Policies and Procedures

These policies were adopted on	Signed on behalf of the pre-school	Date for overall review (individual policies will be reviewed as needed. See list of policies for dates)
August 2023	Yve Puxty (Manager)	September 2024

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2. Health and safety

2.1 Health and safety - Fire Procedure

In the event of a fire it is the first duty of all concerned to prevent injury or loss of life. Therefore, every adult should make certain that they are familiar with all means of escape, positions of fire blankets and extinguishers.
The manager or person in charge will hold a fire drill, practice daily for one week **at least** once per term. This information will then be entered in the register indicating when the fire drills were held, together with a note detailing how long it took to evacuate the premises.
Fire doors are clearly marked, never obstructed and easily opened from the inside.
Smoke detectors/alarms and fire fighting appliances conform to BS EN standards, are fitted in appropriate high risk areas of the building and are checked as specified by the manufacturer.
Our emergency fire evacuation procedures are clearly displayed in the premises;
Explained to new members of staff and students, volunteers and parents.
Records of fire drills are kept and fire alarm checks.

Emergency evacuation procedure.

If a fire is discovered or reported:-

- Raise the alarm by shouting FIRE loudly
- Evacuate the children by the nearest available exit
- Check toilets
- Close any door you go through to contain the fire
- Assemble at designated assembly point
- Call register and record results
- Call fire brigade
- Only re-enter the building when instructed to do so by the fire brigade.

2.2 Health and safety - Safety, Health and Hygiene

Policy Statement

Netherfield Pre-school aims to provide a safe, healthy and hygienic environment for children and adults.
In order to avoid the risk of accidents we maintain safety by following these safety procedures:-

Procedures

- Children will always be supervised by a responsible member of staff and will be kept out of kitchens or any areas where hazardous materials are kept.
- The beginning and end of sessions will be closely monitored and children will be marked at the time they arrive and leave. Children will only leave with an authorized and known adult whose name has been provided by the parents or whom the parents have designated to collect their child that day by signing the collection register.
- Adults and visitors will also be entered on the register.
- Safety checks will be carried out in the premises, both indoors and outdoors before every session.
- Fire extinguishers will be checked annually, adults will know how to use them.
- Fire doors will never be obstructed.
- Fire drill will be carried out at least once per term and recorded- see policy.
- Procedures for fire/evacuation drills will be known by the adults in the setting.
- All adults involved will know the procedures for entrances and exits and adhere to these at all times.
- Windows, sockets, heaters potentially dangerous materials and layout of activities and equipment (indoors and outdoors) will be closely supervised to remove or minimize hazards.
- Trips and outings will use an adult ratio of 1:2
- Equipment and activities available to children will take account of safety and the children's age and development.
- At least one member of staff at each session will have first aid training for children and babies.
- Every adult will know the location of the first aid box and the accident book.
- The first aid box will contain the following as given in The Health and Safety First Aid Regulations 1981:- (as a minimum).
- Sterile adhesive dressing (individually wrapped) 40. Eye pad – sterile 4.
- Sterile triangular bandage 4. Safety pins 12. Scissors
- Tweezers Sterile water sterile medium dressing 8.
- Sterile large dressing 4. Non allergic waterproof adhesive tape.
- Disposable gloves Accident book

2.3 Health and safety - Promoting Health and hygiene

Managing children with allergies, or who are sick or infectious

(Including reporting notifiable diseases)

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

Procedures for children with allergies

- When parents start their children at the setting they are asked if their child suffers from any known allergies. This is recorded on the registration form.
- If a child has an allergy, a risk assessment form is completed to detail the following:
  - The allergen (i.e. the substance, material or living creature the child is allergic to such as nuts, eggs, bee stings, cats etc).
  - The nature of the allergic reactions e.g. anaphylactic shock reaction, including rash, reddening of skin, swelling, breathing problems etc.
  - What to do in case of allergic reactions, any medication used and how it is to be used (e.g. Epipen).
  - Control measures – such as how the child can be prevented from contact with the allergen.
  - Review.
- This form is kept in the child's personal file and a copy is displayed where staff can see it.
- Parents train staff in how to administer special medication in the event of an allergic reaction.
- Generally, no nuts or nut products are used within the setting.
- Parents are made aware so that no nut or nut products are accidentally brought in, for example to a party.

Insurance requirements for children with allergies and disabilities

- The insurance will automatically include children with any disability or allergy but certain procedures must be strictly adhered to as set out below. For children suffering life threatening conditions, or requiring invasive treatments; written confirmation from your insurance provider must be obtained to extend the insurance.

At all times the administration of medication must be compliant with the Welfare Requirements of the Early Years Foundation Stage and follow procedures based on advice given in *Managing Medicines in Schools and Early Years Settings* (DfES 2005)

Oral Medication

Asthma inhalers are now regarded as "oral medication" by insurers and so documents do not need to be forwarded to your insurance provider.

- Oral medications must be prescribed by a GP or have manufacturer's instructions clearly written on them.
- The group must be provided with clear written instructions on how to administer such medication.
- All risk assessment procedures need to be adhered to for the correct storage and administration of the medication.
- The group must have the parents or guardians prior written consent. This consent must be kept on file. It is not necessary to forward copy documents to your insurance provider.
- Life saving medication & invasive treatments - adrenaline injections (Epipens) for anaphylactic shock reactions (caused by allergies to nuts, eggs etc) or invasive treatments such as rectal administration of Diazepam (for epilepsy).

The setting must have:

- a letter from the child's GP/consultant stating the child's condition and what medication if any is to be administered;
- written consent from the parent or guardian allowing staff to administer medication; and proof of training in the administration of such medication by the child's GP, a district nurse, children's' nurse specialist or a community pediatric nurse.
- Key person for special needs children - children requiring help with tubes to help them with everyday living e.g. breathing apparatus, to take nourishment, colostomy bags etc.
- Prior written consent from the child's parent or guardian to give treatment and/or medication prescribed by the child's GP.
- Key person to have the relevant medical training/experience, which may include those who have received appropriate instructions from parents or guardians, or who have qualifications.

Procedures for children who are sick or infectious (including COVID)

- If children appear unwell during the day – have a temperature, sickness, diarrhoea or pains, particularly in the head or stomach – the manager calls the parents and asks them to collect the child, or send a known carer to collect on their behalf.
- If a child has a temperature, they are kept cool, by removing top clothing, sponging their heads with cool water, but kept away from draughts.
- Temperature is taken using a 'fever scan' kept near to the first aid box in the kitchen.
- In extreme cases of emergency the child should be taken to the nearest hospital and the parent informed.
- Parents are asked to take their child to the doctor before returning them to nursery; the nursery can refuse admittance to children who have a temperature, sickness and diarrhoea or a contagious infection or disease.
- Where children have been prescribed antibiotics, parents are asked to keep them at home for 48 hours before returning to the setting.
- After diarrhoea, parents are asked to keep children home for 48 hours or until a formed stool is passed.

- Children requiring calpol or similar for temperatures, colds, coughs etc are deemed too unwell to come to pre-school. If a child needs calpol to cope with playing then they should remain at home to rest properly. Calpol also masks the symptoms of COVID which is highly contagious and can be spread by close contact.
- Children of pre-school age, notoriously find it difficult to socially distance. Therefore, we request that any child with COVID is kept at home until the risk of others contracting COVID from them has passed.
- The setting has a list of excludable diseases and current exclusion times. The full list is obtainable from www.patient.co.uk and includes common childhood illnesses such as measles.

Reporting of 'notifiable diseases'

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

HIV/AIDS/Hepatitis procedure

- HIV virus, like other viruses such as Hepatitis, (A, B and C) are spread through body fluids. Hygiene precautions for dealing with body fluids are the same for all children and adults.
- Single use vinyl gloves and aprons are worn when changing children's nappies, pants and clothing that are soiled with blood, urine, faeces or vomit.
- Protective rubber gloves are used for cleaning/sluicing clothing after changing.
- Soiled clothing is rinsed and either bagged for parents to collect or laundered in the nursery.
- Spills of blood, urine, faeces or vomit are cleared using mild disinfectant solution and mops; cloths used are disposed of with the clinical waste.
- Tables and other furniture, furnishings or toys affected by blood, urine, faeces or vomit are cleaned using a disinfectant.
- Children do not share tooth brushes which are also soaked weekly in sterilising solution.

Nits and head lice

- Nits and head lice are not an excludable condition, although in exceptional cases a parent may be asked to keep the child away until the infestation has cleared.

On identifying cases of head lice, all parents are informed and asked to treat their child and all the family if they are found to have head lice.

Administering medicines

While it is not our policy to care for sick children, who should be at home until they are well enough to return to the setting, we will agree to administer medication as part of maintaining their health and well-being or when they are recovering from an illness. (Due to masking COVID, this does not include paracetamol based medicines and the like, such as Calpol).

In many cases, it is possible for children's GP's to prescribe medicine that can be taken at home in the morning and evening. As far as possible, administering medicines will only be done where it would be detrimental to the child's health if not given in the setting. If a child has not had a medication before, it is advised that the parent keeps the child at home for the first 48 hours to ensure no adverse effect as well as to give time for the medication to take effect.

These procedures are written in line with current guidance in 'Managing Medicines in Schools and Early Years Settings; the manager is responsible for ensuring all staff understand and follow these procedures.

The key person is responsible for the correct administration of medication to children for whom they are the key person. This includes ensuring that parent consent forms have been completed, that medicines are stored correctly and that records are kept according to procedures. In the absence of the key person, the manager is responsible for the overseeing of administering medication.

Procedures

- Children taking prescribed medication must be well enough to attend the setting.
- Only prescribed medication is administered. It must be in-date and prescribed for the current condition.
- Children's prescribed medicines are stored in their original containers, are clearly labelled and are inaccessible to the children.
- Parents give prior written permission for the administration of medication. The staff receiving the medication must ask the parent to sign a consent form stating the following information. No medication may be given without these details being provided:
    - full name of child and date of birth;
    - name of medication and strength;
    - who prescribed it;
    - dosage to be given in the setting;
    - how the medication should be stored and expiry date;
    - any possible side effects that may be expected should be noted; and
    - signature, printed name of parent and date.

- The administration is recorded accurately each time it is given and is signed by staff. Parents sign the record book to acknowledge the administration of a medicine. The medication record book records:

  - name of child;
  - name and strength of medication;
  - the date and time of dose;
  - dose given and method; and is signed by key person/manager; and is verified by parent signature at the end of the day.
  - We use the Pre-school Learning Alliance's publication *Medication Record* for recording administration of medicine and comply with the detailed procedures set out in that publication.

Storage of medicines

- All medication is stored safely in a locked cupboard or box or refrigerated. Where the cupboard or refrigerator is not used solely for storing medicines, they are kept in a marked plastic box.
- The child's key person is responsible for ensuring medicine is handed back at the end of the day to the parent.
- For some conditions, medication may be kept in the setting. Key persons check that any medication held to administer on an as and when required basis or on a regular basis, is in date and returns any out-of-date medication back to the parent.
- If the administration of prescribed medication requires medical knowledge, individual training is provided for the relevant member of staff by a health professional.
- If rectal diazepam is given another member of staff must be present and co-signs the record book.
- No child may self-administer. Where children are capable of understanding when they need medication, for example with asthma, they should be encouraged to tell their key person what they need. However, this does not replace staff vigilance in knowing and responding when a child requires medication.

Children who have long term medical conditions and who may require on ongoing medication

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

- The risk assessment includes vigorous activities and any other nursery activity that may give cause for concern regarding an individual child's health needs.
- The risk assessment includes arrangements for taking medicines on outings and the child's GP's advice is sought if necessary where there are concerns.
- A health care plan for the child is drawn up with the parent; outlining the key person's role and what information must be shared with other staff who care for the child.
- The health care plan should include the measures to be taken in an emergency.
- The health care plan is reviewed every six months or more if necessary. This includes reviewing the medication, e.g. changes to the medication or the dosage, any side effects noted etc.
- Parents receive a copy of the health care plan and each contributor, including the parent, signs it.

Managing medicines on trips and outings

- If children are going on outings, staff accompanying the children must include the key person for the child with a risk assessment, or another member of staff who is fully informed about the child's needs and/or medication.
- Medication for a child is taken in a sealed plastic box clearly labelled with the child's name, name of the medication, Inside the box is a copy of the consent form and a card to record when it has been given, with the details as given above.
- On returning to the setting the card is stapled to the medicine record book and the parent signs it.
- If a child on medication has to be taken to hospital, the child's medication is taken in a sealed plastic box clearly labelled with the child's name, name of the medication. Inside the box is a copy of the consent form signed by the parent.
- As a precaution, children should not eat when travelling in vehicles
- This procedure is read alongside the outings procedure.

2.4 Health and safety - Maintaining children's safety and security on premises.

Policy statement

We maintain the highest possible security of our premises to ensure that each child is safely cared for during their time in the setting.

Procedures

Children's personal safety

- We ensure that all employed staff have been checked for criminal records via an enhanced disclosure.
- Adults do not normally supervise children on their own.
- All children are supervised by adults at all times; they can be seen or heard at all times.
- Whenever children are on the premises without their parents/carers there are at least two adults present.
- We carry out risk assessments to ensure children are not made vulnerable within any part of our setting, nor by any activity
- Systems are in place for the safe arrival and departure of children
- The times of children, adults, staff and volunteers arrival and departures are recorded
- Our systems prevent unauthorized 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.

2.5 Health and safety - Risk assessment

Policy statement

Our setting believes that the health and safety of children is of paramount importance. We make our setting a safe and healthy place for children, adults, parents, staff and volunteers by assessing and minimizing the hazards and risks to enable the children to thrive in a healthy and safe environment.

This policy is based on the Pre-school Learning Alliance risk assessment processes, which follow five steps as follows:

- Identification of a risk: where is it and what is it?
- Who is at risk?
- Assessment as to whether the level of a risk is high, medium, low
- Control measures to reduce risk.
- Monitoring and review.

Procedures

Our risk assessment process covers adults and children and includes:

- Determining where it is helpful to make written risk assessments in relation to specific issues, to inform staff practice, and to demonstrate how we are managing risks if asked by parents, carers or inspectors.
- Checking for hazards and risks indoors and outside
- Assessing the level of risk and who might be affected
- Deciding which areas need attention and developing an action plan that specifies the action required, the timescale for action, the person responsible and any funding required.
- We maintain list of health and safety issues, which are checked daily before the session begins in each room.

2.6 Health and Safety - Outings and Visits Policy and Procedure

Staffing levels – Netherfield Pre-school adheres to the standard criteria of one adult to two children for outings and visits. Qualified staff will be responsible on outings if parents or volunteers make up part of the adult contingent.
Plan of activities – We are committed to plan and show how the outing fits into the curriculum plan, how activities are to be done during the outing and the follow up activities on return to the group.
Risk Assessment – Before taking the children on any outing, a member of staff or Trustees will visit the venue and carry out a risk assessment for the journey and location.
Parental permission – A consent form will be completed by parents giving the responsible person authority for their child while on the outing.
Emergency procedures – Contact details for parents to be taken. A mobile phone, fully charged, will be carried at all times. If an accident requiring medical assistance occurs to a child, the parent will be asked to meet their child and the member of staff at the nearest hospital.
Information – List of children, parents phone numbers, special needs.
Spare clothes, first aid kit and any medication, accident book. Activity plan, timetable, including time expected home. This information will also be kept at the setting, along with the mobile phone number.

2.7 Health and safety - Healthy Eating Policy

At Netherfield Pre-school we recognize the importance of a healthy lifestyle and understand that establishing a balanced diet in childhood helps establish healthy eating habits for life. Staff work towards encouraging children and adults to make healthy, informed choices and discourage harmful practices. We share responsibility with parents and other professionals to give guidance and education on health issues and the risks of unhealthy eating practices including dental health issues. We believe food can be used in a variety of educational ways. Children can learn about where food comes from, growing cycles, the seasons, and learn about other peoples' lives and cultures. Children are encouraged to celebrate holidays, religious festivals, special events and the various foods associated with these events and are encouraged to experiment with unfamiliar foods.

Our setting regards snack and meal times as an important part of the setting's day; we welcome cultural and religious differences and respect the individual needs of children, parents and staff. Eating represents a social time for children and adults and helps children to learn about healthy habits. We aim to make snacks and meals healthy, balanced and nutritious to meet the children's dietary needs. We follow safer food better business guidelines regarding the correct handling and management of food. Our kitchen is inspected by the local authority environmental health authority. At present we hold a food hygiene rating score of 4.

This policy states the ways in which our pre-school supports and encourages the children to develop the skills and attitudes that will help them make informed healthy choices both in and out of school.

We recognize that is important for pre-school to use consistent messages around healthy eating.

Therefore our message is:

Healthy eating does not mean 'NO' to treats but it does mean having them at appropriate times and not too often.

Healthy eating means meals should include a variety of foods from the four main food groups:

- Starchy foods (up to 4 portions per day –at least 1 will be part of a snack).
- Fruit and vegetables (up to 5 portions per day as part of all main meals and some snacks).
- Meat, fish, eggs, beans and non-dairy sources of protein. (2 portions per day).
- Milk and dairy foods (3 portions per day)

For more information on the four food groups and to download a copy of the guidelines, see URL links below

We aim to make the provisions and consumption of food an enjoyable and safe experience and to encourage the children to develop positive attitudes to becoming healthy, happy members of the community by:

- only providing snacks that are nutritious and healthy. (apart from cakes brought in by the children to celebrate Birthdays).
- We will provide milk and water at all meal times. Water will be available throughout the day and the milk provided for the children is semi skimmed and pasteurized.
- encouraging enjoyment of exercise and fresh air.
- teaching about healthy foods, keeping safe, respecting others faiths and cultures.
- organising visits from other agencies e.g. the dental nurse to talk to the children on a range of oral health related issues.

Safeguarding and Welfare

https://www.gov.uk/food-safety-your-responsibilities

Food safety - Food safety advice for children age 5 and under
https://help-for-early-years-providers.education.gov.uk/safeguarding-and-welfare/food-safety

Packed lunches

Parents who choose to send their children to pre-school with a lunch are asked to support the Pre School's healthy eating policy by providing a healthy balanced packed lunch. Ideas and suggestions for this are made during the introductory parents meeting. We encourage the children to eat their sandwiches first and ask parents not to put peanut butter in their child's sandwich, fizzy drinks and chocolate are also not allowed. Children's lunches are monitored on an on-going basis. The staff work together to create a happy, social dining environment and encourage the development of good table manners.

All children including those with special dietary needs.

Information relating to individual dietary needs, likes/dislikes and special requests (i.e whether the child can have puddings), is discussed with parents before their child's admission to Pre-school. They must provide specialist food for their children where applicable.
All staff are made aware of any medial/allergic conditions of individual children through staff meetings, discussion and clearly displayed notices in the kitchen.

Food Hygiene

Children are always reminded about the importance of hand washing before eating or handling food.
Whenever children work with food in the setting they are helped to follow basic hygiene routines including: wearing a food preparation apron, using clean equipment, always washing hands before and after working with food, using an individual spoon etc. when tasting food.

Staff will

- Be responsible for completing Safer Food Better business checks and recording them daily on the sheet on the kitchen notice board.
- Review menus and meal times to ensure children's needs are being met.
- Inform environmental health of any major incident or concern over food hygiene where applicable. Where children and/or adults have been diagnosed by a GP or hospital doctor to be suffering from food poisoning and where it seems possible that the source of the outbreak is within the setting, the manager will contact the Environmental Health Department and the Health Protection Agency and will comply with any investigation or act on any advice given. If the food poisoning is identified as a notifiable disease under the Public Health (Infectious Diseases) Regulations 1988 the setting will report the matter to Ofsted.

- Ensure equipment is suitable for its use (including fire safety equipment) and provide separate facilities for hand-washing and for washing up in the kitchen area.
- Sit with children while they eat and provide good role models for healthy eating and ensure that those with special dietary requirements do not have access to food which may cause them harm.
- . Conversation is encouraged at each table. Staff will observe the children to ensure they are drinking/eating enough and be aware that behaviour may suggest the child is thirsty/hungry.
- Encourage children to develop good eating skills and table manners, all are encouraged to say 'please' and 'thank-you'. We use meal times to help children to develop independence through making choices, serving food and drink and feeding themselves. Staff will be sensitive to the needs of children who are fussy eaters or small eaters.
- Ensure children are given plenty of time to eat their food.
- Discourage children from sharing and swapping their food with one another in order to protect children with food allergies.
- Check all food labels to ensure the food contains none of the specified allergens. Depending on the severity and medical advice the food exclusion may need to be extended to include factory or production..
- Encourage children to pour water from the jug located in the main room or to ask for help to get a drink when needed.
- Encourage children to participate in making and preparing foods and make them aware of the importance of clearing up, keeping themselves clean and looking after ones physical and emotional well being.

Training and development

On induction staff are given information on food hygiene, on-site training is available to all staff. Staff are encouraged to go on various training that gives knowledge on food and nutrition. All information gathered is passed to the rest of the team.

- Staff who work directly with food have received safer food better business training. Some staff have completed level 2 food hygiene training and will renew food hygiene training every 3 years.
- Staff will receive addition allergy management training where applicable.
- Parents will be given information on healthy eating/dental health through their welcome pack, newsletters, general discussions and displays around the nursery.
- Children and staff are taught about basic hygiene e.g. washing hands with soap and water before eating meals or snacks after going to the toilet /changing nappies/wiping noses or handling animals.

Further guidance

Safer Food, Better Business www.food.gov.uk/foodindustry/regulation/hygleg/hyglegresources/sfbb/
Eat Better Start Better. Voluntary Food and Drink Guidelines for Early Years Settings in England – A Practical Guide available at http://www.schoolfoodtrust.org.uk/parents-carers/for-parents-carers/eat-better-start-better/voluntary-food-and-drink-guidelines-for-early-years-settings-in-england-a-practical-guide
Food Standards Agency www.food.gov.uk www.eatwell.gov.uk

2.8 Health and safety - Physical Activity Policy

Policy Statement

Netherfield Pre-school is committed to promoting the health and well being of its children and staff through physical activity. This policy outlines our organisation, teaching and management of physical activity.

Physical activity in young children is defined as …
'…**activity that involves trunk movements and more exertion than the minimal movement required to carry out simple everyday tasks such as washing, bathing, dressing, or activities such as playing board games or other passive play'**
Making the case for UK Physical Activity Guidelines, Early Years Working Paper

Aim: To ensure that all aspects of physical activity in the setting are promoted for the health and well being of children, staff and parents/carers.

Our specific objectives are as follows:

- To enable children, staff and parents/carers to understand the importance of physical activity through the provision of information and development of appropriate skills and attitudes
- To increase physical activity levels of children in line with national targets
- To strive to maximise opportunities for children and all associated with the setting to be physically active by promoting all avenues for activity. This includes through the Early Years Foundation Stage, the environment and wider community.

Procedures

Staff

- Staff have a responsibility to promote physical activity and to support physical development. We feel it is essential for our staff to feel confident in delivering and supporting physical activity so staff will be supported appropriately and attend training when required.
- Staff will lead structured activities daily. This is delivered in 2 to 3 short sessions spread throughout the day.
- Staff will ensure that where possible all physical activity opportunities offered are adapted as needed to be inclusive, and cater for different ability level. This includes supporting the children as they build up their confidence to participate in the activities.

Freeplay
In addition to the amount of structured physical activity, children will be able to engage in unlimited unstructured active play daily. This is facilitated by our setting environment which is designed to encourage children to be physically active indoors and outdoors.

Parents/Carers as Partners
Netherfield Pre-school understands parents/carers are crucial to encouraging their children to be active. therefore we aim to making parents/ carers aware of the minimum activity recommendations, provide parents/carers with ideas on how to keep their children active and to liaise with parents/carers about their child's activity levels through the identified key person.

2.9 Health and safety - Toilet Training/Nappy Changing/Potty/Toilet and Washing Facilities

Toilet Training Policy

At Netherfield Pre-school we aim to meet the developmental needs of each child within its care with regards to toileting. As far as possible toilet training if initiated at home will be continued within the pre-school environment to maintain continuity, or will commence after discussion by request of the parents or by staff who recognize symptoms which indicate the child's readiness towards toilet training. Children will be treated as individuals by all staff and toilet training will be initiated with consultation with parents when a child shows awareness of his or her toilet needs rather than by a specific age. Staff will adopt a positive reinforcement approach to each child who is toilet training. I. E. positively reinforcing success and minimizing accidents. Children will be offered the opportunity to go to the toilet or potty at intervals or if the child indicates his or her toileting needs. All soiled or wet clothing and skincare regime will be as per nappy changing policy.
The parents will be informed of the child's progress. Any issues or areas of concern can be discussed between the staff and parents

Procedure for Nappy Changing

1. The child should be seated/placed safely whilst waiting for their change
2. Staff will wear disposable gloves & apron as needed
3. Child should be placed on clean changing surface
4. Wet/soiled nappy will be removed
5. Child will be cleaned from front to back and barrier cream may be applied
6. Clean nappy should be secured on child
7. Wet/soiled nappy's and all cleaning materials will be double bagged and will be disposed of in the designated nappy bin
8. Staff will wash hands and support child to wash hands
10. Staff will encourage child to return to play.
12. Staff will thoroughly clean the nappy changing surfaces at the end of a 'changing session' and at the end of the day.

Nappy Changing Policy

Staff should familiarize themselves with the nappy changing procedure. When possible, Staff should wear disposable plastic aprons and disposable gloves while changing wet and always when changing dirty nappies. To prevent the spread of infection, wash in antibacterial soap, gloved hands and dry or only use gloves and apron once.

- A wash hand basin equipped with hot and cold running water should be available in changing area.

- After each nappy change, place the child safely to enable you to dispose of the nappy in the bin, clean the changing area and wash your hands properly.
- Nappies should be double bagged.
- All nappy-changing areas should be washed down with detergent and hot water if needed and sprayed with antibacterial solution and dried with individual paper towels between changes. (see contact time for antibacterial spray).
- If the area becomes contaminated (Diarrhea etc) wash the area with detergent and hot water, then disinfect using a antibacterial disinfectant.
- Clean the changing area and surrounding areas thoroughly after each session.
- Always dispose of gloves and aprons before leaving the area.
- Staff and children's hands must be washed after this practice. (Hands must be washed even if gloves were worn).
- Replace any deficiencies in soap, detergent or paper towels immediately.

Potties Policy

- Members of staff put on aprons before changing starts and the area is prepared, gloves are always worn for soiled nappies.
- All members of staff are familiar with the hygiene procedures and carry these out when changing nappies.
- Ideally potties should be rinsed out in a deep sink with water discharged directly to the sewer.
- Failing this, carefully empty the contents down the toilet bowl. Avoid splashing.
- Rinse with cold water to remove anything left and empty down the toilet as before.
- Wash the potty with hot soapy water and a disposable cloth. Rinse and dry well.
- Regularly clean the toilet seat with hot water and spray with antibacterial spray and dry.
- Remove apron and gloves.
- Wash hands thoroughly and dry well.

Toileting and Washing Facilities Policy

- All toilets are to be cleaned down daily with hot water and antibacterial spray. This also applies to the toilet seat and handle, sinks, taps and door handles. Use disposable cloths. If the toilet is stained, use a suitable cleanser. If an area becomes contaminated with infected material, the area needs to be washed with hot water and detergent, and then disinfected using a bleach-based disinfectant or antibacterial spray.
- Dilute according to written guidelines and follow the manufacturer's instructions regarding contact times.
- Toilet floors should be washed daily using an antibacterial disinfectant and spillages attended to as they occur.
- Toilet paper is to be provided for children at all times. (Toilet roll holders to be provided in close proximity).
- All children must be supervised when going to the toilet.
- Educate the children on how to wash their hands properly and supervise this activity on every occasion.
- Check the water regularly to ensure correct temperature for hand washing i.e. 43°C.(Alert caretaker if water temperature feels different to usual).

2.10 Health and safety - Sun Protection policy

At Netherfield Pre-school we want staff and children to enjoy the sun safely. We will work with parents and staff to achieve this by:

- Education: Discussions on the importance of sun safety at regular intervals throughout the year.
- Parents/carers will be sent a letter about the importance of sun safety and how they can encourage their child to protect themselves.

Protection

- All children will wear a sun hat when playing outside during the summer months. Wherever possible outside play activities will be situated in the shade.
- Factor 50 skin sensitive sunscreen will be applied to your child if the pre-school has permission from the parent/carer.
- Parents undertake to apply sunscreen to their child before the beginning of the session.
- Children will be supervised and assisted whilst reapplying their own sunscreen with written consent from the parent/carer.
- All consent forms to be kept in the –preschool office in a secure filing cabinet.
- All bottles of sunscreen to be clearly labeled and kept out of reach of the children.

2.11 Health and safety policies and Procedures - No-smoking (including vaping)

Policy statement

We comply with health and safety regulations and the Safeguarding and Welfare Requirements of the Early Years Foundation Stage in making our setting a no-smoking environment-both indoors and outdoors.

Procedures

- All staff, parent and volunteers are made aware of out No Smoking Policy
- We display a no smoking sign
- The no-smoking policy is stated in our information for parents
- We actively encourage no-smoking by having information for parents and staff about where to get help to stop smoking if they are seeking this information
- Staff who smoke do not do so during working hours, unless on break and off the premises
- Staff who smoke during their break make every effort to reduce the effect of odour and lingering effects of passive smoking for children and colleagues.

2.12 Health and safety policies and Procedures – Drug, Alcohol Abuse and Staff Taking Medication

Policy Statement

1. Netherfield Pre-school recognises that alcohol and drug abuse related problems are an area of health and social concern. It also recognises that a member of staff with such problems needs help and support from his / her employer.
2. We also recognises that alcohol and drug abuse problems can have a detrimental effect on work performance and behaviour and the setting has a responsibility to its employees and families to ensure that this risk is minimised.
3. Accordingly, Netherfield Pre-school policy involves two approaches

- Providing reasonable assistance to the member of staff with an alcohol or drug abuse problem who is willing to co-operate in treatment for that problem.
- Disciplinary rules, enforced through disciplinary procedures, where use of alcohol or drugs (other than on prescription) affects performance or behaviour at work, and where either (1) an alcohol or drug dependency problem does not exist or (2) where treatment is not possible or has not succeeded.

Assistance for a Member of Staff

1. Netherfield Pre-school will, where possible, provide the following assistance to a member of staff:

- Helping the member of staff to recognise the nature of the problem, through referral to a qualified diagnostic or counselling service.
- Support during a period of treatment. This may include a period of sick leave.

2. The opportunity to remain or return to work following the completion of a course of treatment, as far as is practicable.

- Where a member of staff fails to co-operate in referral or treatment arrangements, no special assistance will be given and any failure in work performance and behaviour will be dealt with through the Disciplinary Procedure.

- If the process of referral and treatment is completed but is not successful, and failure in work performance or behaviour occurs, these will be dealt with through the Disciplinary Procedure.
- A member of staff's continuation in his/her post or an alternative post during or after treatment will depend upon the needs of the setting at that time.

Disciplinary Action

1. In line with Netherfield Pre-school's disciplinary rules, the following will be regarded as serious misconduct:

a) Attending work and/or carrying our duties under the influence of alcohol or drugs.

b) Consumption of alcohol or drugs whilst on duty (other than where prescribed or approval has been given).

Breach of these rules will normally result in summary dismissal, and only in exceptional cases will either notice or the reduced disciplinary action of a final written warning be applied.

2. Where a breach of these rules occurs, but it is established that an alcohol or drug abuse related problem exists, and the member of staff is willing to co-operate in referral to an appropriate service and subsequent treatment, Netherfield Pre-school will **suspend** application of the Disciplinary Procedure and provide assistance as described above. Staff who do not comply with the treatment suggested or continue to abuse alcohol or drugs will be subjected to the application of the Disciplinary Policy.

Staff Taking Medication

- Staff taking medication must seek medical advice from their doctor regarding their ability to work with children.
- Practitioners must inform the pre-school manager or deputy managers if they are taking any form of medication.
- A 'Staff Medication' form must be completed following this conversation (which will be stored confidentially).
- Staff medication on the premises must be securely stored out of the reach of children at all times.