**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:**

* [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)
* Food And Nutrition Policy

**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. 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.
* 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.

**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.
* 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 every ten minutes.
* 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, Lockdown 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 2025.

All electrical equipment is checked every two years.

**Legal framework:**

Regulatory Reform (Fire Safety) Order 2005

**Terrorist Threat/Attack and lock-down Procedures**

Most procedures for handling an emergency are focused on and event happening in the building. In some situations, we will be advised to stay put (lock down) rather than evacuate. This is intended to secure and protect all occupants in the proximity of and immediate threat.

* The manager assesses the likelihood of an incident happening in their location.
* The manager checks the police website for advice and guidance.
* Staff rehearse simple age-appropriate actions with the children such as staying low on the floor, keeping quiet and listening to instructions. Lock down should be rehearsed and recorded timely.
* The manager to be aware of current terrorist alert levels.
* We follow any additional advice issued by the local authority.
* Emergency procedures are reviewed and added to if needed.
* Information about this procedure is shared with parents and all staff are aware of their role during lockdown.
* A text/ phone message is issued to parents when lock down is confirmed.

If an incident happens the manager acts quickly to assess the likelihood of immediate danger. In most cases the assumption will be that it is safer to stay put and place the setting into lockdown until emergency services arrive.

During lockdown

* Staff and children stay in their designated areas if it is safe to do so.
* Doors and windows are secured until further instructions are received.
* Curtains and blinds are closed where possible.
* Staff and children stay away from windows and doors.
* Children are encouraged to stay low and keep calm.
* Staff tune in to a local TV or r ad ip station for more information.
* Staff do not make nonessential calls on mobile phones or landlines.
* If the fire alarm is activated, staff and children remain in their designated area and await instructions from emergency services, unless there is a fire then they would move to the next room and follow the fire procedures.

**Doors will not be opened once they have been secured until the manager is officially advised “all clear” or they are certain it’s the emergency services at the door.**

During lockdown staff do not:

* Travel down long corridors
* Assemble in large open areas
* Call 999 again unless there is immediate concern for their safety, the safety of others, or they feel they have critical information that must be passed on.

Following lockdown:

* Staff will cooperate with emergency services to assist in an orderly evacuation.
* Staff will ensure that they have the register and children’s contact details.
* Staff or children who have witnessed an incident will need to be available to talk to police.
* Parents/carers will want to come immediately to collect their child, but they will be discouraged from doing so until the emergency services give the all clear.
* A record of the lockdown is completed as soon as possible.

**Further Guidance**

Always remain alert to the danger of terrorism and report any suspicious activity to the police on 999 or the anti terrorist hotline on 0800 789 321.

For non emergencies call the police on 101.

**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's 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.

**Food and nutrition policy**

This policy is for all children attending Fenham Playgroup

We have a statutory duty as part of The Early Years Foundation stage safeguarding and welfare requirements to ensure that the snacks and drinks we provide are healthy, balanced and nutritious.

This policy has been written using information, advice and guidance from The Early Years Foundation Stage nutrition guidance April 2025.

We do not provide meals at Fenham Playgroup therefore it is the responsibility of the parent to provide meals for their children e.g. a packed lunch. Any cultural or dietary preferences can be catered for by parents. In order to keep all children and staff safe, we ask parents to inform us if any of the main allergens (as below) are present in the food that is sent in:

Main allergens

* + celery
	+ cereals containing gluten (such as wheat, barley and oats and some flours)
	+ crustaceans (such as prawns, crabs and lobsters)
	+ eggs
	+ fish
	+ lupin (such as bread made using lupin seeds)
	+ milk
	+ molluscs (such as mussels and oysters)
	+ mustard
	+ peanuts
	+ sesame
	+ soybeans
	+ sulphur dioxide and sulphites (sometimes found in dried fruits and fruit juices)
	+ tree nuts (such as almonds, hazelnuts, walnuts, brazil nuts, cashews, pecans, pistachios and macadamia nuts).

Staff will obtain information from parents/carers to whether their child has any allergies or intolerances before the child starts the setting. Parents are asked to keep staff updated on any changes to their child’s dietary needs.

We ask that parents follow our healthy, balanced and nutritious policy when they are sending in food for their child. Examples of foods are given in the welcome pack and are available on our website. It is our aim to educate parents and support them in providing their child with a nutritious diet. We expose children to different foods via cooking with them, trying new and different foods and discussing where the food comes from. This is done taking into account children’s allergies, intolerances, cultural preferences.

Parents are asked to think about perishable items that should be kept cool. They can be packed in insulated sealed bags with ice packs to maintain their freshness. If ice packs are unavailable, the ‘4-hour rule’ can be applied, food can be stored outside of chilled conditions for up to 4 hours.

We do not permit the following for children:

* Fizzy drinks
* Whole nuts
* Whole fruits such as grapes

Eating area- There are designated areas of each room where children will eat, where there are minimal distractions. Children and staff will eat together as we recognise that mealtimes are important social interactions. Staff will face children so that they can quickly spot any allergic reactions or choking. Some Children will be seated in appropriately sized highchairs.

Allergies -If a child has a known allergy, then parents will be required to complete an allergy action plan from The British Society for Allergy & Clinical Immunology with the child’s key person before they start at the setting or as soon as the allergy is confirmed. This information will be displayed in the kitchen and shared with all staff across the setting.

All staff have received information about allergies and the symptoms to be aware of and treatment of Anaphylaxis from the NHS guidance which can be found here:

[https://www.nhs.uk/conditions/anaphylaxis/](https://protect.checkpoint.com/v2/r02/___https%3A//www.nhs.uk/conditions/anaphylaxis/___.YzJlOmdsb2JhbGhvc3Rpbmc6YzpvOmIzZjU4OTMyN2RkNDU3YzMxNmY1YjFiY2Y4MzNjZDYyOjc6MjA5Yjo1MWNlYjEzNDZhNzc0ZTc5ZWI1NmM2YjQ1MmYzMTY1MzljYTkxNDZjMThhYzc4OTYxZmQ5NTI4ZTA5NGQ5N2Y3OnA6VDpO)

The child’s key person will be responsible for checking each child’s food and that it meets their dietary requirements. In the event of the key persons absence the Manager or Deputy Manager will be responsible for this.

Choking – All staff, as part of their Paediatric first aid training, know what to do in the event of a child choking. In addition to this staff are refreshed yearly with information with regards to the response and treatment of a choking child. Any incidents of choking are recorded and shared with parents. Such records are reviewed after the event and periodically to address any preventable issues.

Snacks are provided and are prepared by staff who have completed food hygiene training (refreshed every 3 years). Snacks include toast, cereal, fruit, rice cakes, breadsticks. Water and semi skimmed cows' milk is provided for children.

Staff will follow the Food Standards agency guidance on ‘How to prepare food safely’ which is available here and is also displayed in both kitchens. It is also shared with parents.

[https://www.food.gov.uk/sites/default/files/media/document/Early%20Years%20Choking%20Hazards%20Poster\_English.pdf](https://protect.checkpoint.com/v2/r02/___https%3A//www.food.gov.uk/sites/default/files/media/document/Early%20Years%20Choking%20Hazards%20Poster_English.pdf___.YzJlOmdsb2JhbGhvc3Rpbmc6YzpvOmIzZjU4OTMyN2RkNDU3YzMxNmY1YjFiY2Y4MzNjZDYyOjc6ZTE0ZDo5ZmU5ZTc3YjMwYWE5NzJhMWFmODI4NzBiNmNjZGQ1MWE5OTQyOGExNDIzZGRhZDg4NzA2ODM1ZWQ2YjM4YTY2OnA6VDpO)

Birthdays and celebrations -If parents would like to send in food items to celebrate, we do ask that they check with staff first so that we can ensure any allergies, intolerances, dietary requirements are still met. We would welcome food alternatives such as stickers, bubbles etc