

**Baby Unit for 0 – 2 year old children**

**Day Nursery for 2 – 5 year old children**

**Before and after School Holiday Care for 5 – 16 year old children**

**Primary School Holiday Care for 5 – 16 year old children**

**HEALTH AND SAFETY POLICY - Including RISK ASSESSMENTS**

**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, Parent/Carers, staff and volunteers by assessing and minimising the hazards and risks.

**Aim**

We aim to make children, Parent/Carers and staff aware of health and safety issues and to minimize the hazards and risks to enable the children to thrive in a healthy and safe environment.

**Risk assessment – The basis of this policy is risk assessment.**

Our risk assessment process includes:

* Identification of hazards and risks indoors and outside, and in our activities and procedures. Our assessment covers staff ,children and parents;
* Assessment as to the level of the risk as high, medium and low. This is both the risk of the likelihood of it happening, as well as the possible impact if it did.
* Developing an action plan that specifies the action required the timescales for action, the person responsible for the action and any funding required.
* Monitoring and reviewing. Regular updates to include new equipment.

We maintain lists of health and safety issues, which are checked:

* daily before the session begins; weekly; and termly - when a full risk assessment is carried out. (see appendix)

**Awareness Implementation**

* 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 Parent/Carers of new children so that 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 have a no smoking policy.

* Children are made aware of health and safety issues through discussions, planned activities and routines.

**Children's safety**

* We ensure all staff employed have been checked for criminal records by an enhanced disclosure from DBS CRB.
* Adults do not normally supervise children on their own.
* All children are supervised by adults at all times.
* Whenever children are on the premises at least two adults must be present.
* All Directors have been checked and suitability as determined by the requirements of OFSTED.

**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 or to change light bulbs 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 every quarter of the year to identify any issues that need to be addressed.

**Security**

Systems are in place for the safe arrival and departure of children. The times of the children's arrivals and departures are recorded.

* The arrival and departure times of adults - staff, volunteers and visitors - are recorded.
* Our systems prevent unauthorised access to our premises.
* Our systems prevent children from leaving our premises unnoticed.
* The personal possessions of staff and volunteers are securely stored during sessions.

*Windows*

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

*Doors*

* We take precautions to prevent children's fingers from being trapped in doors.
* Parents and staff are encouraged to take care when opening doors and also expected to close all doors and gates behind themselves.

*Floors*

* All surfaces are checked daily to ensure they are clean and not uneven or damaged.
* Caution – wet floor signs- are used to indicate when extra caution should be taken.

**Electrical/gas equipment**

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

**Storage**

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

**Outdoor area**

* Our outdoor area is securely fenced.
* 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.
* Our outdoor sand pit is covered when not in use and is cleaned regularly.
* Where water can form a pool on equipment, it is emptied before children start playing outside or used as a supervised activity.
* All outdoor activities are supervised at all times.

**Activities**

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

**Animals**

* Animals visiting the setting must be free from disease and safe to be with children, and do not pose a health risk.
* Our setting's pets are free from disease, safe to be with children, and do not pose a health risk.
* Children wash their hands after contact with animals.
* Outdoor footwear worn to visit farms is cleaned of mud and debris and should not be worn indoors.

**Hygiene**

* We regularly seek information from the Environmental Health Department and the Health Authority to ensure that we keep up to date with the latest recommendations.
* Our daily routines encourage the children to learn about personal hygiene.
* We have a daily cleaning routine for the setting which includes play room(s), kitchen, rest area, toilets and nappy changing areas.
* We have a schedule for cleaning resources and equipment, dressing-up clothes and furnishings.
* The toilet area has a high standard of hygiene including hand washing and drying facilities and the disposal of nappies.
* We implement good hygiene practices by:
  + cleaning tables between activities
  + checking toilets regularly
  + wearing protective clothing - such as aprons and disposable gloves - as appropriate
  + providing sets of clean clothes
  + providing tissues and wipes; and antibacterial hand gel in the rooms/ Cloakrooms
  + ensuring sole use of flannels

**Food and drink**

* Staff that prepare and handle food receive appropriate food handling training every three years and understand – and comply with – food safety and hygiene regulations.
* All food and drink is stored appropriately.
* Snack and meal times are appropriately supervised and children do not walk about with food and drinks.
* Fresh drinking water is available to the children at all times.
* We operate systems to ensure that children do not have access to food/drinks to which they are allergic.

***Kitchen***

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

**Fire safety**

* Fire doors are clearly marked, never obstructed and easily opened from inside.
* Smoke detectors/alarms and Fire Fighting appliances conform to BSEN standards, are fitted in appropriate high risk areas of the building and are checked according to schedule.
* 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 Parent/Carers
  + practiced regularly at least once every six weeks.
* Records are kept of fire drills and the servicing of fire safety equipment.

**Outings and visits**

We have agreed procedures for the safe conduct of outings.

* Parent/Carers sign a general consent on registration for their children to be taken out as a part of the daily activities of the setting.
* A risk assessment is carried out before an outing takes place.
* Our adult to child ratio is high, normally one adult to two children.
* Named children are assigned to individual staff to ensure each child is individually supervised and to ensure no child gets lost and that there is no unauthorised access to children. safe for the ages and stages of the children currently attending the setting.
* The layout of play equipment allows adults and children to move safely and freely between activities.
* All equipment is regularly checked for cleanliness and safety and any dangerous items are repaired or discarded.
* All materials - including paint and glue - are non-toxic.
* Sand is clean and suitable for children's play.
* Physical play is constantly supervised.
* Children are taught to handle and store tools safely.
* Children who are sleeping are checked regularly.

Children learn about health, safety and personal hygiene through the activities we provide and the routines we follow

**Missing child**

Policy statement

Children’s safety is maintained as the highest priority at all times both on and off premises. Every attempt is made through carrying out the outings procedure and the exit/entrance procedure to ensure the security of children is maintained at all times. In the unlikely event of a child going missing, our missing child procedure is followed.

Procedures

*Child going missing on the premises*

As soon as it is noticed that a child is missing the key person/staff alerts the Manager. The Manager will carry out a thorough search of the building and garden.

The register is checked to make sure no other child has also gone astray.

Doors and gates are checked to see if there has been a breach of security whereby a child could wander out.

If the child is not found, the parent is contacted and the missing child is reported to the police.

The Manager talks to the staff to find out when and where the child was last seen and records this.

The manager contacts the chairperson and reports the incident. The chairperson, with the management committee, carries out an investigation and may come to the setting immediately.

*Child going missing on an outing*

This describes what to do when staff has taken a small group on an outing, leaving the setting leader and/or other staff back in the setting. If the setting Leader has accompanied children on the outing, the procedures are adjusted accordingly.

What to do when a child goes missing from a whole setting outing may be a little different, as parents usually attend and are responsible for their own child.

As soon as it is noticed that a child is missing, staff on the outing ask children to stand with their designated person and carry out a headcount to ensure that no other child has gone astray. One staff member searches the immediate vicinity but does not search beyond that.

The setting leader or manager is contacted immediately and the incident is reported. The setting leader contacts the police and reports the child as missing.

The setting leader contacts the parent, who makes their way to the setting or outing venue as agreed with the setting leader. The setting is advised as the best place, as by the time the parent arrives, the child may have been returned to the setting. Staff takes the remaining children back to the setting.

In an indoor venue, the staff contacts the venue’s security who will handle the search and contact the police if the child is not found.

The setting leader contacts the chairperson and reports the incident. The chairperson, with the management committee, carries out an investigation and may come to the setting immediately.

The setting leader, or designated staff member may be advised by the police to stay at the venue until they arrive.

*The investigation*

Staff keep calm and do not let the other children become anxious or worried.

The setting leader together with the chairperson or representative from the management committee speaks with the parent(s).

The chairperson and management committee, carry out a full investigation taking written statements from all the staff in the room or who were on the outing.

The key person/staff member writes an incident report detailing:

* + The date and time of the report.
  + What staff/children were in the group/outing and the name of the staff designated responsible for the missing child.
  + When the child was last seen in the group/outing.
  + What has taken place in the group or outing since the child went missing.
  + The time it is estimated that the child went missing.

A conclusion is drawn as to how the breach of security happened.

**Late Collection and non-collection**

All parents agree and approximate arrival time at the nursery and are informed of procedures to follow if they expect to be late. These include:

Calling the nursery as soon as possible to advise of their situation Asking a designated person to collect their child wherever possible

Informing the nursery of this person’s identity so the nursery can talk to the child if appropriate. This will help to reduce or eliminate the distress that may be caused by this situation.

If the designated person is not known to the nursery staff the parent must provide a detailed description of this person, including their dated of birth where known. This designated person must know how the individual child’s safety password in order for the nursery to release the child into their care. This is the responsibility of the parent.

If a child has not been collected from the nursery after a reasonable amount of time (within 30 minutes) has been allowed for lateness, the following procedure will be initiated by staff:

The nursery manager will be informed that a child has not been collected

The nursery manager/staff member will check for any information regarding changes to normal routines, parents’ work patterns or general information. If there is no information recorded, the parents will be contacted on the numbers provided for their mobile, home or work. If this fails the emergency contacts will then be contacted as per the child’s records

The manager/staff member in charge and one other member of staff must stay behind with the child (if outside normal operating hours). During normal operating times, staff ratios must be met and planned for accordingly.

If the parents have still not collected the child, the manager/staff member will telephone all contact numbers available every 10 minutes until contact is made.

The two members of staff will remain in the building until suitable arrangements have been made for the collection of the child

The child’s welfare and needs will be met at all times and to minimise distress staff will distract, comfort and reassure the child during the process

In order to provide this additional care a late will be charged to parents. This will pay for any additional operational costs that caring for a child outside their normal nursery hours may incur.

**First aid and medication**

At least one member of staff with current first aid training is on the premises or on an outing at any one time. The first aid qualification includes first aid training for infants and young children.

Our first aid kit:

* complies with the Health and Safety (First Aid) Regulations 1981;
* is regularly checked by a designated member of staff and re-stocked *as* necessary;
* is easily accessible to adults
* is kept out of the reach of children.

At the time of admission to the setting, Parent/Carers' written permission for emergency medical advice or treatment is sought. Parent/Carers sign and date their written approval.

Parent/Carers sign a consent form at registration allowing staff to take their child to the nearest Accident and Emergency unit to be examined, treated or admitted as necessary on the understanding that Parent/Carers have been informed and are on their way to the hospital.

**Administration of medication**

* Only prescribed medication may be administered. It must be in-date and prescribed for the current condition.
* Children taking prescribed medication must be well enough to attend the setting.
* Children's prescribed drugs are stored in their original containers, are clearly labelled and are inaccessible to the children.

Parent/Carers give prior written permission for the administration of medication. This states the name of the child, name/s of Parent/Carer(s), date the medication starts, the name of the medication and prescribing doctor, the dose and times, or how and when the medication is to be administered.

* The administration is recorded accurately each time it is given and is signed by two members of staff (the member of staff who administered the medicine and also by another member of staff who witnessed the medication being administered). Parent/carers sign the record book to acknowledge the administration of a medicine.
* If the administration of prescribed medication requires medical knowledge, individual training is provided for the relevant member of staff by a health professional.

**Records**

In accordance with the National Standards for Day Care, we keep records of:

Adults

* names and addresses of all staff on the premises, including temporary staff who work with the children or who have substantial access to them;
* all records relating to the staffs employment with the setting, including application forms, references, results of checks undertaken etc.

Children

* names, addresses and telephone numbers of Parent/Carers and adults authorised to collect children from setting;
* the names, addresses and telephone numbers of emergency contacts in case of children's illness or accident;
* the allergies, dietary requirements and illnesses of individual children;
* the times of attendance of children, staff, volunteers and visitors;
* accidents and medicine administration records;
* consents for outings, administration of medication, emergency treatment; and incidents.

In addition, the following procedures and documentation in relation to health and safety are in place:

*General Safety*

* Risk assessment.
* Record of visitors.
* Fire safety procedures.
* Fire safety records and certificates.
* Operational procedures for outings.
* Vehicle records including insurance.
* List of named drivers.

*Health*

* Administration of medication.
* Prior parental consent to administer medicine.
* Record of the administration of medicines.
* Prior parental consent for emergency treatment.
* Accident record.
* Sick children.
* No smoking.

***Acceptance and Application of Terms:*** *The Management and Staff at the Twixus Childcare Centre has agreed (by signature) to uphold the legislative terms and working practices of this policy. This policy will be reviewed annually and/or when legislative terms or practical application requires amendments.*

Appendix 1 Daily Risk Assessments

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| Twixus Childcare: Risk Assessment C:\Documents and Settings\Garrick\My Documents\My Pictures\twixus t.jpg | | | | |
| Entrance, Corridors and Stairs | | | | |
| Hazard | Who is at risk? | Risk Level | Controls needed | Who is responsible? |
| ***Insecure entrance door*** | *Children + Adults*  *Personal safety* | Medium | *Door kept shut/secure at all times and checked regularly. Problems with locks/security to be reported to the office immediately.* | ALL STAFF |
| ***Unfamiliar and unsupervised adult onsite*** | *Children + Adults*  *Personal safety* | Medium | *Immediate report to management. Children to be kept in rooms.* | ALL STAFF |
| ***Injury from electric sockets*** | *Children + Adults*  *Electrical shock* | Low | *Fitting socket covers - Daily checks to ensure covers are in place* | MANAGEMENT |
| ***Trapping hazard from doors*** | *Children + Adults*  *Physical injury* | Low | *Adults to open and shut doors, finger guards in place.*  *Children to be told not to open and shut main doors with access to outside* | ALL STAFF |
| ***Tripping / slipping due to poor flooring*** | *Children + Adults*  *Physical injury* | Low | *Daily checks of flooring and issues reported to site manager.*  *Tears, rips or uneven flooring to be reported to site manager* | MANAGEMENT |
| ***Ineffective heating / ventilation*** | *Children + Adults*  *Unhygienic* | Low | *Monitor heating and level of ventilation. Inform site manager of any problems or concerns. Add ventilation by opening windows as required* | MANAGEMENT |
| ***Tripping / injury due to trailing wires and cables*** | *Children + Adults*  *Physical injury* | Low | *Ensure cables are safely secured and out of reach.* | MANAGEMENT |
| ***Insecure back door*** | *Children + Adults*  *Personal safety* | Medium | *Door kept shut/secure at all times and checked regularly. Problems with locks/security to be reported to the office immediately.* | ALL STAFF |
| ***Insecure basement entrance*** | *Children + Adults*  *Personal safety* | Medium | *Basement door MUST be kept shut/secure at all times and checked regularly. Problems with locks/security to be reported to the office immediately.* | ALL STAFF |
| ***Unfamiliar and unsupervised adult to collect child*** | *Children + Adults*  *Personal safety* | Medium | *Parent/Carer need to tell us who the child will be collected by and must tell that person the secret password. Adult must be challenged for the password without the child present. Parent/carer MUST be contacted if the password is unknown before the child is released.* | ALL STAFF |
| ***Child falling on the stairs*** | *Children Personal safety* | High | *Always accompany child with the correct adult/child ratio. Tell children to use the low railings. Hold younger children’s hands as required. Always walk slowly in a calm manner with no overtaking.* | ALL STAFF |

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| ALL ROOMS | | | | |
| Hazard | Who is at risk? | Risk Level | Controls needed | Who is responsible? |
| ***Injury from electric sockets*** | *Children + Adults*  *Electrical shock* | Low | *Fitting socket covers. Daily room checks to ensure covers are in place prior commencement of activities* | MANAGEMENT |
| ***Trapping hazard from hinges on doors*** | *Children + Adults*  *Physical injury* | Low | *Finger guards are fitted. Children informed of correct way of opening doors and not to put hands near hinges* | MANAGEMENT |
| ***Inadequate fire procedure*** | *Children + Adults*  *Personal safety* | Low | *Ensuring adequate signage and regular evacuation practices. Continue with evacuation practices and inform site manager if signage unclear/damage/need replacing.* | MANAGEMENT |
| ***Toys left on floor*** | *Children + Adults*  *Tripping hazard* | Low | *Children are encouraged to put toys they have been using away when they have finished with them. Adults to regularly check area for toys on floor in the thoroughfare* | ALL STAFF |
| ***Open safety gates*** | *Children + Adults*  *Personal safety* | Medium | *Adults to open and close gates only. Children made aware that they are not to open or close gates.* | ALL STAFF |
| ***Unhygienic surfaces*** | *Children + Adults*  *Disease/illness* | Low | *Surfaces are cleaned regularly and sprayed with anti-bacterial spray before food activities* | ALL STAFF |
| ***Tools*** | *Children + Adults*  *Physical injury* | Medium | *Children are shown safe ways to handle and store tools and usually under supervision when in area.* | ALL STAFF |
| ***Scissors*** | *Children + Adults*  *Physical injury* | Medium | *Children are shown safe ways to handle and store scissors and usually under supervision when in area. Staff encourage safe storage and scissors checked that they are fit for purpose* | ALL STAFF |
| ***Water on floor*** | *Children + Adults*  *Slipping hazard , physical injury* | Medium | *Floor mopped as excess spillage occurs. Water is changed daily/as necessary and container is cleaned. Children to be encouraged to be aware of safety around sand* | ALL STAFF |
| ***Exits blocked by toys*** | *Children + Adults*  *Fire hazard* | Low | *Keep the exits as clear as possible. Children made aware of need to keep exits clear and safe* | ALL STAFF |
| ***Injury by footwear*** | *Children + Adults*  *Physical injury* | Low | *Ensure staff and children have appropriate footwear*  *for activities. Shoes will be put away tidy and children are*  *encouraged to risk asses this when they are putting*  *on and removing them.* | ALL STAFF |

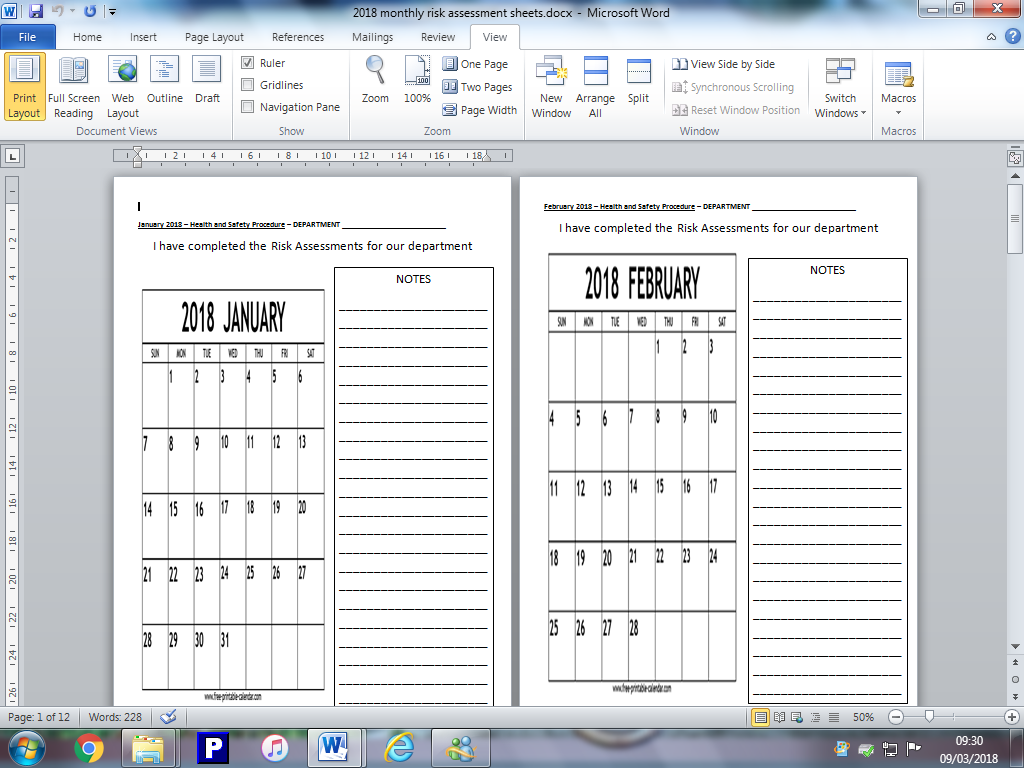
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| Outdoor Play Area | | | | |
| Hazard | Who is at risk? | Risk Level | Controls needed | Who is responsible? |
| ***Gates , locks and hinges*** | *Children + Adults*  *Trapping hazard , physical injury* | Low | *Gates, hinges and locks checked daily by site manager. Children to be supervised outside at all times and encouraged to stay away from gates* | ALL STAFF |
| ***Poor condition of tarmac surfaces*** | *Children + Adults*  *Tripping hazard* | Low | *Surfaces regularly checked*  *Surfaces to be cleared and checked and issues reported* | MANAGEMENT |
| ***Grassed area swept for unwanted objects, broken glass, animal faeces , small holes etc.*** | *Children + Adults*  *Tripping hazard , physical injury* | Low | *Checks of grassed areas carried out daily*  *Children to be supervised outside at all times and grassed areas maintained in good condition* | ALL STAFF |
| ***Poor maintenance of garden furniture*** | *Children + Adults*  *Physical injury* | Low | *Garden furniture condition checked on regular basis*  *Condition checked and maintenance issues reported to site manager* | MANAGEMENT |
| ***Poor location of garden furniture*** | *Children + Adults*  *Tripping , falling hazard , physical injury* | Low | *Play equipment stored safely and checked on a regular basis*  *Safe location of equipment to be considered* | ALL STAFF |
| ***Sand pits*** | *Children + Adults*  *Physical injury*  *Hygiene* | Low | *Sand changed on regular basis and checked for sharp/foreign objects*  *Children encouraged to wash hands after working in sandpit*  *Children to be supervised outside at all times and continued to be informed of the need for hygiene procedures after use* | ALL STAFF |
| ***Water containers*** | *Children + Adults*  *Hygiene*  *Physical injury* | Low | *Water in container to be changed regularly and container checked for sharp/foreign objects before use*  *Children to be supervised outside at all times and continued to be informed of the need for hygiene procedures after use* | ALL STAFF |
| ***Storage of outside tools and equipment*** | *Children + Adults*  *Tripping hazard*  *Physical injury* | Low | *Maintenance of play shed to be checked regularly , equipment and tools stored safely within it*  *Equipment to be stored safely in storage shed and children to have no access to it*  *Children to be made continually aware of hazards within play shed and to be reminded that they are not allowed into storage shed* | ALL STAFF |
| Outdoor Play Area… continued | | | | |
| ***Use of outside tools and equipment*** | *Children + Adults*  *Physical injury* | Low | *Tools and equipment to be stored safely in outside storage shed and children to be supervised when using them*  *Ensure children shown and reminded about correct use of tools and equipment to prevent injury/accidents* | ALL STAFF |
| ***Plants*** | *Children + Adults* | Low | *Checks to be made regularly on plants growing in outside areas*  *Children told not to touch plants* | MANAGEMENT |
| ***Lost/injury during transportation to outside areas*** | *Children*  *Physical injury* | Medium | *Correct adult/child rations must be used. Children must never go out of sight. Adult must always open doors/gates* | ALL STAFF |
| ***Crossing car park*** | *Children + Adults*  *Physical injury* | Low | *Only with cones in place and the correct adult/child ratios. Never during peak drop off and collection times.* | ALL STAFF |
| **Ice or snow - Slips, trips and falls** | *Children + Adults*  *Physical injury* | Low | *Areas to be suitably salted and gritted*  *Cleared by gardener* | MANAGEMENT |
| **Fallen leaves ­- Slips, trips and falls** | *Children + Adults*  *Physical injury* | Low | *Fallen leaves to be removed as necessary*  *Cleared by gardener* | MANAGEMENT |
| **Animal injuries - Bites, scratches, infection** | *Children + Adults*  *Physical injury* | Low | *Only keep suitable animals in Nursery*  *Ensure hands are washed before and after handling*  *Keep animal house/cage clean and disinfect regularly*  *Prevent contact between kept animals, and their*  *food, and wild animals to avoid disease transmission*  *If animals wander on floors or tables clean*  *immediately after use*  *Carefully wash all animal scratches or bites. If in any*  *doubt about infection seek medical advice.* | ALL STAFF |
| **Pirate Ship area injury - Could fall from a height, wood splinters** | *Children*  *Physical injury* | Medium | *Supervised and all times with the correct amount of*  *staff, checked regularly for damage or sharp corners.*  *Only for children that are age appropriate.* | ALL STAFF |
| **Extreme weather conditions** | *Children + Adults*  *Physical injury* | Low | *Ensure enough provisions are available to meet*  *children’s needs. If children should get wet a towel*  *and warmth should be provided to ensure they*  *remain at the correct temperature. Sun cream and*  *hat for when the weather is hot. Adequate clothing for*  *the cold conditions.* | ALL STAFF |

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| Food Preparation Area –  general access not allowed , specific adult led activities | | | | |
| Hazard | Who is at risk? | Risk Level | Controls needed | Who is responsible? |
| ***Knives and sharp implements*** | *Children + Adults*  *Physical injury* | Medium | *Sharp equipment to be stored in drawers and cupboards*  *Children to be supervised at all times in kitchen areas and taught how to use implements/equipment correctly* | KITCHEN STAFF  MANAGEMENT |
| ***Kettle*** | *Children + Adults*  *Scalding/burning injury* | Low | *Kettle and water heater to be stored on units away from the edges*  *Children to be supervised at all times in kitchen areas*  *Heater to be turned down after break/lunch time* | KITCHEN STAFF  MANAGEMENT |
| ***Cooker/oven*** | *Children + Adults*  *Scalding/burning injury* | Low | *Children to stand safe distance away from cooker*  *Children to be supervised at all times in kitchen areas and not to touch cooker/oven or touch pans* | KITCHEN STAFF  MANAGEMENT |
| ***Electrical appliances*** | *Children + Adults*  *Electrical shock* | Low | *Appliances to be safely stored and checked on a regular basis*  *Children to be supervised at all times in kitchen areas and not to use electrical appliances* | KITCHEN STAFF  MANAGEMENT |
| ***Cooking utensils*** | *Children + Adults*  *Physical injury* | Low | *Utensils to be stored safely in drawers or cupboards*  *Children to be supervised at all times in kitchen areas*  *and not expected to find/get utensils from drawers/cupboards* | KITCHEN STAFF  MANAGEMENT |
| ***Washing machine*** | *Children + Adults*  *Physical injury*  *Electrical shock* | Low | *Children not allowed to use washing machine*  *Children to be supervised at all times in kitchen areas* | KITCHEN STAFF  MANAGEMENT |
| ***Dishwasher*** | *Children + Adults*  *Physical injury*  *Electrical shock* | Low | *Dishwasher door to be closed at all times*  *Children not to put items in or take items out of dish washer*  *Children to be supervised at all times in kitchen areas* | KITCHEN STAFF  MANAGEMENT |
| ***Fridge (correct storage of food, in date etc.)*** | *Children + Adults*  *Ill health* | Low | *Food/drinks/medicines to be correctly store in fridge*  *Food/drinks to be checked regularly* | KITCHEN STAFF  MANAGEMENT |
| ***No fire blanket*** | *Children + Adults* | Low | *Ensure that there is a fire blanket*  *Adults know where the fire blanket is located and how to use it* | KITCHEN STAFF  MANAGEMENT |
| ***Use and storage of cleaning materials / other substances*** | *Children + Adults*  *Poisoning, eye contamination,*  *skin irritation* | Medium | *All cleaning materials to be stored in cupboards and not left out on unit tops*  *Children to be supervised at all times in kitchen areas* | KITCHEN STAFF  MANAGEMENT |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Twixus Childcare: Risk Assessment C:\Documents and Settings\Garrick\My Documents\My Pictures\twixus t.jpg | | | | |
| Eating and Drinking | | | | |
| Hazard | Who is at risk? | Risk Level | Controls needed | Who is responsible? |
| ***Choking*** | *Children* | Medium | Cut food into small pieces. Make sure that child is seated, never walking or running while eating. Ensure that children chew. | ALL STAFF |
| ***Cutlery injuries*** | *Children + Adults*  *Physical injury* | Low | Children safety knives and forks used. Correct supervision at all times | ALL STAFF |
| ***Tripping / slipping due to spillages*** | *Children + Adults*  *Physical injury* | Low | Clean up spillages immediately. Make sure that the child is seated and calm whilst eating and drinking | ALL STAFF |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Twixus Childcare: Risk Assessment C:\Documents and Settings\Garrick\My Documents\My Pictures\twixus t.jpg | | | | |
| Toilets / Bathrooms | | | | |
| Hazard | Who is at risk? | Risk Level | Controls needed |  |
| ***Injury from unregulated water temperature when hot water taps are on for any length of time*** | *Children + Adults*  *Scalding/burning* | Low | *Automatic push taps that turn off after time*  *Children made aware of need for taps to go off*  *Checks to be made that taps are off* | ALL STAFF |
| ***Burns from excessive Radiator / pipe temperature*** | *Children + Adults*  *Scalding/burning* | Low | *Children warned to stay away from pipes and radiator and monitored when in toilets*  *Regular checks to be made to ensure pipes and radiator are not too hot-radiator/pipe covers to be fitted if necessary* | MANAGEMENT |
| ***Use and storage of cleaning materials / other substances*** | *Children + Adults*  *Poisoning, eye contamination,*  *skin irritation* | Low | *All cleaning materials stored in locked cupboards*  *Ensure children are informed not to touch any that have been accidentally left out and inform an adult* | ALL STAFF |
| ***Soap /water spills*** | *Children + Adults*  *Slipping* | Low | *Soap on sinks and picked up as soon as on floor , excessive water spills mopped up*  *Regular checks of toilet areas and large groups of children to be supervised when in there* | ALL STAFF |
| ***Hand drier*** | *Children + Adults*  *Scalding/burning* | Low | *Hand drier on a timer and children shown correct way of using it*  *Regular check of temperature of drier and any issues reported to site manager* | ALL STAFF |

Appendix 2 Daily Risk Assessment Records Forms



Appendix 3 Pregnancy at work

**Checklist and Risk Assessment for Pregnant Workers**

|  |  |
| --- | --- |
| **Employee’s name:** | **Date:** |
| **Form completed by:** | **Job title:** |

**Lone Working**

|  |  |  |  |
| --- | --- | --- | --- |
|  | | **Yes/No** | **Further Action Required** |
| Does the employee work alone in the building | |  |  |
| Are control measures in place for lone working? Such as panic alarms, buddy systems? | |  |  |
| **Risk**  Pregnant women are more likely to need urgent medical attention. | **How to Avoid the Risk**  Location, frequency and working pattern of lone working should be reassessed as part of the new and expectant mother’s risk assessment. | | |

**Manual Handling**

|  |  |  |
| --- | --- | --- |
|  | **Yes/No** | **Further Action Required** |
| Is the employee expected to carry or move heavy loads? |  |  |
| Is the employee expected to carry or move children? |  |  |
| Is the employee aware of safe moving and handling techniques? |  |  |
| Does the employee experience backache associated with moving and handling activities and poor work postures? |  |  |
| **Risk**  Pregnant workers are especially at risk from moving and handling injuries. Hormonal changes can affect the ligaments, increasing susceptibility to injury, and postural problems may increase as the pregnancy progresses.  There can also be risks for those who have recently given birth. For example, after a caesarean section there is likely to be a temporary limitation on moving and handling capability. | **How to Avoid the Risk**  Alter the nature of the task to reduce risks from moving and handling. This could be for all workers including new and expectant mothers, or you may just have to address the needs of the new and expectant mothers, specifically reducing the amount of physical work she undertakes, or providing mechanical aids to reduce the risks. | |

**Physical Agents**

|  |  |  |
| --- | --- | --- |
|  | **Yes/No** | **Further Action Required** |
| Is the employee exposed to whole body vibration? (from machinery) |  |  |
| Is the employee exposed to excessive noise? (such as noisy machinery) |  |  |
| Is the employee expected to work in awkward/confined spaces? |  |  |
| Is the employee exposed to excessive heat? |  |  |
| Is the employee exposed to excessive cold? |  |  |
| Does the employee have to sit or stand for long periods of time? |  |  |
| **Risk**  **Confined Spaces** – Working in confined spaces, or at workstations which do not adjust sufficiently to take account of the increased abdominal size, particularly during the later stages of pregnancy. This may lead to sprain or strain injuries. Dexterity, agility, co-ordination, speed of movement, reach and balance may also be impaired and an increased risk of accidents may need to be considered.  **Sitting** – Constant sitting during pregnancy poses a relatively high risk of thrombosis or embolism. In the later stages of pregnancy, women are likely to experience backache, which can be intensified for remaining in a specific position for a long period of time.  **Standing** – Standing for a prolonged period of time may cause dizziness, faintness and fatigue.  **Extremes of heat and cold** – Pregnant workers that are exposed to prolonged periods in hot environments are at a far greater risk of suffering from heat stress. Working in extreme cold may pose a hazard for pregnant women and their unborn child. These risks are particularly increased if there are sudden changes in temperature. Also breastfeeding may be impaired by heat dehydration. | **How to Avoid the Risk**  **Confined spaces –** Introduce or adapt work equipment. Redesign the workstation and/or work area. Redesign the job content.  **Sitting** – Avoid sitting for long periods. Women should have the opportunity to alternate between standing and sitting and to exercise/move to maintain healthy circulation. Regular rest breaks should be provided.  **Standing** – Avoid standing for long periods of time.  **Extremes of heat and cold** – Adequate rest breaks and unrestricted access to drinking water should be provided. Also the provision of a desk fan may be necessary. Relocation if possible or adjustment to working hours should be investigated. New and expectant mothers should drink water before they get thirsty, preferably in small and frequent volumes. | |

**Slips, trips and falls**

|  |  |  |
| --- | --- | --- |
|  | **Yes/No** | **Further Action Required** |
| Is the employees work area free from slips trips and fall hazards? **(Such as trailing wires, uneven flooring, spilt substances?)** |  |  |

**Violence and Aggression**

|  |  |  |
| --- | --- | --- |
|  | **Yes/No** | **Further Action Required** |
| Is the employee exposed to potentially violent situations from:  Children?  Adults?  Members of the public? |  |  |
| **Risk**  If a woman is exposed to the risk of violence at work during pregnancy, when she has recently given birth or while she is breastfeeding this may be harmful. It can lead to miscarriage, premature delivery and underweight birth, and it may affect the ability to breastfeed. | **How to Avoid the Risk**  All face to face contact with service users where there is believed to be a significant risk above that identified by the generic risk assessment must be risk assessed.  Change the design of the job – avoid lone working, reduce/remove the face to face client contact, reassign difficult cases.  If you cannot significantly reduce the risk of violence you should offer the pregnant woman and new mothers suitable alternative work. | |

**Welfare**

|  |  |  |
| --- | --- | --- |
|  | **Yes/No** | **Further Action Required** |
| Is there a rest room or a suitable area for the employee to rest? |  |  |
| Has the employee received any advice from the doctor or midwife that has any bearing on her role? |  |  |
| Are there any other specific welfare issues mentioned by employee? |  |  |
| Is the employee allowed regular breaks? |  |  |
| Is the employee allowed to take a comfort break when needed? |  |  |
| Doe the employee suffer from morning sickness? This may be relevant where early morning shifts are worked, or where there may be exposure to nauseating smells. |  |  |
| **Risk**  **Rest facilities** – Tiredness increases during and after pregnancy and may be exacerbated by work related factors.  **Hygiene facilities** – Because of pressure on the bladder and other changes associated with pregnancy, pregnant women often have to go to the toilet more frequently and urgently than others. Breastfeeding women may also need to, due the increased fluid intake to promote breast milk production. | **How to Avoid the Risk**  **Rest facilities** – There must be facilities to sit or lie down in comfort and in privacy. Access to drinking water should also be available.  **Hygiene facilities** – If necessary measure should be put in place to ensure that new and expectant mothers can leave their workstations at short notice. | |

**Stress at Work**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes/No** | | **Further Action Required** |
| Is the employee exposed to undue stress? |  | |  |
| Has a stress risk assessment been carried out? |  | |  |
| New and expectant mothers can be particularly vulnerable to occupational stressors for a variety of reasons.  - Hormonal, physiological and psychological changes occur and sometimes change rapidly during and after pregnancy, sometimes affecting susceptibility to stress, or to anxiety or depression in individuals.  - Financial, emotional and job insecurity may be issues, due to changes in economic circumstances brought about by pregnancy.  - It may be difficult to organise work and private life, especially with long, unpredictable or unsocial working hours or where other family responsibilities are involved.  Stress is associated in some studies with increased incidence of miscarriage and pregnancy loss, and also with impaired ability to breastfeed.  Where women have recently suffered loss through stillbirth, miscarriage, adoption at birth, or neonatal death, they will be especially vulnerable to stress, as will women who have experienced serious illness or trauma associated with pregnancy or childbirth. | | **How to Avoid the Risk**  The KCC Stress Management Policy requires all teams to conduct and record a stress risk assessment. If individuals are experiencing stress than an individual stress risk assessment should be completed.  The KCC Stress Management Policy details initiatives, sources of advice, training and support systems available to staff.  Protective measure may include adjustments to working conditions or working hours, and ensuring that the necessary understanding, support and recognition is available when the women returns to work, while her privacy is also respected. | |

**Biological**

|  |  |  |  |
| --- | --- | --- | --- |
|  | | **Yes/No** | **Further Action Required** |
| Is the employee exposed to any infectious diseases particularly the following:  Rubella (measles)  Chickenpox  Slapped cheek disease  Chlamydia Psittaci (from lambs)  Other (specify)  (For more information on diseases refer to the Health Protection Agency Guidance on Communicable Disease and Infection Control in Schools and Nurseries or to the Safetynet document on Infectious Control Guidance). | |  |  |
| Is the employee exposed to any bodily fluids? (Protective gloves should be worn) | |  |  |
| **Risk**  The level of risk will depend on the type of work carried out, the infectious disease the worker is exposed to and the control measures in place. There will be an increased risk of exposure to staff who have contact with;  - Human blood and body fluids  - Infected animals including parrots, turkeys, pigeons, ducks, cats, rodents and sheep as well as household pets.  - Laboratory cultures  - Water or food contaminated by human or animal faeces  - First aid duties  Usually during pregnancy, women are no more likely to catch an infection than at other times, however in some cases, the infection may be more severe in pregnancy. It is important to remember that if the mother does become infected, some infections may be dangerous for the baby. | **How to Avoid the Risk**  When assessing the infection risks to all staff the following should be considered:-  - The types of infection likely to be transmitted at work  - The possible sources of infection  - The likelihood that a possible source of infection i.e. pet, service user, is actually infected  - The number of different sources of infection that staff may come into contact with and how often it may occur  - The control measures already in place to protect employees  - The medical history of the employee  - The history of previous infection or immunisation  - The need for suitable information, instruction and training for employees which may help them to prevent or reduce the risk from infection.  Guidance on infections that are known to present a risk to the foetus and new-born baby are detailed in appendix 2 of the HSE publication ‘Infection Risks to new and expectant mothers in the workplace’. | | |

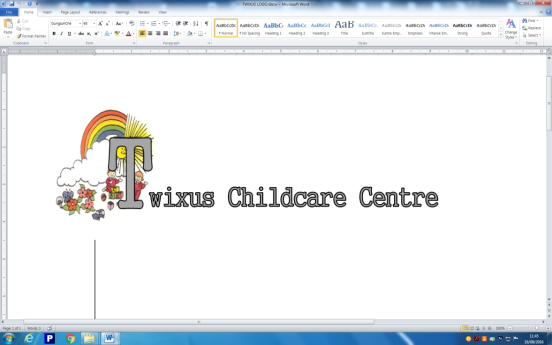
**Chemical Agents**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes/No** | | **Further Action Required** |
| Is the employee exposed to any chemical agents? (Check COSHH risk assessments and chemical datasheets) |  | |  |
| Is the employee exposed to cigarette smoke? |  | |  |
| **Risk**  **Hazardous Substances –** Some substances are classified with the following warnings: - R61 may cause harm to the unborn child, R63 possible risk of harm to the unborn child & R64 may cause harm to breastfed babies. However, the actual risk to health of these substances is determined by how they are used in the workplace.  **Ionising Radiation –** Significant exposure to ionising radiation can be harmful to the foetus. There may also be a risk to the foetus from significant amounts of radioactive contamination breathed in or ingested by the mother and transferred across the placenta. If nursing mothers work with radioactive liquids or dusts, these can cause exposure if the child, particularly through contamination of the mother’s skin. | | **How to Avoid the Risk**  **Hazardous Substances –** All hazardous substances should have a COSHH assessment carried out upon it. COSHH data sheets should be supplied by the chemical company and COSHH assessment then carried out and the appropriate control measure put in to place.  **Ionising Radiation –** Safe working practices should be designed to keep exposure of the pregnant woman as low as is reasonably practicable, and certainly below the statutory dose limit for pregnant women. Special attention should be paid to the possibility of nursing mothers receiving radioactive contamination. They should not work in areas where the risk of contamination | |

**If a risk has been identified, indicate below the action to be taken to remove the hazard or reduce the risk.This form should be used to reassess risk as the pregnancy progresses.**

|  |
| --- |
| **Employee’s name:** |
| **Managers name:** |

Appendix 4



**Individual Health Care Plan**

|  |  |  |
| --- | --- | --- |
| **Name of Child:** | |  |
| **Date of Birth:** | |  |
| **Medical Diagnosis or Condition:** | | |
|  | | |
| Describe Medical Needs and Details of Child’s Symptoms: | | |
|  | | |
| Describe Any Possible Causes/ Triggers | | |
|  | | |
| Daily Care Requirements: (e.g. before sport, at lunch time) | | |
|  | | |
| Describe what constitutes as an emergency for the child and the action to take if this happens: | | |
|  | | |
| **Medication** | | |
| Name of medication |  | |
| Dosage |  | |
| When to administer |  | |
| Special Instructions (storage, training etc.) |  | |

|  |  |
| --- | --- |
| **Consent and Agreement - Signed by Parent:** | |
| *I agree to the staff of Twixus Childcare Centre taking responsibility and administering prescribed medication as shown above, as required, either on a regular basis or in the event of a medical incident/emergency.*  *I understand that it is my responsibility as a parent to supply the necessary prescribed medication and to ensure that supplies are adequate in quantity and do not exceed the expiry date shown. Medication should be supplied in its original packaging, with the pharmacy label showing child’s name and dosage still attached* | |
| **Parent Signature** |  |
| **Print Name** |  |
| **Date** |  |

\*This Individual Health Care plan is to be introduced at every induction and reviewed at each Key Person/Parent meeting, whenever the child progresses to a new department or whenever changes occur (i.e. medication/condition etc.).