



Park lane Kids Ltd

Staff's Guide to Health and Safety

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Staff's Guide to Health and Safety at park lane Nursery and Woodlands

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Health and Safety Legislation

Legal requirements for practitioners

Understanding and complying with health and safety legislation is one of the most important aspects of working with young children. Parents and carers need to know that their children will be safe in our care and we are legally obliged to follow the guidance set out in health and safety regulations. Young children are very vulnerable and depend on us to keep them safe from harm. It is therefore very important to have a sound working knowledge of the legal requirements for health and safety. This is why Park Lane Kids Ltd have implemented this staff guide.

Health and safety legislation

The law relating to health and safety is important and you must be familiar with the relevant legislation and includes guidance for practitioners relating to:

- promoting the good health of children by preventing accidents and
- dealing with emergencies
- preventing the spread of infection by maintaining strict hygiene
- practices and infection control procedures
- carrying out risk assessments and maintaining a safe, secure
- environment, both indoors and outdoors
- keeping up to date with legislation relating to health and safety and
- undertaking regular training.

Health and safety legislation relevant to early years settings

Legislation	Impact on early years practice
The Health and Safety at Work Act 1974 (Great Britain)	Outlines the responsibility of individual employees for maintaining health and safety in the workplace.
Childcare Act 2006	Focuses on improving outcomes for children in the early years through the 'five outcomes' of Every Child Matters (including 'being healthy' and 'staying safe'). Introduced the Early Years Foundation Stage in 2008 (including the welfare requirements for promoting health and safeguarding children).
Manual Handling Operations Regulations 1992 amended 2002	Provides guidance for lifting and carrying children, including correct techniques and procedures for risk assessment.
Control of Substances Hazardous to Health Regulations 2002 (COSHH)	Protects children from dangerous chemicals (including cleaning substances and medicines), including regulations about storage and usage.
Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR)	Outlines the procedures for reporting accidents, injuries and infectious diseases such as TB and meningitis to the Health and Safety Executive (HSE) and the Health Protection Agency (HPA).
The Food Hygiene (England) Regulations 2006 and Allergen requirements 2014	Provides guidance on the preparation, labeling, storage and cooking of food and the requirements for staff training in food hygiene.
Statutory Framework for the Early Years Foundation Stage 2012 (England)	The safeguarding and welfare requirements outline the legal responsibilities for providers in promoting children's health, safety and wellbeing (ages 0– 5 years).

Organisation

The statutory safeguarding and welfare guidance in the Early Years Foundation Stage (2014) and the requirements of the Child Care register include the legal requirements for organising the setting in order to meet the health and safety needs of children from birth to eighteen years old. In registered settings, the indoor premises must be large enough for the number of children in the setting. The provider must also ensure that, so far as is reasonable:

- the facilities, equipment and access to the premises are suitable for children with disabilities
- there are suitable hygienic facilities for changing any children who are in nappies
- there is an adequate number of toilets and hand basins available

Health and safety practice

Complying with legislation

As an early years practitioner, it is our responsibility to understand how health and safety legislation applies to our own practice in the workplace setting. Complying with health and safety legislation is extremely important in order to:

- protect children, staff and other from accidents, injuries and illness
- promote children's health and wellbeing
- provide reassurance for parents and carers and inspire their confidence in the setting
- maintain a safe working environment for children, staff and visitors
- meet the requirements for registration with Ofsted (the Office for Standards in Education) in England or other regulatory organisations:

Professional practice	Example
Take care of your own health and safety.	Avoid lifting heavy objects on your own or without the appropriate training.
Follow relevant health and safety policies and procedures in the setting.	Know the emergency procedures for fire and evacuation of the setting. Keep fire exits clear. Make sure that medicines and other harmful substances are stored safely.
Follow strict hygiene guidelines.	Maintain strict hygiene practices when preparing food or drinks for children and when carrying out toileting or nappy changing procedures. Maintain the cleanliness of the environment, toys and play materials.
Conduct risk assessments.	Check the safety of the environment, equipment and play resources. Assess risks for planned activities and outings.
Encourage children to follow health and safety procedures and hygiene policies.	Carry out regular hand washing routines. Supervise the safe use of toys and play equipment.
Wear protective clothing when necessary.	Use aprons and disposable gloves when changing nappies.
Report accidents, incidents, injuries and illness.	Complete accident reports. Notify the relevant authorities. Communicate with parents and carers when necessary.

Health and safety information

There are many organisations that provide information and guidance on all aspects of health and safety. These include:

- Health Protection Agency (HPA): an organisation responsible for protecting public health through the provision of support and advice to the National Health Service, local authorities, emergency services and the Department of Health
- Health and Safety Executive (HSE): a national independent watchdog for work- related health and safety issues, responsible for acting in the public interest to reduce work-related death and serious injury
- Food Standards Agency (FSA): an independent government department responsible for food safety and food hygiene across the UK
- British Safety Council: a UK charity that works with businesses to improve their health, safety and environmental management
- Child Accident Prevention Trust (CAPT): a UK charity working to reduce the number of children killed, disabled or seriously injured in accidents.

How infection spreads

Most infections are caused by harmful organisms such as bacteria or viruses (these are both often referred to as 'germs'). These organisms can easily spread from person to person through the process of cross- infection and this can happen in a variety of different ways.

Method of spread	Example	Prevention
Airborne or droplet (breathing in)	Infection is spread through the air by coughing or sneezing (e.g. the common cold).	Cover the mouth when coughing or sneezing. Use tissues and dispose of them appropriately. Have good ventilation in the setting.
Direct contact (skin to skin)	Infection is spread by touching (e.g. cuddling or shaking hands).	Frequent, thorough hand washing procedures, particularly after using the toilet, before handling food and after touching animals
Ingestion (swallowing)	Infection can be spread by eating contaminated food (food poisoning), by touching food with dirty hands (e.g. not washing hands after using the toilet) or by putting dirty hands in the mouth (e.g. after playing outside).	Strict food hygiene procedures Thorough hand washing, particularly after using the toilet and outdoor play Regular cleaning and disinfection of equipment, toys and play materials
Body fluids (blood, urine, vomit)	Some infections can spread from one person to another by direct exchange of body fluids (e.g. hepatitis, HIV and AIDS).	Always use the Standard Infection Control Precautions when dealing with blood and other body fluids. Wear disposable aprons and gloves. Dispose of nappies, blood- soaked dressings and other used first aid materials appropriately. cover your own cuts with waterproof, adhesive dressings.
Vectors (animals)	Some infections can be spread by insects and animals (e.g. flies or ticks).	Keep food covered. Try to keep flies out of the setting. Encourage children to wash hands frequently, particularly after handling animals or playing outdoors.

Preventing the spread of infection

Young children are vulnerable to infection, as their immune systems are still developing. Policies and procedures to prevent the spread of infection are extremely important for protecting children from illness and promoting good health. In settings where there are groups of children together, infection can easily spread from one child to another. Early years practitioners have a responsibility to follow strict procedures in order to prevent infection from spreading. One of the main ways to prevent the spread of infection in early years settings is through the practice of frequent hand washing, by children, staff, other adults and visitors to the setting.

Hand Washing

It takes at least fifteen seconds to wash your hands properly – this is about how long it takes to sing ‘Happy Birthday to You’ twice through!

Encourage children to wash their hands by showing them how to do it, and by setting them a good example.

How to wash your hands:

- Wet hands with water
- Apply enough soap to cover all hand surfaces
- Rub hands palm to palm
- Right palm over the other hand with interlaced fingers and vice versa
- Palm to palm with fingers interlaced
- Backs of fingers to opposing palms with fingers interlocked
- Rotational rubbing of left thumb clasped in right palm and vice versa
- Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa
- Rinse hands with water
- Dry thoroughly with paper towel. Duration of procedure: At least 15 seconds

Health and safety equipment and resources

Another important way to prevent the spread of infection in an early years setting is by using appropriate equipment and resources. For example, you should always use disposable gloves and aprons, appropriate waste bins for hazardous waste (including dirty nappies), disposable tissues and paper towels. The spread of infection can be minimised if all staff follow guidelines, use equipment correctly and encourage children to do the same.

Sickness Exclusion Periods

Illness/Infection	Exclusion Period for children
Chicken Pox/Shingles	5 days from onset of rash as long as spots are crusted over
Cold Sores (Herpes simplex)	None
Conjunctivitis	None (If there is an outbreak we will consider exclusion after consultation with the HPA)
Diarrhoea and/or Vomiting including Rotavirus/Norovirus/Gastroenteritis	48 hours from the last episode, if as a result of illness or infection. (Also, after 3 or more loose stools in a nursery session as a result of illness/infection, children are required to be sent home and may return 48 hours after the last episode)
Flu (Influenza)	Until recovered fully enough to participate in nursery Activities
German Measles (Rubella)*	6 days from onset of rash
Glandular Fever	None, however must be well enough to participate in nursery activities
Hand, Foot and Mouth Disease	None however must be well enough to participate in nursery activities. (If there is an outbreak we will consider exclusion after consultation with the HPA)
Head lice	None
Impetigo	Until lesions are crusted or healed, or 48 hours after commencing antibiotic treatment
Measles*	4 days from onset of rash
Meningitis*	Until recovered (We will follow the instructions of the local Health Protection Unit)
Mumps*	5 days after onset of swollen glands
Ringworm	Until treatment has commenced
Scabies	Until treatment has commenced
Scarlet Fever/Scarletina*	24 hours after commencing antibiotics
Slapped cheek/Fifth Disease/Parovirus	None, however must be well enough to participate in nursery activities
Threadworm	None

* = A notifiable disease

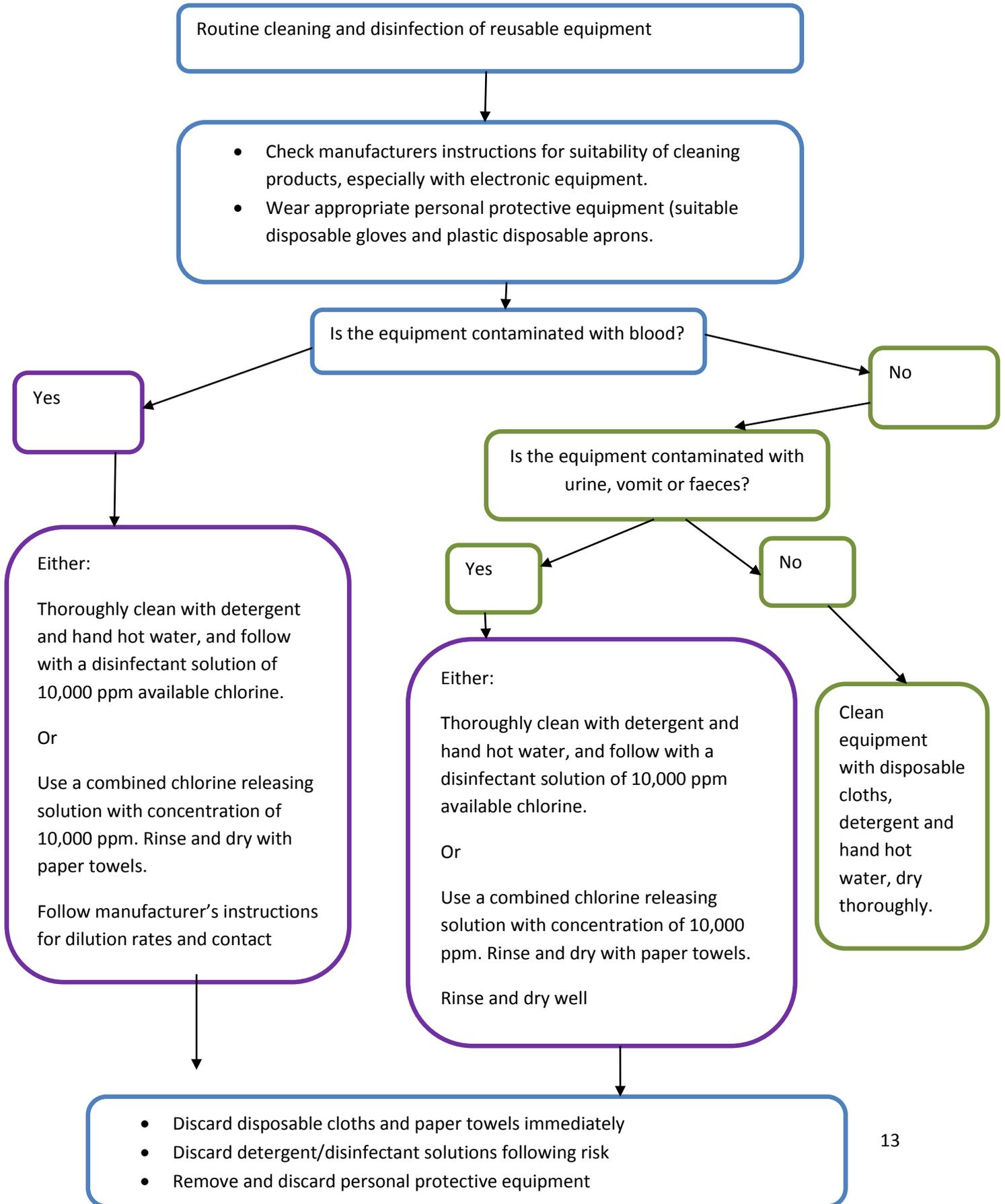
Infection control in an early years setting

Professional practice in controlling the spread of infection. There are many ways for practitioners to control the spread of infection in early years settings.

Measure	Examples of good practice
Policies and procedures	Make sure you are familiar with the policies relating to infection control, e.g. food hygiene and dealing with illness.
Personal hygiene	Wash your hands frequently. Keep your fingernails short and tie back long hair. Cover your mouth when coughing or sneezing. Cover any cuts with waterproof, adhesive dressings.
Changing nappies and toileting routines	Wear aprons and disposable gloves. Wash your hands before and afterwards. Dispose of used nappies in an approved waste unit.
Hand washing	Always wash your hands thoroughly, following the procedure recommended by the Health Protection Agency.
Handling food	Follow strict hygiene procedures when preparing, storing or cooking food, as outlined by the Food Standards Agency.
Disposal of waste	Follow guidance for waste disposal, including nappies, chemicals and other hazardous waste, glass and other sharp materials, as outlined by the Department of Health.
Dealing with body fluids	Follow the Department of Health Standard Infection Control Precautions for dealing with blood and all other body fluids (including urine and vomit). Wear disposable gloves, wash hands thoroughly and dispose of waste materials (including used first aid dressings) in approved clinical waste units.
Cleaning procedures	Always clean up spillages immediately. Use an approved disinfection solution to clean surfaces, equipment and play materials. Machine wash soft toys and dressing up clothes regularly. Keep the outdoor environment clear of animal faeces, broken glass and other debris.

Routine Cleaning and Disinfectant of Equipment

Parents should always complain directly to the childcare setting. The setting must inform Ofsted of any complaints or significant incidents and follow the procedure below:



Record keeping and reporting procedures

Accurate record keeping can help practitioners take appropriate precautions to control the spread of infection. Records must be easily accessible, although confidential information about children must be held securely (according to the requirements of the Data Protection Act 1998). Information held about each child in the setting should include:

- full name, date of birth, address and emergency contact details for parents or carers
- immunisation records and medical history (including details of medical conditions such as diabetes or asthma)
- any allergies (e.g. specific foods, bee stings or other allergies that could result in a medical emergency).

Parents or carers of infected children should always be notified immediately. The parents of the other children in the setting should be informed by phone, letter, email or other communication methods.

It is important for parents to understand that they should not bring ill children into the setting. The setting should advise parents to contact their GP or other health professional if they are concerned about their child's health. Most infectious diseases have a specific incubation period and children should be isolated throughout the infectious period of the illness.

Notifying relevant authorities

Most cases of infectious diseases in early years settings must be reported to Ofsted. The outbreak of some infectious diseases (such as meningitis) must be reported to the Health Protection Agency (HPA). In some cases, this may lead to the closure of the setting for a period of time. It is very important to report and record all information accurately and to provide clear information and reassurance for parents.

Common hazards and how to prevent accidents

Recognising and reporting hazards

Hazards can be present in many different forms in an early years setting.

All of these hazards can pose a risk to the children, staff and other adults in the setting, so it is important to make regular checks in both the indoor and outdoor environments. We have an established system for recognising and reporting hazards in order to minimise the risk and initiate an action plan for improvement. Daily opening and closing checks are completed and results recorded.

The role of the adult in preventing accidents

Parents need to know that their children will be safe in our care, so you have an important responsibility to prevent accidents to babies and children in the setting. Some of the ways you can do this are:

- providing adequate supervision of children at all times
- role modelling safe practice and behaviour
- checking for hazards, both indoors and outdoors
- following reporting and recording procedures
- conducting regular risk assessments
- understanding children's development, capabilities and individual needs
- carrying out routine observations of children
- communicating with parents and carers
- selecting appropriate resources for children's age and stage of development
- using appropriate safety equipment when necessary.

Common injuries to children

Accidents can result in a wide range of injuries to children of different ages, for example:

- burns and scalds from boiling water, hot drinks or unguarded fires
- cuts from knives, broken glass or other sharp implements
- poisoning from medicines, cleaning substances or plants in the outdoor area
- falls from play equipment, which can result in broken bones, sprains or head injuries.

You have a responsibility to prevent injuries to children by being vigilant, following safety procedures and ensuring that equipment is in a good state of repair.

Supervision and resources to prevent accidents

Selecting appropriate resources

Children are curious and love to investigate. This can lead to all kinds of situations that could result in accidents occurring. As an early years practitioner, you need to have a thorough understanding of child development and children’s capabilities. You need to be able to select equipment, toys and play materials that are suitable for children’s age and stage of development.

Safety equipment

A wide range of safety equipment and other resources are available to help practitioners to keep children safe indoors, outdoors and on outings away from the setting. The choice of safety equipment used will depend on a variety of factors, including the age and stage of development of the children, the type of setting and the nature of the potential risks involved. For example, playground surfaces, secure fencing and high door handles help to maintain a safer environment for children. All equipment used with babies and children, such as toys and play materials, electrical items and outdoor equipment, needs to meet the relevant health and safety standards. These items should display a product- safety logo, such as the CE mark, to show that they meet European health and safety standards.

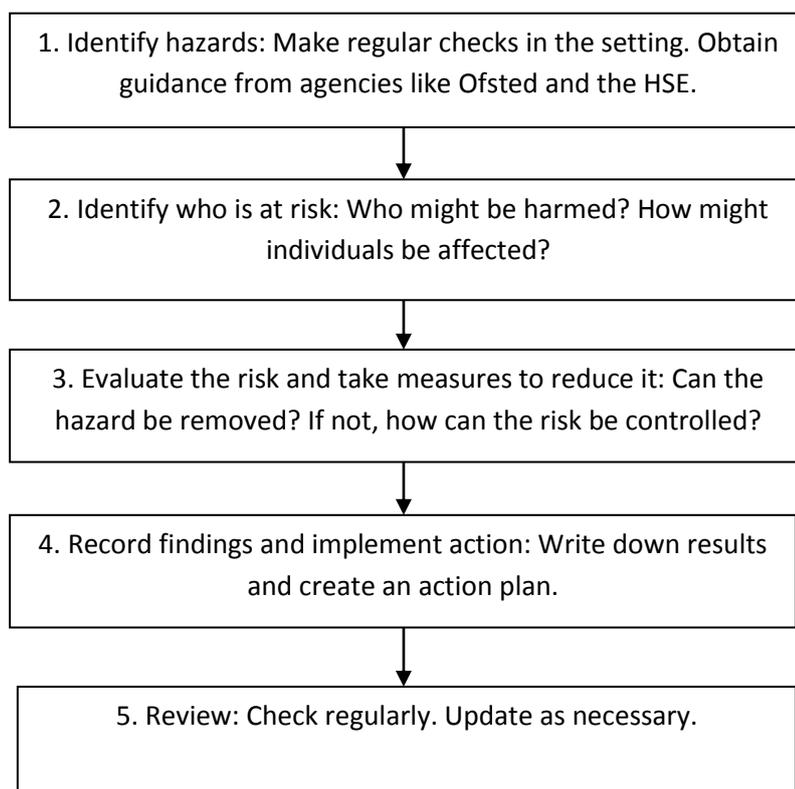
Age range	Development and capabilities	Examples of resources
Babies (0– 1 year)	Very dependent on adults. Can easily choke on small objects	Choose toys and play materials with no loose or small parts.
Toddlers (1– 2 years)	Love to climb and explore, Much more mobile but have little sense of danger	Use stair gates, fireguards, and window and cupboard locks.
Pre- school children (2– 4 years)	Enjoy being independent More coordinated but lack self-control	Choose resources that encourage independence safely, e.g. safety scissors and knives.
School aged children (4– 7 years)	Enjoy investigating and testing their Abilities More mature but still require supervision	Provide challenging activities within safe limits, e.g. stabiliser wheels on bicycles and safety helmets.

Supervision of children

Children should be supervised in the setting at all times. They must never leave the setting unsupervised and should only be released into the care of individuals who have been notified to the provider by the parents. In addition, the Statutory Framework for the Early Years Foundation Stage also prescribes the number of staff that must be available to supervise children in the setting at all times.

Carrying out risk assessments

The process of conducting risk assessments Most things in life carry some element of risk. Young children need to learn how to take risks safely and this requires a realistic approach and a certain amount of common sense. If children are constantly 'wrapped up in cotton wool', they are denied the opportunity to practise risk taking. A health and safety risk assessment is the process of identifying risk and considering measures to reduce the risk to a safe level. The formal risk assessment process generally involves the steps shown below.



Recording risk assessments

The manager will carry out risk assessments on a regular basis. These include checks on the premises, equipment and planned activities, as well as outings away from the setting. Each risk assessment should assess the potential hazards, identify who is at risk and the level of risk involved, the action to be taken and a date for review. This should be recorded on a risk assessment form.

Safety on outings

There are different risks involved when taking children out of the setting. For example, the outing may involve travelling on public transport, a different environment or children being involved in different activities. Practitioners must follow the policies and procedures for safety on outings and take all the necessary precautions to prevent accidents and incidents from occurring. A full risk assessment must be completed.

Policies and procedures for accidents and incidents

Emergency situations can create shock and panic in early years settings. Policies and procedures provide a framework to support practitioners in these situations and help them to use best practice, following health and safety guidance. We have policies and procedures for a number of emergency situations, including:

- responding to an accident and reporting and recording procedures
- basic first aid procedures
- responding to a missing child
- evacuating the setting, for example in the case of a fire.

How to respond to accidents

Accidents in early years settings may involve falls, sharp or dangerous objects, poisonous substances, fire or water and can result in injuries such as cuts, burns, broken bones and shock. It is very important that you know exactly what to do in response to an accident. The children involved will be frightened and will rely on you to remain calm.

Principles of first aid

Every early years setting must have at least one designated first aider who is trained in the principles of first aid for young children and who is responsible for attending to first aid situations. At Park Lane Kids Ltd we aim to train all staff. Their duties will include recognising and responding appropriately to:

- bleeding injuries
- choking
- burns and scalds
- unconsciousness
- shock, including anaphylactic shock and electric shock
- lack of pulse and breathing (including resuscitation procedures).

If an accident occurs, the calm and prompt attention of a trained first aider can save a child's life. The main principles of first aid are as follows:

- Check if the child is breathing and has a pulse – if not, begin resuscitation immediately.
- If necessary, telephone 999 (or 112) for an ambulance.

Check if the child is conscious – if not, make sure their airway remains open by placing the child in the recovery position.

- Check for signs of bleeding, head injury, broken bones or shock.
- Do what you can to manage any injuries, using the setting's first aid kit.
- Reassure the child and try to keep them calm.

When to call an ambulance

A child's condition can deteriorate very rapidly following an accident and this can put their life at risk. It is very important for you to know when emergency medical help may be needed. You should always seek urgent medical attention or call an ambulance if a child in your care has any of these symptoms:

- a very high temperature (39°C or above)
- breathing difficulties
- a convulsion or fit
- becomes unconscious
- severe bleeding, burns or scalds.

Accident and incident reports

It is vital that staff record any accidents or incidents with children. Early years settings have a legal duty to report any incidents and should complete the special forms for this purpose. The first aider or practitioner involved should take great care to record all the information about the incident clearly and accurately and to sign and date the record.

Procedures for responding to other emergencies

Missing children

Children do occasionally go missing from early years settings, although it is relatively rare. This is a particular concern when taking children on outings away from the setting. The security measures in place should ensure that children are safe at all times. However, if a child does go missing, it is very important that you know how to respond. The procedure should include the following:

- inform the manager of the setting (or person in charge)
- immediately begin an organised search, checking all areas of the setting
- make sure that staff members communicate with each other (e.g. using mobile phones)
- supervise all the other children and make sure they are safe
- if the missing child is not found immediately, inform the parents or carers and the police
- make a full written report of the incident
- inform the relevant authorities (e.g. Ofsted).

Evacuating the setting

There are many different reasons why an early years setting may need to be evacuated, for example a bomb scare, fire, gas leak or intruder(s) on the premises. All early years settings are required to have procedures for evacuating children safely. Staff should practise the routine during regular drills so that everyone knows exactly what to do. It is extremely important that you remain calm. You should reassure the children and explain to them what is happening, using clear and simple language. The person in charge should direct everyone to the assembly point and take a register to check that everyone (children and adults) has been safely evacuated. No-one should leave the assembly point or return to the building until the person in charge has authorised them to do so.

In case of fire

If the setting has to be evacuated because of fire, the procedure should be as follows:

- Raise the alarm by telephoning 999 (or 112).
- If possible, close all windows and doors as you leave the building, to minimise the spread of the fire.
- Remain calm and reassure the children.
- Evacuate the children from the building, following the procedure of the setting, including specific procedures for infants or children with special needs.
- Do not return to the building until authorised to do so.

Calling for emergency help

Emergency situations often cause panic and can affect the judgement of the people involved. As an early years practitioner, you must remain calm and professional in emergency situations. If emergency services are required, you should do this by telephoning 999 (or 112) and communicating the following information clearly and accurately:

- which emergency service is required (ambulance, police and/or fire and rescue service)
- a contact telephone number
- the exact location of the incident
- the type and seriousness of the incident
- the number and approximate ages of any casualties involved, if possible.

The importance of policies and procedures

The consequences of accidents and other emergencies can be life-threatening and practitioners have a responsibility to follow health and safety guidelines and legislation. Settings must have policies and procedures in place to deal with emergencies and they must be able to produce these as evidence that the setting is fulfilling statutory requirements, such as those set out in the Early Years Foundation Stage (2014).

Health and safety for babies equipment and food

Breast milk is the ideal food for the healthy growth and development of babies and can reduce their risk of developing infections. The World Health Organisation recommends that babies are given breast milk and no other food or drinks for the first 6 months. After 6 months of age, babies should ideally continue to receive breast milk along with appropriate complementary foods until they are at least 2 years old. Breast milk contains antibodies that help to protect from gastroenteritis and other infections.

Breastfeeding mothers should be supported to attend the nursery and breastfeed their baby. Where this is not an option, you should support mothers to continue breastfeeding at home and supply you with expressed breast milk (EBM). Parents who supply EBM should provide it in sealed, sterilised bottles, clearly labelled 'breast milk' with the baby's name, and the date the milk was expressed. They can use a cool bag to keep the milk cool during transport. Although it is best to use EBM as soon as possible, it can be kept in a clean fridge at 4°C (well away from any raw food) for up to 5 days. It is also possible to freeze EBM for up to 6 months. It must be defrosted in a fridge, and then used straight away.

Infant formula milks don't contain the antibodies found in breast milk and scrupulous hygiene is necessary when preparing them.

Nurseries must have suitable facilities for the hygienic preparation of babies' feeds and use suitable equipment to sterilise feeding equipment and dummies. Until a baby is 1 year old, you must decontaminate all their feeding equipment, teething aids and dummies between uses, by cleaning them with a clean bottlebrush, detergent and hot water, rinsing them thoroughly with clean, running water and then sterilising them³⁶. You can sterilise the equipment by:

- submerging it in boiling water for 10 minutes
- immersing it in a cold sterilising solution, or
- using a steam steriliser unit that you plug in, or one that you use inside the microwave.

Always follow the instructions carefully and wash your hands before handling the sterilised equipment. To reduce the risk of contamination, it is best to remove items from the steriliser and prepare feeds just before the baby requires them, using freshly boiled tap water that you allow to cool for no more than 30 minutes. You can then quickly cool the milk to feeding temperature by holding the bottle (with the cap covering the sterilised teat) under cold, running water. Ideally, parents should not supply prepared bottles of formula milk. Instead, they should provide empty, sterilised bottles and the appropriate amounts of formula powder, preferably weighed out in clearly labelled containers so that you can freshly prepare each feed just before it is needed. The guidance from the Department of Health and FSA on preparing formula should be followed.

Do

- ✓ obtain, record and act on information from parents about their baby's dietary needs
- ✓ provide facilities to support mothers who wish to breastfeed
- ✓ use a separate area to prepare babies' feeds
- ✓ whenever possible, prepare feeds just before use
- ✓ regularly clean and disinfect refrigerators used to store milk
- ✓ monitor the refrigerator temperature
- ✓ be aware that the sooner you use the milk, the less opportunity germs have to grow
- ✓ clean and disinfect work surfaces before preparing bottles or feeds
- ✓ wash and dry your hands before preparing a feed or handling sterilised equipment
- ✓ ensure bottlebrushes are thoroughly cleaned and then sterilised with the bottles
- ✓ rinse off sterilising solution using cooled boiled water, not tap water
- ✓ check all equipment before use, including bottlebrushes, and discard if worn or damaged
- ✓ discard any milk left at the end of a feed.

Don't

- ✗ use a microwave to warm or defrost milk
- ✗ use formula milk that has passed its use-by date
- ✗ store milk in the door of the fridge
- ✗ overload the steriliser or interrupt the sterilising process to add extra items