sickness of staff and their involvement in accidents is recorded. The records are reviewed twice a year 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 special cupboards where they are either locked or where children do not have access for example the kitchen.
* There is a cleaner employed to clean the bathrooms, communal areas and classrooms after the children have left the nursery.

**Windows:**

* The windows have high level openings making it safer for the children.
* Some of the windows are protected from vandalism from people outside the building.

**Doors:**

* We take precautions to prevent children's fingers from being trapped in doors.
* Security gates are also attached to the necessary door.

**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.
* Storage heaters are checked daily to make sure they are not covered.
* The temperature of hot water is controlled to prevent scalds.
* Lighting and ventilation are adequate in all areas including storage areas.

**Storage:**

* All resources and materials from which children select equipment 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 securely fenced.
* The gates to the premises are locked during the hours of playgroup except for drop off and collection times.
* 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 cleaned regularly.
* All outdoor activities are always supervised.

**Hygiene:**

* We 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 playroom(s), kitchen, toilets, and nappy changing areas.
* A cleaner is employed who works outside of the core nursery hours. (Due to current Covid 19 restrictions the cleaning of the premises is being done by the playgroup staff and church management).
* 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:
  + Washing children’s hands when entering and exiting the playgroup premises each day.
  + Encouraging children to wash their hands after they have used the toilet, had their nappy changed, before and after snack, before and after lunch and regularly throughout the day.
* cleaning tables between activities, snack, lunch etc.
* cleaning and checking toilets regularly.
* wearing protective clothing - such as aprons, disposable gloves, and a mask as appropriate.
* providing sets of clean clothes if toilet accidents occur.
* providing tissues and wipes.
* Providing hand sanitiser at all entrances but these are kept out of reach of children.

**Activities and resources**:

* Before purchasing or loaning, 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 always checked regularly.
* Children learn about personal hygiene and health and safety 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.
* We provide different kinds of food play for the children who suffer from allergies such as wheat and gluten free pasta or play dough. These activities and those involving scissors or small parts are always supervised by a member of staff.

**Animals:**

* Animals visiting the setting are free from disease, safe to be with children and do not pose a health risk.
* Our setting pets are free from disease, safe to be with children and do not pose a health risk.

**Legal framework:**

Health and Safety at Work Act (1974)

Management of Health and Safety at Work Regulations 1999

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

**Risk Assessment Policy**

**Statement of intent:**

Our setting believes that the health and safety of children is of paramount importance. We make our setting a safe and healthy place for children, parents, staff, and volunteers by assessing and minimising the hazards and risks to enable the children to thrive in a healthy and safe environment. (Management of Health and Safety at Work Regulations 1999).

**Our Aim:**

Members of staff are required to notify the managers of potential hazards immediately and record them.

The basis of this policy is risk assessment. Our risk assessment processes follow five steps as follows:

1. Identification of risk: Where is it and what is it?
2. Who is at risk: Childcare staff, children, parents, visitors, students etc?
3. Assessment as to the level of risk as high, medium, low. This is both the risk of the likelihood of it happening, as well as the possible impact if it did.
4. Control measures to reduce/eliminate risk: What will you need to do, or ensure others will do, to reduce that risk?
5. Monitoring and review: How do you know if what you have said is working, or is thorough enough? If it is not working, it will need to be amended, or maybe there is a better solution.

**Procedures:** Our risk assessment process covers adults and children and includes:

* determining where it is helpful to make some written risk assessments in relation to specific issues, to inform staff practice, and to demonstrate how they are managing risks if asked by parents and/or carers and inspectors.
* checking for and noting hazards and risks indoors and outside, and in our premises and for activities.
* assessing the level of risk and who might be affected.
* deciding which areas need attention; and developing an action plan that specifies the action required, the timescales for action, the person responsible for the action and any funding required.
* We maintain lists of health and safety issues, which are checked daily before the session begins and when the session finishes as well as those that are checked on a weekly and termly basis when a full risk assessment is carried out.

**Fire Safety and Emergency Evacuation Policy**

**Statement of intent:**

We ensure our premises present no risk of fire by ensuring the highest possible standard of fire precautions. The person in charge and staff are familiar with the current legal requirements. Where necessary we seek the advice of a competent person, such as our Fire Officer, or Fire Safety Consultant.

**Procedures:**

* The basis of fire safety is risk assessment. These are carried out on different days every 4 to 6 weeks and reviewed by our Health & Safety officer.
* The managers are competent to carry out risk assessments.
* As the premises is rented, we will ensure that they have a copy of the fire safety risk assessment that applies to the building and that they contribute to regular reviews.
* Fire doors are clearly marked, never obstructed, and easily opened from the inside.
* Smoke detectors/alarms and firefighting appliances conform to BSEN standards, are fitted in appropriate high-risk areas of the building and are checked as specified by the manufacturer.
* Our emergency evacuation procedures are approved by the Fire Safety Officer and are:
* clearly displayed in the premises.
* explained to new members of staff, volunteers, and parents; and practised regularly at least once every six weeks.
* Records are kept of fire drills and the servicing of fire safety equipment.

**Emergency evacuation procedure**:

When an alarm is activated, or a fire is suspected, ensure the immediate safety of all persons present in the building.

* + Evacuate the building from the nearest fire exit as quickly and calmly as possible.
  + All persons present will meet at the front of the building by the main gates.
  + On leaving the building, staff will collect the register and arrival collection records for children, staff, and visitors, contact box and phone.
  + The first member of staff outside will call the emergency services on 999.
  + A register and head count of children, staff and visitors is then taken by one of the managers.
  + The drill will be recorded.

After the situation has been assessed the children will be escorted back to the nursery to continue with normal activities.

In the event of the playgroup being inaccessible all persons will take refuge in the main hall of Holy Cross Church until all children have been collected by parents or authorised persons.

**The fire drill record book must contain:**

* Date, days, and time of the drill.
* How long it took.
* How many children and adults are present?
* Whether there were any problems that delayed evacuation.
* Any further action taken to improve the drill procedure.

**DO NOT PUT YOURSELF AT RISK**

**Fire extinguisher appliances are located at:**

* The main corridor (Daisies Room) – Fire extinguisher
* The main corridor (Buttercups Room) – Fire extinguisher
* Kitchen – Fire blanket and fire extinguisher
* Daisies room – Fire extinguisher in cupboard
* Buttercups Room -

All appliances were last checked by the fire officer in June 2020.

All electrical equipment was last checked by the West End United Reformed Church officer in June 2020.

**Legal framework:**

Regulatory Reform (Fire Safety) Order 2005

**Equipment and Resources Policy**

**Statement of intent:**

We believe that high quality care and education is promoted by providing children with safe, clean, attractive, age and stage appropriate resources, toys, and equipment.

**Our Aim:**

We aim to provide children with appropriate resources and equipment, dependent on the children’s needs, interests and stage of development which helps children to consolidate and extend their knowledge and skills.

**Methods:**

To achieve this aim:

* we provide play equipment and resources which are safe and - where applicable - conform to the BSEN safety standards or Toys (Safety) Regulation (1995).
* we provide enough equipment and resources for the number of children.
* we provide resources which promote all areas of children's learning and development, which may be child- or adult-led.
* we select books, equipment and resources which promote positive images of people of all races, age, cultures, and abilities, are non-discriminatory and avoid racial and gender stereotyping.
* we provide play equipment and resources which promote continuity and progression, provide sufficient challenges, and meet the needs and interests of all children.
* we provide made, natural and recycled materials which are clean, in good condition and safe for the children to use.
* we provide furniture which is suitable for children and furniture which is suitable for adults.
* we store and display resources and equipment where children can independently choose and select them.
* we check all resources and equipment regularly as they are set out at the beginning of each session and put away at the end of each session. We repair and clean, or replace any unsafe, worn out, dirty or damaged equipment.
* we keep an inventory of resources and equipment. This will record the date on which each item was purchased, and the price paid for it.
* we use the inventory to:
  + review the balance of resources and equipment so that they can support a range of activities across all areas of play, learning and development; and
  + record the dates and results of checking the resources and equipment.
* we provide adequate insurance cover for the setting’s resources and equipment.
* we plan a variety of activities and appropriate resources so that a balance of familiar equipment and resources as well as new and exciting challenges are offered.

**Emergency Procedure Policy**

*(In the case of an emergency, serious illness, or injury).*

**Statement of intent:**

It is the intention of the playgroup and staff to always keep children safe however, in the event of an emergency the following procedure applies:

* On assessing that the child requires medical attention, staff will phone an ambulance immediately stating details.
* Parents will be contacted explaining details of the accident and the hospital they will be taking their child to.
* When an ambulance arrives, one of the managers will accompany the child ensuring that the child’s records are taken.
* Once in hospital staff will provide the child’s details to relevant hospital staff.
* Staff will not under any circumstances give permission to consent for emergency treatment to the child. The parents will be contacted for this and even if they cannot be contacted staff will STILL not give consent.
* Staff will wait in hospital until the parents and/or the next of kin arrive.
* The manager will then contact Newcastle Safeguarding Board and Ofsted with the details of the accident.
* Once back at playgroup, each member of staff involved must make a written independent record of the accident, action taken and their role in it.

**Weather Warning Policy**

**Statement of intent:**

It is our intention to ensure the playgroup is always open however, in the instance of extreme weather conditions where the safety of the children could be questioned the following procedure applies. Advice will be taken from the MET Office and from regional and national news.

**Procedures:**

1. The managers will decide at the earliest convenience to the parents to avoid as little disruption as possible whether the playgroup will close or remain open.
2. The managers/directors will assess the weather conditions in the area and ensure sufficient staffing ratios are available to look after children at the playgroup by **8am.**
3. If the decision has been made to warrant closure of the playgroup, the nursery managers will contact all parents by telephone, text message, and email and through the Fenham Playgroup website before 8am to inform them that the playgroup will be closed.
4. The playgroup will not refund any session fees for the closure on that day but may at the discretion of the mangers, and if possible, offer alternative sessions.
5. At all times, the children’s welfare will not be compromised, and we will do our utmost to ensure suitable childcare is available if members of staff to children ratios are maintained.

**Outdoor Safety Policy**

**Statement of intent:**

It is our intention that children receive daily outdoor physical exercise for their individual needs in a safe and engaging environment. Fresh air and daily exercise are a very important part of a child’s day and is essential to the child’s all-round development.

**Weather conditions:**

In the event the weather is deemed too dangerous or inappropriate at garden time by the manager (windy, icy, slippery, too hot, or too cold) the children will not go out or may go out later in the day. However, the children will have access to another room to continue their physical play indoors.

On certain occasions some areas of the garden may be sectioned off and not available to the children for example if it is very wet and slippery.

Staff will ensure when outdoors the appropriate clothing is worn by all the children as well as the members of staff (sun cream during the summer months with sun hat and in colder month’s hats, scarves, gloves, etc provided by the parents)

**Garden:**

The outdoor garden area is seen as an outdoor classroom. Daily activities are planned and provided for children according to their individual needs and the next steps in their development. We spend time in the spring and summer months planting seeds and tending to the garden. Children will be always supervised during their time in the garden area and the children will learn about all the dangers and how to be safe when gardening and planting seeds.