

Mad Hatters

Health and Safety Policy

This policy has been formulated to include children, staff and visitors to the Nursery. The object of the policy is to provide a safe environment in which to learn or work.

Health and Safety Officer: Sarah Holmes

The basic principles of the policy are as follows:

Medicines – Non-Prescription and Prescription medicines are to be clearly labelled and handed in to the Medical Needs Co-ordinator and a medical consent form signed by the parent or guardian giving the Nursery permission to administer the medicine. Prescription medicines must be prescribed for a child by a doctor, dentist, nurse or pharmacist. Staff medicines are to be signed in to the office on arrival to the Medical Needs Co-ordinator, where they will be kept in the medicine cabinet, and may be administered in the office.

Illness or Accident – We have several Trained First Aiders in the Nursery, who can deal with accidents. Minor accidents should be dealt with by the member of staff on duty. A medical box is located in the Office and should be fully stocked with plasters, triangular bandage, bandages, eye bandages, and disposable gloves. It is recommended that gloves are always worn when dealing with accidents involving any break in the skin. If a child becomes ill during the Nursery day, they should be made as comfortable as possible and their parents notified. It is desirable that such children are collected as soon as possible. Head wounds and bumps should always be reported to the Nursery Manager, Deputy OR supervisor and to the children's parents; they should always be accounted for on an accident form which is to be signed by the member of staff, manager on duty and parent. All accidents should be recorded on to an accident forms which is located in the office. A child whose illness requires that the child be sent home from the nursery should be given appropriate attention to his/her needs so long as this attention does not compromise the care of other children in the nursery, until the child parent or guardian arrives to take the child home.

Staff – Staff are requested to report any dangerous, structural defects to the office, and record them on the appropriate monitoring forms. This includes loose carpets, broken glass and missing lights. Children should not be left unsupervised at any time. Staff should check all play equipment throughout the day to ensure it is safe for the children and record their findings. Staff should be aware of the importance of the continued standard of hygiene. Report any changes in behaviour or appearance of a child. Any member of staff who administers medication should be trained to check for the name of the child, to read the label/prescription directions in relation to the measured dose, frequency and to document properly that the medication was administered. Staff need to be aware of what medication the child is receiving, who prescribed the medicine and when and what if any the known reactions or side effects that the child may suffer. Staff should be able to demonstrate the ability to locate and operate the fire extinguishers. A fire extinguisher may be used to put out a small fire or to clear an escape path (Cold water should be applied to burns immediately). Staff should supervise all water play activities. Smoking will be prohibited at all times on Nursery premises during working hours. Every day, upon entry or as soon as possible after entry and during continual observation of the child at play, a health assessment of each child should be observed by the staff member.

The assessment shall include:

- 1) Changes in behaviour or appearance from those observed during the previous day's attendance.
- 2) Skin rashes, itchy skin or itchy scalp.

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- 3) Increase in body temperature.
- 4) A change in the child's behaviour or appearance.
- 5) Complaints of pain or of not feeling well.

Information to complete the assessment may be obtained by direct observation of the child, by speaking to the parent or guardian and/or by conversation with the child. Assessment by querying the parent should take place at time of transfer of care of the child from parent to Nursery. Then appropriate action taken i.e. Itchy scalp could be head lice so needs treatment. Any reasons for concern should be reported to the Nursery Manager, who in turn can speak to the necessary parent/carer. This policy should be used in conjunction with the 'Sick Child' policy for the correct procedures when dealing with a child who has become ill whilst at nursery.

The Nursery can provide an opportunity for sleep and rest. For children who do not go to sleep, time and space shall be provided for quiet play. Most preschool children in all day care benefit from scheduled periods of rest. This rest may take the form of actual napping, a quiet time, or a change of pace between activities. In the very young child, favourable conditions for sleep and rest include being dry, well-fed and comfortable. No sharp objects should be taken out of the kitchen, if cutting knives need to be taken into the rooms, these should be the cutlery knives only, and nothing sharper. No hot drinks should be taken out of the kitchen or out of the staff room under any circumstances.

When entering the building no hot drinks should be brought into nursery, and under no circumstances should weapons of any sort be brought into nursery. Nappies worn by children should be able to contain urine and stool and minimise faecal contamination of the children, staff, environmental surfaces, and objects of the child care setting. The nappy should have an absorbent inner lining completely contained within an outer covering made of waterproof material that prevents the escape of stools and urine. The outer covering and inner lining to be changed together at the same time as a unit and shall not be reused unless both are cleaned and disinfected. Nappies should be checked for wetness or faeces at least hourly and whenever the child indicates discomfort or exhibits behaviour that suggests a soiled or wet nappy, and needs to be changed when found wet or soiled. Children should have nappies or soiled underwear changed in special changing areas to prevent the spread of germs and contamination. If cloth nappies are used then the soiled nappies should be kept in a tight-fitting lid container or in a sealed plastic bag and be sent home with the child at the end of each day. The container or sealed plastic bag should not be accessible to the child. Disposable gloves must be used at all times and after use should be discarded immediately and hands washed. Sometimes children's hands stray into the nappy area during the changing process and this can in turn can transfer faecal organisms to the environment. So consequently, washing the child's hands will reduce the risk of infection.

Changing tables should be kept in good repair and be cleaned and disinfected after each use by cleaning to remove visible soil, followed by wiping with an approved disinfectant solution, whether or not disposable, non-absorbent paper is used so it can be discarded after each use. Many communicable diseases can be prevented through appropriate hygiene, sanitation and disinfection methods. Staff and children should wash their hands at least at the following times, and whenever hands are contaminated with body fluids.

- 1) Before food preparation, handling or serving.
- 2) After toileting or changing nappies.
- 3) After assisting a child with toilet use.
- 4) Before handling food.
- 5) Before any food service activity (including setting the table).
- 6) Before and after eating meals or snacks.
- 7) After handling pets or other animals.
- 8) After Outside play

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Thorough hand washing with soap for at least 10 seconds using warm running water, which lifts the organisms off the skin and allows them to be rinsed away, has been effective in preventing disease transmission. Washing hands after eating is especially important for children (who eat with their hands) in order to decrease the amount of saliva which may contain bacteria on the hands. Warm running water in sinks is optimal to promote hand washing. Soap does not have to be antibacterial. Bar soap and liquid soap are both equally effective. It is the physical action of hand washing not the type of soap, that removes bacteria. Bar soap does not transmit bacteria. The education of staff regarding hand washing and other cleaning procedures can reduce the occurrence of illness in the group of children with whom they work, and reduce the risk of infection. Noses should be blown or wiped with disposable one use tissues that are discarded in a plastic, covered container. This container should be sterilized daily. Hands should be washed after using soiled tissues. Staff should avoid contact with blood or blood containing body fluids. They should use disposable gloves and these then discarded and hands washed after use.

Spills of body fluids i.e. urine, faeces, blood, saliva, nasal discharge, eye discharge, and injury or tissue discharge should be cleaned up immediately as follows:

- 1) For spills of vomit, urine and faeces floors, walls, bathrooms, table tops, toys, kitchen counter tops, and nappy changing tables should be cleaned using paper towels, and disinfected.
- 2) For spills of blood or blood containing body fluids and injury and tissue discharges, the area should be cleaned with paper towels, and disinfected.
- 3) Persons involved in cleaning contaminated surfaces should avoid exposure of open skin sores or mucus membranes to blood or blood containing body fluids and injury or tissue discharges by using gloves to protect hands when cleaning contaminated surfaces.
- 4) Mops should be cleaned, rinsed in sanitising solution and then wrung as dry as possible.
- 5) Blood contaminated material and nappies should be disposed of in a plastic bag with a secure tie.

Illnesses may be spread in a variety of ways such as coughing, sneezing, direct skin to skin contact. Since many infected people carry communicable diseases without having the symptoms and many are contagious before they experience a symptom, staff need to protect themselves and the children they serve by carrying out routine hygiene standards to help prevent the spread of disease and reduce the risk of illness. Toilet rooms, toilet training equipment and fixtures should be cleaned and sanitised at least daily and should be in good repair. If potties are used they should be emptied into a toilet, and sanitised after each use and stored in the toilet room. Utility gloves and equipment designated for cleaning and sanitising toilet training equipment and flush toilets should be used for each cleaning and should not be used for other cleaning purposes. Toilet and bathroom odours should be controlled by ventilation and sanitation. Chemical air fresheners should not be used. Chemical air fresheners may cause nausea or an allergic response in some children. Ventilation and sanitation help control and prevent the spread of disease and contamination. Hand washing sinks should be cleaned and sanitised at least daily and when soiled. Indoor environmental surfaces associated with children's activities such as table tops should be cleaned and disinfected when they are soiled or at least once weekly. However, continuously maintained table tops and toys free of contamination from respiratory secretions is an unrealistic goal. Walls, ceiling, floors and other surfaces should be maintained free from visible soil and in a clean condition. One way to measure compliance is to wipe the surface with a mop and then insert it in a cold rinse water, if the surface is clean, no residue will appear in the rinse water.

Toys that are placed in the children's mouths or otherwise contaminated by body secretions or excretions should be set aside to be cleaned with water and detergent, disinfectant and rinsed

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before been handled by another child. Machine washable cloth toys can be used and should be machine washed when soiled. Ideally, this cleaning of toys can be accomplished by having a bucket labelled soiled toys into which mouthed toys can be dropped for later cleaning. This bucket can contain soapy water to start to remove bacteria or can be a container used to bring the soiled toys to a toy cleaning area later in the day. Having enough toys to rotate through the cleaning makes this method possible. Toys in rooms with older children should be cleaned weekly unless soiled then immediately.

Staff should check all play equipment throughout the day to ensure it is safe for children. Each bed, mattress, cot and mat and all bedding should be cleaned and sanitised prior to assignment to another child. Lice infestation, hand foot and mouth, scabies and ringworm are among the most common infectious diseases in child care. These diseases are transmitted by direct skin to skin contact or by sharing of personal articles such as combs, brushes, towels and bedding. Prohibiting people from sharing personal articles helps prevent the spread of these diseases. All bedding i.e. sheets, blankets should be cleaned and sanitised when soiled or wet, infant bedding should be changed daily. All linens/blankets should be cleaned and sanitised weekly or more often if soiled and to be kept in individual bed bags throughout the week and laundered on the last day of their week. Cot mattresses should be cleaned and sanitised at least weekly and when soiled or wet.

Carpets and floors should be maintained in good repair. Poorly maintained carpets and floors may cause people to trip or slip. Carpets should be maintained free from visible soil. Carpeted areas should be vacuumed daily and shampooed at least every six months or as often as necessary to remain visibly free of soil that only can be removed by shampooing. Carpets should be cleaned when children are not present. Only products warranted by the manufacture to be non-hypoallergenic products may be used for cleaning. The use of carpet deodorisers should be prohibited unless they are approved as safe by the local health authority. Mops should be cleaned thoroughly in fresh water and soap and rinsed in a sanitising dilution of bleach before and after a day of use. Mops should be wrung as dry as possible.

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Risk Assessment of Rooms and Activities

Introduction

A risk assessment is nothing more than a careful examination of what, in our work and environment, could cause harm to people. It enables us to weigh up whether we have taken enough precautions or should do more to prevent harm. It is an important step in protecting workers and our businesses, as well as complying with the law. Risk assessments help us focus on the risks that really matter in our workplaces: the ones with the potential to cause harm. In many instances, straightforward measures can readily control risks.

The law does not expect us to eliminate all risk, but we are required to protect people as far as is reasonably practicable. Accidents and ill health can ruin lives and affect our businesses if output is lost, machinery is damaged, insurance costs increase and/or we have to go to court.

There is a general legal requirement to carry out suitable and sufficient risk assessments of all activities undertaken by an organisation. If there are five or more employees and there is a significant risk to the health and safety of those employees, or any others, the risk assessment must be recorded.

Policy - Statement of Intent

The aim of this policy is to ensure, so far as is reasonably practicable, the health, safety and welfare of our employees while they are at work, through the risk assessment process, and to comply with all relevant legislation, including:

- Health and Safety at Work etc. Act 1974
- Management of Health and Safety at Work Regulations 1999.

Employer Responsibilities

To ensure that all activities are undertaken safely in accordance with the risk assessment process and that this policy is clearly understood throughout the Nursery, we will:

- ensure that suitable and sufficient risk assessments are carried out on all risks to the health and safety of our employees which they are exposed to while at work;
- ensure that these risk assessments take into consideration persons not in our employment but who could be affected by risks to their health and safety, arising out of, or in connection with, our undertakings;
- provide such information, instruction, training and supervision as is necessary to ensure all staff undertaking risk assessments understand the process;
- ensure that adequate resources are made available to fulfil the requirements of this policy; and
- review this policy at least annually or more frequently if significant changes occur.

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Procedure

To fulfil our responsibilities as outlined above, we will:

- provide risk assessors with adequate information, instruction and training to ensure that risk assessments are suitable and sufficient;
- identify all operations and activities undertaken by our employees;
- complete a detailed assessment of each activity or operation;
- review risk assessments on an annual basis and amend as necessary. A review will also take place when significant changes or accidents occur, or, when we have any reason to believe the risk assessment to be invalid.

Procedural Steps

The text in ***bold italics*** is the steps taken directly from the Risk Assessment Policy and the information below should be used as an aide memoire for compliance with the procedure.

Provide risk assessors with sufficient information, instruction and training to ensure that risk assessments are suitable and sufficient.

- You need to ensure that any person required to undertake risk assessments for the organisation has been provided with suitable training in basic risk assessment techniques;
- Training may include the use of external providers.
- It is also beneficial for the risk assessor to have a understanding of the process or task etc to be assessed;
- Training may also include on the job training in the process or activity to be assessed.

Identify all operations and activities undertaken by our employees.

- The policy and procedure are aimed at meeting the general requirements for risk assessment. Where there is topic specific legislation, such as the Manual Handling Operations Regulations and the Health and Safety (Display Screen Equipment) Regulations, separate policies and guidance notes are available.
- You need to undertake a systematic and thorough examination of all the activities undertaken by your organisation. Areas to consider include, but are not limited to:
 - work equipment or machinery
 - workplace activities, on and off site
 - building maintenance
 - mobile work
 - transport and other road-related activities.
- Identify each activity on the activities register.

Complete a detailed assessment of each activity or operation.

The following are the specific policy issues to be considered for each of the steps of a detailed risk assessment.

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Step 1 Identify the hazards

First, you need to work out how people could be harmed. When you work in a place every day it is easy to overlook some hazards, so here are some tips to help you identify the ones that matter:

- walk around your workplace and look at what could reasonably be expected to cause harm;
- ask your employees or their representatives what they think. They may have noticed things that are not immediately obvious to you;
- check manufacturers' instructions or data sheets for chemicals and equipment as they can be very helpful in spelling out the hazards and putting them in their true perspective;
- look back at your accident and ill health records as these often help to identify the less obvious hazards;
- Remember to think about long-term health hazards, for example, high noise levels or exposure to harmful substances, as well as safety hazards.

Step 2 Decide who might be harmed and how

For each hazard you need to be clear about who might be harmed: it will help you to identify the best way of managing the risk. That doesn't mean listing everyone by name, but rather identifying groups of people, for example, people working in the storeroom or passers-by.

In each case, identify how they might be harmed, that is, what type of injury or ill health might occur: for example, shelf stackers may suffer back injuries from the repeated lifting of boxes.

Some workers have special requirements and may be at particular risk:

- new and young workers
- new or expectant mothers
- people with disabilities.

Extra thought will be needed for some hazards:

- cleaners, visitors, contractors, maintenance workers etc who may not be in the workplace all the time
- members of the public, if they could be hurt by your activities.

If you share your workplace, you will need to think about how your work affects others present, as well as how their work affects your staff. Talk to them and ask your staff if they can think of anyone you may have missed.

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Step 3 Evaluate the risks and decide on precautions

Having spotted the hazards, you then have to decide what to do about them. The law requires you to do everything reasonably practicable to protect people from harm. You can work this out for yourself, but the easiest way is to compare what you are doing with good practice.

First, look at what you're already doing, think about what controls you have in place and how the work is organised. Then, compare this with the good practice and see if there's more you should be doing to bring yourself up to standard. In asking yourself this, consider:

- can I get rid of the hazard altogether?
- if I can't, can I control the risks so that harm is unlikely?

When controlling risks, apply the principles below, if possible in the following order:

- try a less risky option, for example, switch to using a less hazardous chemical;
- prevent access to the hazard, for example, by guarding it;
- organise work to reduce exposure to the hazard, for example you could put barriers between pedestrians and traffic;
- issue personal protective equipment (PPE), such as clothing, footwear, goggles etc;
- provide welfare facilities, for example, first aid and washing facilities for the removal of contamination.

Improving health and safety need not cost a lot. For instance, placing a mirror on a dangerous blind corner to help prevent vehicle accidents is a low-cost precaution, considering the risks. Failure to take simple precautions can cost you a lot more if an accident does happen.

Involve staff, so that you can be sure that what you propose to do will work in practice and won't introduce any new hazards.

Step 4 Record your findings and implement them

Putting the results of your risk assessment into practice will make a difference when looking after people and your business.

Writing down the results of your risk assessment, and sharing them with your staff, encourages you to do this. If you have fewer than five employees you do not have to write anything down, though it is useful if you do so that you can review it at a later date if, for example, something changes.

When writing down your results, keep it simple, for example:

- tripping over rubbish - bins provided, staff instructed, weekly housekeeping checks
- fumes from welding - local exhaust ventilation used and regularly checked.

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It is not expected that a risk assessment will be perfect, but it must be suitable and sufficient. You need to be able to show that you have:

- identified all the potential hazards relating to the activity, substance, process or equipment;
- considered who might be involved in the activities, substance use, processes or equipment use and the harm that they might come to;
- introduced control measures to manage all the significant hazards;
- demonstrated that the precautions are reasonable, and the remaining risk is low; and
- involved your staff or their representatives in the process.

If you have identified quite a lot of control measures that you could implement, don't try to do everything at once. Make an action plan to deal with the most important things first.

A good plan of action often includes a mixture of different things such as:

- a few temporary improvements that can be done quickly, perhaps as an interim solution, until more reliable controls can be put in place;
- long-term solutions to those risks most likely to cause accidents or ill health;
- long-term solutions to those risks with the worst potential consequences;
- arrangements for training employees on the main risks that remain and how they are to be controlled;
- regular checks to make sure that the control measures stay in place; and
- clear responsibilities - who will lead on what action, and by when.

Remember, prioritise and tackle the most important things first. As you complete each action, tick it off your plan.

Step 5 Review your risk assessment and update if necessary

When you are running a business it's all too easy to forget about reviewing your risk assessment until something has gone wrong and it's too late. Why not set a review date for this risk assessment now?

Few situations stay the same. It makes sense, therefore, to review what you are doing on an ongoing basis. Risk assessments should be reviewed at least annually and more often if there have been any changes to the premises, tasks, people, procedures or equipment.

Look at your risk assessment again. Have there been any changes? Are there improvements you still need to make? Have your workers spotted a problem? Have you learned anything from accidents or near misses? Make sure your risk assessment stays up to date.

Review risk assessments on an annual basis and amend as necessary. A review will also take place when significant changes or accidents occur, or, when we have any reason to believe the risk assessment to be invalid.

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Risk assessments should be reviewed at least annually and more often if there have been any changes to the premises, tasks, people, procedures or equipment.

Sources of Further Information

British Safety Council (BSC)

Health and Safety Executive (HSE)

Institution of Safety and Health (IOSH)

Royal Society for the Prevention of Accidents (RoSPA)