



# Health and Safety Policy

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## **Section 1 Introduction & Statement of Intent**

### **1.1 Introduction**

This statement is issued in accordance with the Health and Safety at Work Act (1974).

This policy represents the agreed principles for Healthy and Safe working throughout the services provided by A2O.

The staff, managers and Trustees have agreed this policy.

All Partners of Acorns 2 Oaks Ltd. will be expected to have regard for this policy and its procedures.

This policy is reviewed annually.

Every establishment employing five or more people must, by law, write down its policy for their safety and health, bring it to the attention of the employees, and show it to an HSE Inspector if requested.

An explicit safety policy demonstrates to staff, children and visitors that the organisation cares for their health, safety and welfare.

The allocation of responsibilities for matters of health and safety and the writing down of particular arrangements that we make to implement the policy encourages a coherent approach to the management of health and safety.

**A copy of this document can be found on the Intranet via Office 365, in both settings, the Executive office and on our website.**

## 1.2 Statement of Intent

The health, safety & welfare of all the people who work at, or visit Acorn 2 Oaks Children's Centres are of fundamental importance. We aim to provide a safe, secure and pleasant environment for everyone.

The A2O statement of general policy is that the trustees and staff of Acorn 2 Oaks Children's Centres are committed to:

- establishing and maintaining a safe and healthy environment throughout the centres, including safe working procedures among staff, parents and children;
- providing and maintaining safe equipment
- working within the frameworks provided by Croydon Council and Ofsted;
- making appropriate arrangements for ensuring safety and absence of risk to health in connection with the use, handling, storage and transport of articles and substances;
- ensuring the provision of sufficient information, instruction and supervision to enable all employees and children to avoid hazards and contribute positively to their own health and safety and ensuring that they have access to health and safety training as appropriate;
- maintaining all areas under the control of the trustees, CE and Managers in a condition that is safe and without risk to health and providing and maintaining means of access to and egress from those places of work that are safe and without risk;
- formulating effective procedures for use in case of fire and for evacuating the centre premises;
- preventing accidents and cases of work-related ill health
- ensuring procedures are followed in case of accident;
- supporting families to understand safety as part of children's /families' responsibilities;
- providing and maintaining adequate welfare
- consulting with employees on matters affecting their health and safety
- reviewing and revising this policy as necessary at regular intervals

## **Section 2. Roles and Responsibilities**

### **2.1 GENERAL Health & Safety Considerations**

A2O has a legal responsibility to ensure the health, safety and well being of all staff and volunteers.

Employees also have a legal responsibility to ensure that they do everything possible to prevent injury to themselves and others.

The Board of Trustees has overall responsibility for all aspects of health and safety at A2O and for ensuring appropriate arrangements are made to comply with all statutory requirements.

The Chief Executive is responsible for ensuring that the policy is implemented.

Day-to-day responsibility for ensuring the policy is put into practice is delegated to the Senior Managers and each service manager will have responsibility for ensuring a healthy and safe environment for staff, volunteers and service users.

#### **Employer's duties**

- Provide safe equipment and working practices.
- Provide a safe workplace
- Take all necessary measures in order to get a competent workforce
- Provide suitable protective clothing and equipment
- Provide a safe working environment

#### **Employees' duties**

The basis of health and safety law in the UK is that all people at work are required to manage safety and protect health 'so far as is reasonably practicable'.

Everyone has a duty to take reasonable care for their own health and safety and that of others who may be affected by their actions or omissions at work. Therefore, you must use all work items provided by A2O correctly, in accordance with your training and the instructions you receive.

#### **All employees must therefore:**

- co-operate with managers and co-ordinators on health and safety matters
- not interfere with anything provided to safeguard their health and safety
- take reasonable care of their own health and safety and that of other people who may be affected by their acts or omissions at work
- familiarise themselves and comply with the charity's procedures on health and safety
- work to the highest possible standards of safety with regard to customers

- report all health and safety concerns to their Line Manager, the Health and Safety Officer (see below) or as detailed in this policy
- report all accidents or injury that are caused by the working environment to their Line Manager
- report to their line manager if they are unsure how to perform a task safely, believe it would be dangerous to perform a specific job, or use specific equipment
- notify us of any shortcomings in health and safety arrangements, even when no immediate danger exists, so that we can take remedial action if needed.

A breach of the Health and Safety policy or procedures could result in disciplinary action being taken.

### **Consultation with employees**

Employees will be consulted on health and safety matters, through the Health and Safety Officer or during staff meetings. A2O will act on any legitimate concerns expressed by any interested party.

### **Enforcement authorities**

The enforcing authorities are Health and Safety Executive Inspectors (HSE) and Environmental Health Officers (EHOs). These are civil servants who operate as the enforcement and advisory body.

You should be aware that Health and Safety Enforcement Officers can enter our premises without any appointment, at any reasonable time, to ascertain if the requirements of the law are being met. If they have reason to believe that a situation exists or may arise in which there is potential for serious injury or death, they may enter work premises at any time. We will extend full co-operation to them.

## **2.2 The Chief Executive (CE) and the Senior Managers (SMT)**

The CE and the SMT are responsible for implementing this policy within the centres. S/he will:

- be responsible for the day to day implementation of health and safety organisation.
- develop a culture of safety throughout A2O.
- act as the overall Health & Safety Officer for the whole of A2O
- monitor the effectiveness of the safety policy and the safe working practices described within it and revise and amend it as necessary;
- ensure emergency evaluation procedures are in place and arrange for **(quarterly)** practice evacuation drills to take place and for the results of these to be recorded;
- make arrangements to draw the attention of all staff employed at the centres to safety policies and procedures and of any relevant safety guidelines and information issued;

- ensure that all staff fulfil their duties to co-operate with the health and safety policy;
- ensure that all staff either have a copy of the Policy Statement and the relevant supporting documents, or know where the Policy can be seen.
- appropriate documents will be issued to new staff with their Contracts of Employment but the CE and Senior Managers, through the line management structure, nevertheless have a responsibility for making sure that these are properly received and understood by staff, usually as part of the induction process;
- ensure that each employee's responsibility regarding health and safety is included in his/her job specification;
- make arrangements for informing staff and children, and other users, of relevant safety procedures;
- ensure that regular safety inspections are undertaken and risk assessments are completed (see schedules in Section 4 "Safety Audits & Risk Assessments);
- make arrangements for the implementation of accident reporting procedures and draw this to the attention of all staff at the centre as necessary;
- undertake Risk Assessments and recording items of significance; (this is a statutory requirement under Regulation 3 of the Management of Health and Safety at Work Regulations 1999 and should be reviewed annually);
- carrying out regular health and safety inspections (at least three times a year) and reduce the risks to health and safety as appropriate;
- arrange for the withdrawal, repair or replacement of any item of furniture, fitting or equipment identified as being unsafe;
- ensure that everything received from suppliers (for direct use) machinery, equipment, substances etc. is accompanied with adequate information and instruction prior to use;
- monitor, within the limits of their expertise, the activities of contractors, hirers and other organisations present on site, as far as is reasonably practicable;
- identify any member of staff who is to have direct responsibility for particular safety matters and any member of staff who is specifically delegated to assist the Trustees and CE in the management of health and safety at the centre. Such delegated responsibility will be defined as appropriate in their job specification;
- arrange to deal with any defect in the state of repair of the buildings or their surrounds which is identified as being unsafe and make such interim arrangements as are reasonable to limit the risk entailed;
- receive and deal promptly with complaints about unsafe premises, equipment or work practices;
- ensure that any requirements arising from contact with the Health & Safety Executive (HSE), Fire Authority and Environmental Health Officers are properly addressed, and
- ensure that adequate first aid provision is made.
- liaise as appropriate with outside agencies;
- allow access to the security company, Arthur Mackay, that test's and record's the fire alarm system and fire doors, on a weekly and monthly basis respectively.
- maintain a COSHH file to record hazardous substances used for cleaning and other similar purposes;
- send out a medical alert questionnaire at the beginning of September to existing parents /carers. Then compile a list to be held by staff.
- ensure that A2O has all medical details / appropriate forms for all children who join A2O – in advance.

## **2.3 The Trustees**

The Trustees will:

- ensure that the organisation has a Health and Safety Policy Statement;
- deal with all aspects of maintenance which are under their control and report any other situation identified as being unsafe or hazardous and which cannot be remedied within the financial resources available to them, to the building owners (Croydon Council)
- review the policy once a year;

## **2.4 Duties of the Health and Safety Officers**

a) Managers will:

- assist the CE in all aspects of the implementation, monitoring and development of the safety policy within their specified areas of work.
- monitor general advice on safety matters given by the Local Authority and other relevant bodies (e.g. Ofsted) and advises on its application to the specified area of work.
- co-ordinate arrangements for the design and implementation of safe working practices within the specified area of work.
- check that the Health and Safety requirements are actually implemented e.g. risk assessments, and keeping a record of the periodic monitoring which is undertaken. This will be a requirement on members of staff who have been given delegated responsibility to report in writing on a regular basis;
- minimise the occasions when an individual is required to work in isolation, particularly in a hazardous situation or on a hazardous process;
- ensure newly appointed employees are aware, through induction, of all relevant health and safety matters;

b) Deputy Early Years Managers (Peppermint and Canterbury Children's Centres)

This delegated person:

- assists the CE & Childcare Service Manager in the implementation, monitoring and development of the safety policy within the specified centre.
- monitors general advice on safety matters given by the Local Authority and other relevant bodies (e.g. Ofsted) and advises on its application to the specified centre.
- co-ordinates arrangements for the design and implementation of safe working practices within the specified centre.
- undertakes the schedule of risk assessments for the specified centre.
- investigates any specific health and safety problems identified within the centre and takes or recommends (as appropriate) remedial action.
- enforces unsafe working practices cease on health and safety grounds on a temporary basis subject to further consideration by the trustees and CE.

- carries out regular safety inspections of the centre and its activities and makes recommendations on methods of resolving any problems identified.
- ensures that staff with control of resources (both financial and other) give due regard to safety.
- co-ordinates arrangements for the dissemination of information and for the instruction of employees, volunteers, tutors, students, children/parents and visitors on safety matters and to make recommendations on the extent to which staff are trained.
- ensure newly appointed employees are aware, through induction, of all relevant health and safety matters;
- provide written job instructions, warning notices and signs as appropriate;
- provide appropriate protective clothing and safety equipment as necessary and ensure that these are used as required;
- evaluate promptly and, where appropriate, take action on criticism of health and safety arrangements;
- investigate any accident (or incident where personal injury could have arisen) and take appropriate corrective action reporting this to the CE/line manager;
- provide adequate instruction, information and training in safe working methods;

## **2.5 Responsibilities of Staff towards Children and Others in their Care**

### a) Deputy Manager or senior staff

Deputy Manager or senior staff are responsible for all aspects of health and safety in their group room, and are to:

- ensure the schedule of risk assessments for the nursery room's and the outside areas are undertaken daily;
- provide written job instructions, warning notices and signs as appropriate;
- provide appropriate protective clothing and safety equipment as necessary and ensure that these are used as required;
- evaluate promptly and, where appropriate, take action on criticism of health and safety arrangements;
- investigate any accident (or incident where personal injury could have arisen) and take appropriate corrective action reporting this to the CE/line manager;
- provide adequate instruction, information and training in safe working methods. Newly appointed employees could be particularly vulnerable to any risk and through induction all relevant health and safety matters will be drawn to their attention at an early stage.

One member of staff in each group room is responsible for food hygiene.

## b) Other Childcare Staff

All staff are responsible for the health and safety arrangements in relation to staff, students, volunteers, children and families under their supervision. In particular, they monitor their own work activities and take reasonable steps to:

- exercise effective supervision over all those for whom they are responsible, including children and their parents;
- are aware of and implement safe working practices and set a good example personally;
- identify actual and potential hazards and introduce procedures to minimise the possibility of mishap;
- ensure that any equipment or tools used are appropriate to that use and meet accepted safety standards;
- evaluate promptly and, where appropriate, take action on criticism of health and safety arrangements;

**WHEN A CHILD/USER IS HARMED OR AN ACCIDENT OCCURS on site in our sessions inform the Chief Executive or line manager immediately, follow relevant 'accident procedures'. If necessary emergency assistance will be called for.**

NB When any member of staff considers that corrective action is necessary but that action lies outside the scope of their authority; they will refer the problem to the CE or their line manager as soon as possible.

Early shift staff are responsible for undertaking the risk assessment daily checks and ensuring that later shift staff are aware of all relevant information.

## 2.6 Responsibilities of all Employees

All employees have a responsibility under the Act to:

- take reasonable care for the health and safety of themselves and of any person who might be affected by their acts or omissions at work.
- co-operate with others in meeting statutory requirements and do not interfere with or misuse anything provided in the interests of health, safety and welfare.
- make themselves aware of all safety rules, procedures and safe working practices applicable to their posts – where in doubt they will seek immediate clarification from their line manager, the Deputy Manager or the Manager.
- inform their line manager or the Deputy Manager of any equipment or toys that are broken or are a hazard immediately, and are responsible for helping other staff with the safe tidying away of stock at the end of sessions.
- ensure that tools and equipment are in good condition and report any defects to their line manager or the Deputy Manager.
- use protective clothing and safety equipment provided and ensure that these are kept in good condition.
- ensure that offices, general accommodation and vehicles are kept tidy.

- ensure that any accidents, whether or not an injury occurs, and potential hazards are reported to their line manager or the Chief Executive.

**Whenever an employee is aware of any possible deficiencies in health and safety arrangements she/he will draw these to the attention of their line manager or the CE.**

Newly appointed employees could be particularly vulnerable to any risk and through induction all relevant health and safety matters will be drawn to their attention at an early stage.

Whilst it is a management responsibility to instruct all employees in safe working procedures in relation to their posts and workplaces, employees may from time to time find themselves in unfamiliar environments. In such cases, the employee concerned will be particularly alert for hazards, and whenever possible, ensure they are accompanied by a person familiar with the environment or that they are advised of specific hazards.

All volunteer helpers and students will be expected, as far as reasonably possible, to meet the same standards required of employees.

## **2.7 Responsibilities of Children's Adult Carers/Families**

All parents/carers are expected, within their expertise and ability, to:

- exercise personal responsibility for the safety of themselves and their children;
- observe standards of dress consistent with safety and/or hygiene (this would preclude unsuitable footwear, knives and other items considered dangerous);
- observe all the safety rules of the centres and in particular the instructions of the staff in the event of an emergency;
- use and not wilfully misuse, neglect or interfere with things provided for safety purposes.

NB The Trustees, CE and SMT will make parents (and where appropriate the children) aware of these responsibilities through direct instruction, notices and the Parents Handbook.

## **2.8 Visitors**

The staff and adults on site have the right to challenge any person within the boundary of the centre and inform the police of any suspicious behaviour.

- All visitors are required to sign into the centre and provide ID, where relevant, before being allowed entry past the security doors.

- Regular visitors and other users of the premises are expected, as far as reasonably possible, to observe the safety rules of the centre.
- A Visitor book system is in place and mandatory on site.
- ID and DBS checks (where relevant) will take place prior to admittance to the building/ prior to appointments.
- All visitors shall be directed by clear signage to the Children's Centre.

There will be an appropriate arrangement for the signing in and out of visitors, noting vehicle registration number as appropriate, and for visitors to wear an identifying badge. This is important for reasons of security and fire safety.

## **2.9 The Facilities Maintenance and Executive Team**

are responsible for ensuring that:

- an annual PAT testing system is in place and completed for all electrical equipment in the Children's Centre.
- the annual fire safety, boiler, alarm and supply safety checks are organised by the Executive Team.
- a daily visual inspection of fire extinguishers is undertaken
- the fire alarm system is tested once a week by Croydon Council/Arthur Mackay

## **2.10 Lettings**

The Facilities Maintenance ensures that:

- the means of access are safe for the use of hirers, and that all plant and equipment made available to and used by the hirers is safe. If the CE knows of any hazard associated with the above, she/he will take action to make hirers aware of it.
- fire escape routes and exits are clearly marked for the benefit of unfamiliar users of the building, particularly during the hours of darkness.
- hirers of the building are briefed about the location of the fire escape routes, fire alarms and fire fighting equipment. Notices regarding emergency procedures will be prominently displayed.
- hirers using any equipment or facility provided by the centre are familiar with its safe use and, if necessary, briefed accordingly.
- arrangements are made for checking the security and condition of the premises and equipment used after vacation by the hirer.

## **Section 3: Training**

### **3.1 Introduction**

The responsibility for safety training and/or refresher training rests with the employer, which in the case of A2O, is delegated to the CE/SMT, who are responsible for ensuring that they are sufficiently trained and that appropriate staff receive the necessary training.

Each member of staff is also responsible for drawing their line manager's attention to their own personal needs for training and for not undertaking duties unless they are confident that they have the necessary competence. All staff need some understanding of health and safety issues even if they do not go on specific courses, but information can be cascaded down from others who do know. Staff will be expected to have knowledge on what to do when an accident or violent incident occurs, know the fire and first aid procedures and understand the basics of infection control and manual handling.

The CE/SMT are responsible for keeping records of the training which has been undertaken, and for having a system for ensuring that refresher training (for example in first aid) is undertaken within the prescribed time limits.

Periodic examination of training records of all staff will be made by the CE and, if training needs are identified, then appropriate training should be provided.

## **Section 4. Health & Safety Audits and Risk Assessments**

### **4.1 Risk Assessments**

Risk assessments shall be undertaken and recorded for all tasks with a possibility of significant risk. The responsibility for ensuring that risk assessments are carried out rests with each member of the SMT for their service area. The results of the risk assessments must be brought to the attention of those employees to whom they relate. Several other generic risk assessments are provided to help centres.

A daily site safety check is completed for the centre AND off site venues (when in use). Staff undertake this for their specified room and outside area; Deputy Managers undertake this with the Facilities Maintenance for all other areas of the centre and its environs.

All staff complete risk assessments for their working practices and sessions.

These are developed for each activity or risk. They are stored in a folder and checked by the line manager or CE. They are updated on a regular basis relevant to the activity (e.g. once for an annual day trip, termly for a regular weekly group).

A safety audit of each centre will be carried out each morning by the Centre nominated person or by Facilities Maintenance. The outcome and actions taken will be reported to the trustees where action is required.

Risk assessments are carried out on the indoor and outdoor areas every year and updated accordingly.

An annual PAT testing system is in place and completed (by the Executive Team) for all electrical equipment in the Children's Centre.

The annual fire safety, boiler, alarm and supply safety checks are organised by the Executive Team.

#### **4.2 Control of Substances Hazardous to Health (COSHH)**

The responsibility for carrying out COSHH assessments will rest with the CE, Early Years Manager or their deputies (for nurseries) or the Facilities Maintenance (for cleaning), depending on the substances concerned.

COSHH data sheets will be assessed by the CE or their SMT delegate, and will be kept in each centre office as well as the Executive office.

Every attempt will be made to avoid, or choose the least harmful of, substances which fall under the "*Control of Substances Hazardous to Health Regulations 2004*" (the "COSHH" Regulations).

Care will be taken in ordering supplies of hazardous substances, e.g. cleaning supplies, and contractors will be asked to refrain from their use if safer alternatives are available. If the substances have been brought on to site for a specific "one-off" purpose, any remaining quantities will be removed from site as quickly as possible and disposed of safely.

Checks will be made by the CE or their SMT delegate, to ensure that no substances have been brought on to the site without his/her prior knowledge. Particular attention will be paid to cleaners' stores.

#### **4.3 Inspection of Premises, Plant and Equipment**

Routine checks may be undertaken by a combination of staff, caretaking staff and the Centre Management using the checklists. If the Professional Associations have appointed Health and Safety Representatives, they may be involved in inspections, investigations, etc.

## **4.4 Pregnancy Risk Assessments**

### **RISK ASSESSMENT – New and Expectant Mothers**

The Management of Health and Safety at Work Regulations (1999) include specific regulations that protect this group. The regulations cover those women who are pregnant, given birth within the last 6 months and those who are breastfeeding.

Once a worker advises their employer they are pregnant they are required to conduct a risk assessment and take any appropriate measures to ensure health and safety.

The risk assessment form is provided. The following policy comes from the HSE.

- If a risk is identified, the line manager, in consultation with the CE must work through the following:
- If the risk can be removed – it must be removed.
- If the risk cannot be removed, can the expectant/new mother's conditions or hours of work be adjusted? If so, this should be done.
- If not, can she be given suitable alternative work? If so, she should be given suitable alternative work on the same terms and conditions.
- If not, she should be suspended from work on paid leave for as long as necessary to protect her health or safety and/or that of her child.

## New and Expectant Mothers Risk Assessment Form

<b>Name of Employee</b>		
<b>Assessment Carried out by</b>		
<b>Date</b>		
<b>Physical Hazards</b>	<b>Yes</b>	<b>No</b>
Does the pregnant worker work in awkward spaces / workstation?		
Does the pregnant worker have access or work with equipment which causes shocks, vibration or movement?		
Is the pregnant worker working in designated hearing protection zones?		
Does the pregnant worker work with ionising/non-ionising radiation?		
Does the pregnant worker handle loads entailing risk?		
<b>Biological / Chemical Hazards</b>		
Does the pregnant worker work in conditions that involve biological or chemical agents/compounds that are know to endanger the health of the pregnant worker or unborn child?		
Does the pregnant worker handle drugs, specific chemicals e.g. pesticides, lead etc?		
<b>Working Conditions</b>		
Does the pregnant worker work in areas of extreme heat or cold?		
Does the pregnant worker work in conditions that require excessive travelling / commuting?		
Is the pregnant worker a 'lone worker'?		
Does the pregnant worker work in conditions that could cause mental and physical or other physical burdens?		
Does the pregnant worker work nights?		
If you have ticked 'yes' for any of the questions, please give more information here and action taken.		
Given the information above, do you consider that there is a risk to the health and safety of the employee?		

## Section 5. Premises, Plant & Equipment

### 5.1 Electrical/Gas Safety

- All electrical/gas equipment conforms to safety requirements and is checked regularly.
- Heaters, radiators, electric sockets, wire and leads are properly guarded and the children are taught not to touch them.
- There are sufficient sockets to prevent overloading.
- The temperature of hot water is thermostatically controlled to prevent scalds.
- Lighting and ventilation is adequate in all areas.
- Staff and volunteers must ensure that they use electricity in the safest possible way:
  - **Never** tamper with electrical equipment or electrically powered equipment,
  - **Do not** attempt to repair it or to remedy an electrical problem.
  - **Do not** overload sockets
  - **Do not** use taped joints to connect cables
  - **Do not** ignore obvious telltale signs such as faulty switching
  - **Do not** adjust, move or otherwise tamper with any electrical equipment or machinery in a manner not within the scope of their job duties
  - **Do not** handle electrical appliances, plugs and flexes with wet hands
  - **Do** switch off equipment before unplugging and cleaning
  - **Do** report electrical equipment to the line manager which is not working properly
  - **Do** ensure they are aware of safety precautions

All staff should report to the Deputy Manager any damaged electrical apparatus or wiring – including plugs and cables of portable equipment, and permanent wiring.

Only appropriately qualified/trained staff should repair electrical equipment. Personal mains-powered electrical equipment must not be brought to the centre, unless it has been subjected to the same tests as the Centre's equipment.

### 5.2 Cleanliness

The Centre's buildings will be cleaned by the Facilities Maintenance/Cleaner-in-Charge/Contract Cleaning Agency.

### **5.3 Waste Disposal**

Normal, small amounts of clinical waste can be disposed of as ordinary household waste i.e. placed in appropriate bins within the building and its surrounds, and removed each day by the cleaners to the designated storage area prior to removal by a Refuse Service Contractor.

When there are large amounts of Clinical Waste such as sanitary towels, disposable nappies, incontinence pads and chemicals used for cleaning, etc., they should be removed by a specialist contractor who will require the centre to sign a 'Duty of Care' consignment Note to state that the waste will be disposed of in a properly managed way (see *COSHH Regulations 2004*).

### **5.4 Stacking and Storage**

Materials, equipment and any other items will be kept in appropriate storage areas. Where this is not possible for temporary reasons, the staff responsible for those materials will ensure that they are stacked tidily, to a height, which does not constitute a hazard, and in such a way that they do not impede the movement of staff, children or visitors.

### **5.5 Pedestrian Routes**

Corridors, Cloakrooms and Exits etc., will be kept clear of obstructions (including electrical cables).

### **5.6 Activity Areas**

Staff will be alert on a daily basis to the following and will report any hazards to their line manager or the Deputy CS Manager. All staff have a responsibility to check and/or ensure:

- that the room and work area is safe.
- equipment is safe before use.
- safe procedures are followed.
- any accidents are reported and recorded
- protective equipment is used where necessary
- health and safety issues are reported.
- guidelines and training are followed.

## 5.7 “Outside” Play Area and Equipment

### a) Outside Area

Outside activities provide a starting point for helping children come to terms with their environment and the extended community. The outside area should be clean, safe and interesting. It should be equipped with activities to cover the seven areas of the Early Learning Goals. Before the start of each session, the garden should be checked for safety. The staff to children ratio should be maintained at all times.

### b) Water

Water activities should be supervised at all times. No child should be left unattended when playing with water. If a child is attending a water activity away from the setting, the parent’s written permission should be given.

### c) Hazardous plants

Listed below are commonly grown plants which are poisonous and should not be allowed in the setting; children should not be allowed to have contact with them. If children are exposed to any of these plants, medical advice should be sought immediately. This list is not comprehensive:

Monkshood	Glory Lily	Arum Lily
Ivy	Lords and Ladies	Hellebore
Belladonna	Lenton Roses	Deadly Nightshade
Laburnum	Datura	Golden Rain
Angels’ Trumpets	Lantana	Autumn Crocus
Oleander	Lily of the Valley	The Poisonous Primula
Daphne	Cherry Laurel	Leopard Lily
Caster Oil Plant	Dumb Cane	Rue
Foxglove	Yew	Spurge

### d) External Play Equipment

The external play equipment will only be used when supervised. Such equipment should be checked daily by delegated staff for any apparent defects and particularly for contamination by animals in areas covered by bark chippings or soft sand.

Advice on daily inspection and the systematic safety inspection of playground equipment may be found on the RoSPA Website.

## **5.8 Domestic Pets on Site**

Parents and visitors are respectfully reminded that domestic pets are not allowed on site.

## **5.9 Cars on Site/Parking**

There is only limited parking space at each of Acorn 2 Oaks' Children's centres. Care will be taken not to park in such a way that the emergency exit is blocked.

Relevant fencing is in place with relevant signage on outside play equipment. Entrance areas/gates have relevant safety awareness signs displayed on them to ensure children are safe from intruders or traffic. No children are allowed outside unsupervised.

## **5.11 Transport**

All transport used by the centre for the transportation of children will be fitted with seat belts and the appropriate child seats.

## **5.12 Security Measures**

Access to the Centre's is only gained via the intercom systems and main entrances are to be kept shut at all times. Only genuine visitors and service users are to be granted access.

## **5.13 Insurance Cover**

Public liability insurance and employer's liability insurance is in place. The certificate is displayed on the Centre's noticeboard.

## **Section 6. Asbestos Management**

A2O recognise that under Regulation 4 of CAW 2002 companies have to survey and manage the risks associated with asbestos in the workplace.

Please see Asbestos Management Site Review of Canterbury Road Centre, dated 24<sup>th</sup> October 2012.

## **Section 7. Office Health & Safety**

### **7.1 Offices: Display Screen Equipment (DSE)**

#### **a) Introduction**

The Health and Safety (DSE) Regulations 1992 are designed to protect the health of people who use DSE as a significant part of their normal work.

Ill health and injury can result from incorrect use of DSE. All staff and volunteers at A2O who regularly use computers and display screen equipment must undertake an assessment, which is part of the workplace assessment.

All staff must complete the workplace assessment on an annual basis and the line manager must address all necessary actions. The Chief Executive and SMT have a responsibility to ensure that the workplace assessment is carried out, recorded out and actioned.

All significant users, e.g. clerical staff, shall have a DSE assessment carried out by their line manager.

#### **b) Safe Use of Computers**

Before using a PC make sure you have been given sufficient training and information. Take short, frequent breaks, rather than longer, less frequent ones. These are breaks from the DSE, not necessarily from work.

Here are some practical tips when using your PC:

- Adjust your chair back in height and tilt.
- Adjust your chair and DSE to find the most comfortable position for your work. As a broad guide, your forearms should be approximately horizontal and your eyes the same height as the top of the DSE.
- Try different arrangements of keyboard, screen, mouse and documents to find the best arrangement for you. A document holder may help you avoid awkward neck and eye movements.
- Arrange your desk and DSE to avoid glare, or bright reflections on the screen. This will be easiest if neither you nor the screen is directly facing windows or bright lights. Adjust curtains or blinds to prevent unwanted light.
- Make sure there is space under your desk to move your legs freely. Move any obstacles such as boxes or equipment.

- Avoid excess pressure from the edge of your seat on the backs of your legs and knees.
- Adjust your keyboard to get a good keying position. A space in front of the keyboard is sometimes helpful for resting hands and wrists when not keying.
- Try to keep your wrists straight when keying. Keep a soft touch on the keys and don't overstretch your fingers. Good keyboard technique is important.
- Position the mouse within easy reach, so it can be used with the wrist straight. Sit upright and close to the desk, so you don't have to work with your mouse arm stretched. Move the keyboard out of the way if it is not being used.
- Support your forearm on the desk, and don't grip the mouse too tightly.
- Rest your fingers lightly on the buttons and do not press them hard.
- Adjust the brightness and contrast controls on the screen to suit lighting conditions in the room.
- Make sure the screen surface is clean.
- In setting up software, choose options giving text that is large enough to read easily on your screen when you are sitting in a normal, comfortable working position. Select colours that are easy on the eye (avoid red text on blue background, or vice-versa).
- Individual characters on the screen should be sharply focused and should not flicker or move. If they do, the DSE may need servicing or adjusting.
- Don't sit in the same position for long periods. Make sure you change your posture as often as practicable. Some movement is desirable, but avoid repeated stretching to reach things you need.

### **c) Eye Tests**

In accordance with legislation, employees who regularly use a display screen are entitled to:

- regular eye tests paid by the employer
- free corrective eye appliance (cost of NHS lenses) if necessary to use a computer

A2O advises employees to have their eyes tested for display screen equipment use. If the employee is entitled to the eye test it is their responsibility to arrange the appointment and to submit a request for payment.

The cost of the eye test will be reimbursed on the production of a receipt proving your eyes have been tested for display screen equipment use. If the test identifies a need for glasses A2O will reimburse up to £50 for frames and lenses which should be solely for use with a DSE. Should employees desire glasses that cost more than this amount, they will have to meet the additional costs themselves.

## **7.2 Offices: Clean desk policy**

At the end of the working day the employee is expected to tidy their desk and to tidy away all office papers. A2O provides lockers and/or cabinets for this purpose. All cups/plates, etc. are to be removed from desk areas.

A2O does not expect the policy to be implemented in a heavy-handed way, but expect that employees will live with the spirit of the policy.

This policy is designed to help reduce the amount of paper that is used in the organisation, as well as costly toners and cartridges – particularly from colour printers. It will also reduce the amount of filing space that we use.

## **Section 8: Moving and Handling**

### **8.1 Introduction**

Injuries can be caused by incorrect moving and handling of children or objects. More than a third of all over-three-day injuries reported each year to HSE and local authorities are caused by manual handling - the transporting or supporting of loads by hand or by bodily force

The Regulations require employers to:

- avoid the need for hazardous manual handling, so far as is reasonably practicable;
- assess the risk of injury from any hazardous manual handling that can't be avoided; and
- reduce the risk of injury from hazardous manual handling, so far as is reasonably practicable.

Employees have duties too. They should:

- follow appropriate systems of work laid down for their safety;
- make proper use of equipment provided for their safety;
- co-operate with their employer on health and safety matters;
- inform the employer if they identify hazardous handling activities;
- take care to ensure that their activities do not put others at risk.

In all cases where A2O staff and volunteers have to regularly carry, lift, push or pull items as part of their duties, a risk assessment will be undertaken and recorded. This is the same for the manual handling of people. The assessment will identify any unnecessary operations.

It is sometimes acceptable to do a 'generic' assessment - one that is common to several employees or to more than one site or type of work. However:

- this will only be done if there are no individual or local factors which need to be taken into account, for example differences in stature, competence, etc;
- you should review any generic risk assessment if individual employees report adverse symptoms, become ill, injured or disabled, or return following a long period of sickness, as they may have become vulnerable to risk.

We will carry out individual risk assessments for employees with a disability and to comply with the requirements of the Disability Discrimination Act 1995 (in particular section 6).

Employees should not attempt to obtain items from shelves which are beyond their reach. A ladder or stepping stool should be used as long as the staff member has been instructed how to use this safely. Employees should not use chairs or any makeshift device for climbing and should never climb up the shelves themselves.

Lifting and moving should always be done by mechanical devices rather than manual handling wherever reasonably practicable. The equipment used should be appropriate for the task at hand. The route over which the load is to be lifted should be inspected to ensure it is free of obstructions.

Manual handling operations which involve the risk of injury should be avoided. Employees should not attempt to lift or move a load which is too heavy to manage comfortably. Employees should ask for assistance if there is any danger of strain.

Training in lifting techniques will be provided for those staff required to undertake the task.

## **8.2 Lifting**

- Assess the weight, size and shape of the object to be carried. If it is too big/heavy get help!
- Make sure that you have a clear path along which to carry the object, moving obstacles out of the way before you begin.
- Stand close to the object with your feet placed firmly on either side.
- Bend down from the knees and keeping your back as straight as possible grasp the object ensuring you have a firm and secure grip.
- Lift the object in easy stages, from floor to knee height, from knee height to waist/carrying position. Do not twist or jerk the body.

## **8.3 Carrying**

- Hold the object close to your body. Do not change your grip and only change direction by moving your feet. Do not twist your body to change direction.
- Do not let the object you are carrying obstruct your view.

## **8.4 Unloading**

- Bend your knees, keeping your back straight and keeping the object close to your body. Lower the object in easy stages, from carrying/waist position to knee height, from knee height to floor level. Do not twist your body whilst lowering the object.
- When placing objects on a shelf or bench, place the object on the edge of the shelf and push forward with your arms and upper body. Do not hold the object away from your body.

## **8.5 Overhead Lifting**

- Do not lift or lower heavy objects that are above waist height. The movement of objects above waist height relies solely on the strength of your arms and body. Do not hold any object away from your body.
- If you are required to lift or lower an object from a high shelf or stack, only take small loads and place one foot in front of the other to aid balance.
- If you have to lift or lower a load from a high shelf or stack use sturdy steps or kick stools wherever possible and always ensure that stepladders are properly secured and steadied by another person.
- Never stand on chairs, boxes or climb on desks or shelving.
- Do not throw objects up or down from high levels.

## **8.6 Lifting children**

Regular, manual lifting and handling of children, particularly those with physical disabilities, can present significant risk to both the child and the staff.

Only those staff whose contract of employment requires them to lift children and where they have been suitably trained should regularly lift children. The use of suitable hoists to aid lifting and moving reduces these risks to a minimum.

When lifting children, the same principles as for lifting any object should be applied, however the potential for the child to move whilst being lifted must be considered.

Children with specific needs may have a personal care plan. Lifting requirements should be included within such a plan. If a child does not have a personal care plan but requires lifting and moving on a regular basis a suitable manual handling plan should be drawn up that anyone who is included within the care for that child is made aware of. This plan should include details of any equipment used to assist moving the child, such as the use of a wheelchair or mobile hoist or an evac chair in an emergency. Suitable training must be given to anyone who will be required to use any such equipment.

## **8.7 Hand trucks**

- Place heavy objects on the bottom, with load over axles. Stack lighter objects on top, but don't block your view.
- Secure bulky, loose, or delicate objects

- Push the load forward with legs and upper body. Maintain a firm grip with buttocks out, back in its natural curves, and knees bent. Hand position should be between upper thigh and chest position when pushing.
- Avoid pulling the load, which adds more strain than pushing.

## **Section 9: Fire and Emergency Evacuation Procedures**

### **9.1 Introduction**

In drawing up these fire procedures we have taken the advice of Fire Safety Officers (FSO).

The CE or member of the senior management team will ensure that the FSO is notified of any changes to, or use of, premises. The designated Fire Safety Wardens are:

For Canterbury Children's Centre: Memory Ngwenya, Morzeena Sheerkhan Narain, Helen Kolonda

For Peppermint Children's Centre: Lauraine Nichilson, Gaynor Murphy, Diana Ansong-Amoako, Carrie D'Souza

### **Training for all Fire Safety Wardens**

A2O has a detailed fire risk assessment carried out upon it by health and safety officers. The CE or their SMT delegate will take action on all risks identified.

Fire instructions are displayed at various points around the building. All employees have a duty to conduct their operations in such a way as to minimise the risk of fire and they are under a duty to report immediately any fire, smoke or potential fire hazards, such as faulty electric cable or loose connections. Employees should never attempt to repair or interfere with electrical equipment or wiring themselves.

Smoke detectors and manually operated fire alarms are located at strategic points throughout the workplace. If a smoke detector sounds or fire is discovered, it is the responsibility of any employee present to activate the alarm and evacuate the building. Fire extinguishers are also located at strategic points throughout the workplace. Employees are expected to tackle a fire themselves only if it would pose no threat to their personal safety to do so. If the situation is dangerous or potentially dangerous, the employee should activate the fire alarm and evacuate the building immediately. The assembly point is detailed on the posters **in every room of each site**.

Fire doors are designed to slow the spread of fire and smoke throughout the workplace. Fire exit doors and corridors must never be locked, blocked or used as

storage space. All employees must ensure they are familiar with their evacuation route and designated assembly point in case of fire. Practice fire drills will be conducted on a regular basis to ensure employee familiarity with emergency evacuation procedures and details of these will be recorded. Fire alarms checks must be carried out and recorded by the Manager on a monthly basis.

All staff are required to watch a training video on the risks of fire. In addition, there will be two nominated staff who will be the nominated Fire Wardens and who will undertake the appropriate training detailed above.

A2O has a maintenance contract for the maintenance of all fire extinguishers, emergency lighting and the fire alarm. A fire risk assessment is a legal requirement and must be carried out for all centres

## **9.2 Fire Instructions**

- Fire Instructions can be found on the walls of all rooms in each centre.
- Names of fire wardens should be known by staff.
- Emergency Exits, Assembly Point and Assembly Point Instructions are clearly identified by safety signs and notices.

## **9.3 Fire Alarms**

- Instructions to employees can be found in all offices, staff rooms and every group room.
- The Alarm may be raised by: *(Specify on how to initiate, where the telephones are and how to call the Fire Brigade. Point out any special pre-codes to dial out, e.g., 9-999. Name the post, or name of person responsible, for calling the fire brigade if the alarm is sounded).*
- Regular testing of fire alarms will occur weekly.  
Because of the age of the children, all fire alarm tests will be treated as real evacuations. Fire alarm tests will therefore be held randomly throughout the month – day and time will not be pre-arranged.
- The Fire Log Book will be kept by the Executive Team/SMT  
The result of each test will be properly recorded in the Fire Log Book and be available for a visiting Fire Officer.

## **9.4 Fire Drills**

Fire drills will be carried out monthly as stated above. A record of the drill must be kept in the Fire Log Book. (Check that fire wardens/fire marshals have received instruction or training for their duties).

## 9.5 Evacuation Procedure

1. Stay calm.
2. On hearing the alarm, the children will be escorted by the staff via the nearest Fire Exit to the Assembly Point.
3. The Children's register for the day will be collected by the designated senior member of staff.
4. The Person in Charge will have the Signing-in Staff/Visitors book and Children's information file from the Office and the phone.
5. Once outside, the children will line up and a register will be taken.
6. If not already done, the Person in Charge will dial 999.
7. If this is not possible, the staff will be advised to take the children to the safety point until their parents are contacted to collect them.

**DO NOT STOP TO COLLECT, OR RETURN TO THE BUILDING FOR, PERSONAL BELONGINGS.**

## 9.6 Emergency Procedure

1. On discovering a fire:
2. Activate the nearest fire alarm.
3. Dial **999** from nearest phone or inform a member of staff.
4. If in doubt shout "**FIRE!**"
5. **The staff** in each room are responsible for ensuring the children and any visitors in their room are evacuated from the building and escorted to the Fire Assembly Point.

### **Dialling 999**

- Ask for the Fire Brigade
- Speak clearly
- Give the address:

**DO NOT HANG UP UNTIL THE ADDRESS HAS BEEN CONFIRMED.**

**LEAVE THE BUILDING VIA THE NEAREST FIRE EXIT AND ASSEMBLY POINT.**

## 9.7 Fire Fighting

Staff should only use fire extinguishers if trained in how to operate them safely. If trained, they should only use the extinguisher if confident to do so and not put themselves at undue risk. There should always be a clear escape available.

Ensure the alarm is raised BEFORE attempting to tackle a fire.

## **9.8 Fire Hazards**

### ***Storage of flammables and chemicals.***

Refer to the *Control of Substances Hazardous to Health Regulations 2004*, which identifies the need for assessment for substances that are hazardous to health and/or whose risks need to be controlled.

### ***General advice may be sought from the local Fire Prevention Officer.***

The Fire Safety Service

### ***Fire hazards are reduced by the carrying out of regular, routine inspections.***

## **9.9 Maintenance of Fire Precautions.**

The Centre will ensure regular maintenance of:

1. Emergency lighting and other emergency equipment.
2. Fire extinguishers
3. Fire alarms
4. Fire doors
5. Fire Safety Signs and identification of escape routes.

The centre's procedures for fire and emergency evacuation are displayed in every room of the centre.

These procedures will be updated as appropriate.

The logbook for the recording and evaluation of practice evacuation drills is available in office.

## **9.10 Fire Prevention Equipment**

Arrangements are made to regularly monitor the condition of all fire prevention equipment. This includes the regular visual inspection of fire extinguishers and the fire alarm system.

## **Section 10. First Aid, Illness and Accident Reporting Procedures**

### **10.1 Introduction**

All staff should be aware that young children are by nature curious and adventurous. Due to their age and stage of development, young children will not have a full understanding of what is dangerous or the effect their actions may have on themselves or others.

Staff should be on hand to supervise children in every situation; however, accidents can and do happen. The staff are then responsible for ensuring appropriate first-aid treatment is given, details are recorded and that the child is reassured and comforted as necessary.

The staff team should take steps to teach the children on a daily basis, during play and while doing activities, about safety and how to take care of themselves and others. The staff should lead by example, e.g. sweeping up sand on the floor, storing equipment in a safe manner and using tools appropriately.

The Early Years Manager/Deputy Manager should ensure that all workers including agency staff and volunteers are aware of the Nursery's First-Aid policies and procedures and the location of the First-Aid Boxes.

There must be a written record of any first-aid that is administered and parents should be advised of any treatment given.

Nursery staff should be aware of the procedure of what to do in the case of an emergency and how parents are advised of emergency arrangements.

### **10.2 First Aid**

#### **a) Parental Permission to Treat Children**

Written parental consent should be obtained at the time of enrolment for suitably trained Nursery staff to give First-Aid treatment to a child if needed. The Nursery will also request that they can seek any necessary emergency medical advice or treatment in the future.

Parents who do not want their child to receive any form of First-Aid must put this in writing to the Manager and outline what actions they expect the Nursery to follow. The Nursery will be aware of individual families' cultural and religious beliefs.

The Manager must ensure that all staff are aware of the parents' wishes and that these are followed.

## **b) Minor Injuries**

A named first-aider should treat minor injuries such as bumps, cuts and bruises and the details recorded in the yellow accident book. Parents are required to sign the accident sheet and will be given a written account of what happened and treatment given.

These details should be given to the parent at the time of collection. A member of the staff team should be able to talk to the parent about what happened. Therefore, staff on the early shift have a responsibility to inform the late shift of the events. This is the same for any accidents/injuries that occur on an outing.

Staff should wear disposable gloves while administering first aid and wash hands thoroughly after performing first aid procedures.

If the First Aider or senior manager on duty considers it necessary, the injured person will be sent directly to hospital with the parent or carer.

## **c) Serious Injuries**

These include:

- Injury to the head, eyes or back
- Unconsciousness
- Fractures
- Deep cuts
- Poisoning
- Severe burns or scalds
- Any accident that may lead to permanent damage
- Death.

In the event of a serious injury, the Manager or Senior member of staff will immediately call 999 for an ambulance. A member of staff, usually the key carer, will accompany the child to hospital. The Manager will contact the parent and give details of what has happened and ask them to go to the hospital. For an injury to a member of staff or other adult, the next of kin or named person will be contacted.

In such instances, after the immediate needs of the child/adult are dealt with, the site of the accident should be left undisturbed until a full report has been completed and the Chair of the Board of Trustees, HSE and OFSTED have been informed. It may also be necessary to inform the Nursery's insurers.

## d) Sick Children

We will undertake the following procedure when a child is ill in our Nursery:

If a child is unwell, the first priority is to inform the parents. We will then:

- take the child's temperature;
- remove the child from the play room to staff room where the child will be made comfortable; a member of staff to stay with the child;
- take all possible steps to lower the temperature by tepid sponging, removal of outer garments and sips of water;
- their temperature will be monitored and noted every 30 minutes or until the parent/carer arrives;
- if a child has an infectious disease (see Table below), other parents will be informed by a dated notice on the front of the door; OFSTED will also be notified;
- If a parent is not available to collect their sick child, the Nursery will contact the emergency numbers.
- We will ensure the Nursery has a copy of Health Matters to inform parents about exclusion times.
- If a child needs hospitalisation, the Manager will follow the procedure as outlined in C above.

<b>COMMUNICABLE DISEASES</b>	
NOTICE TO PARENTS: Your child should not attend Nursery if they are suffering from any of the following. Our recommended <u>minimum</u> exclusion days are:	
<b>CHICKEN POX</b>	Until blisters are all crusted, or skin has healed.
<b>CONJUNCTIVITIS</b>	Until infection has cleared (the child can be readmitted to Nursery once prescribed antibiotic drops have been administered for a minimum of 24 hours).
<b>DIARRHOEA</b>	For 48 hours after symptoms have cleared.
<b>GERMAN MEASLES/RUBELLA</b>	For 9 days or as advised by your GP. Minimum of 5 days after rash appears.
<b>HAND, FOOT AND MOUTH</b>	For 7 days, when blisters have disappeared.
<b>HEAD LICE</b>	When treatment has been carried out successfully.
<b>IMPETIGO</b>	Until spots have healed, following treatment of at least 5 days.
<b>MEASLES</b>	For 5 days after onset of rash.
<b>MUMPS</b>	For 9 days (after the swelling has appeared).
<b>RINGWORM</b>	When treatment has commenced.
<b>SCABIES</b>	Until after the treatment has been completed.
<b>SCARLET FEVER</b>	For a minimum of 5 days (once antibiotics commenced).
<b>THREADWORM</b>	When treatment has commenced.
<b>VOMITING</b>	For 48 hours after symptoms have cleared.
<b>WHOOPIING COUGH</b>	For 28 days.
<b>A TEMPERATURE</b>	Until temperature is normal for 24 hours or on the advice of a doctor.
Coughs and colds do not normally require exclusion unless they are severe or the child is distressed. Please note this list is not exhaustive and the advice laid down in the A-Z of Child Health and the NHS Direct Healthcare Guide (both of which can be found in the Staff Room) will guide us. We also refer to the Public Health Laboratory Guidance for Schools and Nurseries.	
Please seek medical advice if you are unsure or concerned.	

#### **d) Near Miss Accidents**

Near-miss accidents involving pieces of equipment or the fabric of the building should be reported to the Manager or Deputy. Staff should take immediate action to remove any dangerous or faulty equipment. Details are to be recorded in the Health & Safety Log book.

#### **10.3 First Aiders**

**All staff will have relevant accredited First Aid training.**

However, as a minimum, there will at least one member of staff who has a current First Aid Training Certificate on the premises or on outings at all times. The Manager will be responsible for ensuring that all staff undertake First-Aid training that the training is regularly updated and that certificates are kept on file. The First-Aid qualification must include training in the first-aid of infants and young children.

The arrangements for first aid for sports, outdoor pursuits and field trips are the responsibility of the supervising staff.

#### **10.4 First Aid Boxes**

Each centre will hold a First Aid box, First aid Instructions and instructions for the logging of treatments.

All employees will be shown the location of the nearest first aid box and will be given the names of the designated first aid personnel. This information is also displayed on works notice boards.

The designated member of staff will check the contents of the First-Aid Box on a monthly basis. A written record of this check, along with replacement equipment needed and action taken will be kept in the Office.

First aid boxes are located in all group rooms, all offices and kitchens.

They are clearly marked and easily accessible to adults but out of reach of the children. There is also a First-Aid Box containing blue plasters and eye wash solution in the kitchen.

Additional, portable boxes are kept to be taken on centre trips. The contents should be checked prior to each use. This is kept in the laundry room when not in use.

## The minimum contents for a First-Aid Box are as follows:

- A leaflet giving general guidance on first-aid, e.g. HSE leaflet "Basic advice on first-aid at work".
- Twenty individually wrapped sterile adhesive dressings (assorted sizes).
- Two sterile eye pads.
- Four individually wrapped triangular bandages.
- Six safety pins.
- Disposable gloves.
- Six medium-sized (approx. 12cm x 12cm) individually wrapped sterile un-medicated wound dressings.
- Two large (approx. 18cm x 18cm) sterile individually wrapped un-medicated wound dressings.
- The First-Aid Box **MUST NOT** contain any tablets, creams or medicines. Prescribed medication must be kept in the appropriate place, as set out in the Storage of Medicines Policy.

## 10.5 Accident Recording, Reporting and Investigation

All accidents, including "near misses" must be reported immediately and entered into the **Accident Book** and the **Accident/Incident Report Form** which is located in each nursery office and the Executive office. This book will be checked by the CE and a report made to the trustees. A member of the senior management team will investigate all accidents immediately and, in the case of any accident or incident to staff and significant injury to children, will submit an Accident Report Form to the appropriate office for recording. An **Accident Investigation Form HS160** (may be used to assist with an investigation).

All injuries, however small, sustained by a person at work, a service user, contractor or visitor must be reported to the line manager or in their absence an appropriate substitute and recorded in the Accident Report Book, located in each office. All accidents will be investigated as necessary, with any required action being taken to prevent a recurrence of the problem.

Each centre will follow the procedure for completion of incident/accident records in accordance with the **Accident Form**.

All accidents involving children are recorded. A copy is placed in the individual children's files. The information is also recorded electronically where monthly accident statistics are monitored.

All accidents involving adults are recorded in the accident book, which is kept in the nursery and Executive offices.

Certain types of accidents that arise out of work activity are reportable to the

HSE. Examples include children or other non-employees taken to hospital, and major injury to employees. Both categories require immediate notification to the HSE and Ofsted by fax or telephone. **See details below.**

More serious accidents are brought to the attention of the CS manager or the CE who will decide on further action including the completion of an “Injury or Dangerous Occurrence Report Form”.

The Chief Executive, or their delegate, is responsible for administering the accident reporting procedure: for the notification of serious accidents causing death or major injury, dangerous occurrences and communicable diseases, to the enforcing authority.

Copies of the Health and Safety Executive form 2508, for the reporting of major injuries, will be kept in the filing cabinet in each office.

Staff will follow the procedure for reporting of injuries as described below:

- (i) removal of injured person(s) to hospital (normally by ambulance) and
- (ii) in the case of reportable accidents, telephone **HSE immediately on 0845 300 9923, or Fax: 0845 300 9924**
- (iii) and **Ofsted on 0300 - 1231231**

## **10.6 Blood Spillages**

Any blood spills should be cleared following the policy on “cleaning a spillage of bodily fluids” and attended to immediately.

Advice on “**Infection Control**” should be followed. This also gives advice to avoid the possibility of staff contracting infectious diseases such as AIDS, Hepatitis B and Gastro-Enteric diseases.

## **Section 11: Policy on giving medicines**

### **11.1 Contract with Parents**

Parents will be introduced to the policy and procedure for giving medication during the admission interview.

Parents should be informed that the Nursery will not accept non-prescription medication, for example cough mixture.

Parents should be aware that in all circumstances they should have given medicine prior to expecting the Nursery to administer it, so that the child has no proven allergic reaction.

When antibiotics are prescribed, the child should remain at home for the first 48 hours.

### **11.2 When accepting medication**

Great care is to be taken when accepting medication for children.

Parents are expected to complete in full an authorisation form to give instruction for the Nursery to administer medication. This must be signed and dated by the parent prior to the medication being left at the Nursery.

The child's key carer and witness will be responsible for checking that the authorisation form is completed and that the information given is clear and in accordance with the instructions printed on the medication.

Authorisation forms to give medication are to be kept on file for five years. The Nursery Manager will be responsible for maintaining a file, which is to be kept in a secure place.

The member of staff accepting the medication must ensure it is stored safely in accordance with the "Storage of Medicines Policy" below.

The senior member of staff on duty must check that the medicine is labelled for the child with the correct name and that the expiry date is still valid. If there is any doubt regarding the medication, staff must not accept it and refer the parent to the Nursery Manager. Out of date medicine must not be kept in the Nursery and should be disposed of in a safe manner. The correct way to dispose of these medicines is to return them to a pharmacy.

The Nursery Manager has the right to decline accepting any medication if there appears to be any uncertainty.

### **11.3 Procedure for giving Medication**

The Key Carer will be the named staff to give and witness medication. If these people are not available, the Nursery Manager or Deputy will nominate another member of staff.

#### **When giving medicines, the following points must be followed:**

- Two members of staff must be present before giving medication.
- One person will check the child's name, time medicine is due and dosage with the printed label and with the parents' written instructions.
- The second member of staff must agree this information is correct.
- Medicine is to be given following exactly the above information.
- The members of staff are to sign in pen against the medication given.
- The medication must be returned to the storage place, out of reach of the children.

#### **If there is a mistake made while giving medication, this MUST be reported immediately to the Nursery Manager or Deputy, who will take the following appropriate action:**

- Contact the parent of the child without delay.
- Monitor the child closely and record any unusual behaviour/symptoms.
- Contact the pharmacy or G.P. who prescribed the medication for advice.
- At the earliest opportunity following the incident (within 24 hours) all staff involved must complete a detailed written account of what happened. These documents will be kept and used as appropriate.

### **11.4 Emergency Medication**

Parents /carers must provide any emergency medications e.g. Epipen reliever (blue) inhaler with spacer. The pharmacy label must be attached to the medication.

It is parents/carers responsibility to ensure emergency medication is in date and that there is sufficient amount in the setting.

Emergency medication will be kept in the setting and always accessible (never in a locked cupboard/room).

Emergency medication will accompany the child on any off site visits and will be kept by the member of staff who will be administering it, should it be required.

Staff who agrees to administer emergency medication will have training from an appropriate health care professional.

In the event of a child refusing to take emergency medication we will follow our emergency procedure and always call for an ambulance. Parents/ carers will be informed as soon as possible.

### **11.5 Refusing Medication**

If a child refuses to take medication, staff will not force them to do so.

The refusal will be noted and parents/carers will be informed as soon as possible on the same day.

We will not restrain a child to administer medication unless it is an emergency (e.g. Epipen).

### **11.6 The storage of medicines**

All medication brought into the Nursery must be stored out of reach of the children.

The place designated for storing medicines that have to be kept cold, e.g. antibiotics, is the Tupperware box labelled “medicines” in the kitchen fridge.

All other medicines, e.g. inhalers and creams, are to be stored in the medicine cabinet in the designated area.

All medication must be clearly labelled with the child’s name.

Parents should be informed of the policy for the storage of medicines and the importance of this procedure.

### **11.7 Storage of staff medication**

When staff, students and volunteers bring medication into the Nursery, they should inform the Nursery Manager/Deputy Manager.

All medication must be clearly labelled with the person’s name.

All medication brought into the Nursery must be stored out of reach of the children.

The place designated for storing medicines that have to be kept cold, e.g. antibiotics, is the Tupperware box labelled “Medicines” in the kitchen fridge.

Other types of medication, e.g. inhalers, creams and tablets, are to be stored in the staff’s own bag or locker in the staff room.

Staff are allowed to bring in non-prescription medication but do so at their own risk.

## **11.8 INFANT PARACETEMOL / INFANT IBUPROFEN POLICY**

It is our policy that sick children need to be at home in order to recover from sickness where they are more comfortable, this includes both infectious and non infectious illness. Nursery life can be demanding and the environment is not conducive to supporting children's recovery.

In the interests of the child's wellbeing infant paracetamol should not be administered to the child for the sole purpose of keeping the child at nursery, if the child is ill enough to need infant paracetamol then the child is not well enough to be attending the nursery.

If a child develops a high temperature while at the Nursery, staff will make every effort to make the child comfortable until the parent arrives by cooling the child down and offering frequent liquids. A child health monitoring form will be completed monitoring the child's temperature every 15mins and logging phone calls to the parents.

**It is imperative that parents/carers notify staff if they have administered Infant paracetamol before arriving at nursery or if they suspect their child is unwell.**

**If it is the case that the parent has administered medicine for high temperatures that morning, then the child should not attend the Nursery setting until consulting their GP.**

All parents will be asked to sign a copy of this policy on admission of their child.

## **Section 12: Procedures for Answering the Door and for the Collection of Children**

### **12.1 Answering the Door**

To ensure the safety of all children and staff, the following procedures must be adhered to:

The person who answers the door must always identify the caller. If the caller is not known, entry will not be given until satisfactory identification is sought, i.e. name, reason for call, name of the person who the caller is here to see, employment card.

Before granting a caller access, always check with the person in charge or the message book. Never grant access to anyone who is not known.

## **12.2 Arrival & Collection of Children by Parents / Carer**

A senior / designated staff member will be allocated reception duty between the peak time children are arriving and being collected to ensure:

- The door is open to parents and carer – authorised to collect the child.
- To supervise the reception area – by ensuring parents assume responsibility for their children during arrival and collection.
- To ensure that parents do not leave the door open or open the door to let in other people approaching the nursery.

## **12.3 Authorised collectors**

Each child must have at least two authorised collectors. All collectors should make themselves known to ALL members of staff. Parents are required to provide work, home and mobile 'phone numbers.

**Every term, parents will be sent a letter** reminding them that no-one else is allowed to collect their child, – this procedure will be followed in an emergency when parents cannot collect the child/ren themselves:

- asking them to confirm that the authorised collectors are unchanged for the previous term;
- For new parents, asking them to provide the names and 'phone numbers of their child's authorised collectors.

## **12.4 Collection policy for a parent/carer under the influence of alcohol or drugs.**

A child's safety is our main concern and as such this will determine the course of action taken.

The following guidelines will apply:

- We will manage the incident tactfully to ensure that the professional relationship with the family is maintained.
- If a senior staff member has any concerns regarding the child's welfare, we would endeavour to speak to the parent/carer about their child's needs.
- Procedure will be followed in accordance with the nursery Safeguarding Policy.
- We will ensure that there are two staff present when speaking to a parent so that staff should not jeopardise their own safety or others in these situations.
- In the event that the parent/carer arrives at the nursery under the influence of alcohol or drugs we will ask that someone comes with the parent/carer to take responsibility of the child.

- Should this not happen, although we have no legal right to withhold a child from a parent/carer, we reserve the right to contact any relevant authorities that we deem appropriate i.e. the police, partner, etc.
- Any member of staff feeling under threat should contact the police in the first instance.
- A full written report will be made of the incident.

## **12.5 Persons prohibited from collecting children**

If a different person calls to collect a child, and the parents have **not** informed the Nursery of this, then the parents' permission must be obtained before handing over the child.

All staff should be aware that some children are not allowed to come into contact with members of their own family. In such circumstances, a register is kept of each child and the names of those family members with whom that child is forbidden contact. If one of these family members should call at the Nursery, they must **not** be granted access and an authorised person must deal with the situation and ensure that no contact is permitted. The child's primary carer must be informed of the incident immediately thereafter.

## **12.6 Visitors**

Any visitors, such as sales people, college assessors, gardener, handyman, must fill in the visitor's book on arrival, and are escorted accordingly. *Please also refer to the procedures regarding Nursery Visitors with Children.*

# **Section 13: Policy and procedures when parents fail to collect a child or when a child goes missing**

## **13. 1 Failure to collect a child**

In the event of a parent/guardian or designated person failing to collect a child, every effort must be taken to contact that person as soon as possible. If none of these people can be contacted then the emergency person should be contacted.

If all attempts to contact a parent/legal guardian, designated person or emergency contact fail then the registered person in charge of the provision should inform the local authority duty social worker of the situation without delay. It will be up to the duty social worker to take charge of the situation and decide what happens next and whether the police need to be involved in helping to trace the parent/guardian of the child. If the parent/guardian or other designated person cannot be found, the duty social worker can arrange for the child to be placed temporarily with foster parents until the situation is resolved.

## 13.2 Policy on Lost Children

There are a limited number of situations where a child could be lost and these are:

- Where a child wanders off on a Nursery outing;
- Where a child escapes from the garden or setting;
- Where a child is taken from the Nursery by an unapproved adult (see

***Procedures for Answering the Door and for the Collection of Children – Section 9 above***).

**If a child appears to be missing from the setting, the following procedure must be followed:**

- Staff must notify the Manager immediately
- The remaining children are to taken to a quiet area by two members of staff and not left unsupervised
- The Manager should check the register to ensure the child was present and initiate a headcount
- Manager to clarify with staff where and when the child was last seen and whether an authorised person had collected the child
- The remaining staff should check all entrances and exits and search the building and outside area
- If the child is not found within 10 minutes, the police must be notified
- The parents must then be notified and informed of the action taken

In the event of a child going being lost on an outing from the provision, it is important to call the police immediately. It is important to make a note of the circumstances surrounding the disappearance in order to help the police as much as possible with their investigations. The police will then be able to advise the registered person in charge (or deputy where appropriate) about informing the parents/guardians of the child and the next steps.

**OFSTED must be informed of these events without delay and the relevant form completed.**

## **Section 14: Toys and Play Equipment Policy**

### **14.1 Introduction**

Toys and play equipment should be a source of fun and learning for every child in the nursery setting. However, poorly designed toys, toys that are inappropriate for the child's age and ability, used incorrectly or in bad repair can lead to injury. Where toys are frequently shared between children, they may also become a source of infection.

All toys and equipment within the nursery must carry a BS, BSI or CE kite mark; see information on safety standards for toys and equipment.

Always check the age guidance instructions on packaging. If a toy is marked "Not suitable for children under 3 years" or carries a pictogram, then it should not be given to children under this age because it contains parts that a child could choke on.

#### **Avoid toys that have:**

- Sharp points, jagged edges or rough surfaces
- Small detachable or insecure parts, that could be swallowed or become lodged in the throat, nose or ears. Children can choke on latex balloons.
- Sharp spikes or pins that could be exposed if a child pulls the toy apart
- Long cords or strings. If the toy has a cord more than 12 inches long, cut it shorter
- Caps, guns and other toys that produce very loud noises that could damage hearing
- Computer games and videos with flickering lights that may trigger fits in epileptic children

If you think that a toy is unsafe, remove it immediately from the nursery.

Check all toys and equipment on a daily basis, if found to be damaged they should be removed immediately and taken to the Manager/Facilities Maintenance for disposal or repair.

### **14.2 Cleaning of Toys**

Ensure that all toys and equipment are suitable for cleaning, if not then they must be discarded.

Remove dust regularly from toys, equipment and all other surfaces. Dust harbours germs and can also induce asthma attacks. Clean toys and equipment as frequently as practical, when visibly soiled, during an outbreak of illness and immediately upon

contamination by bodily fluids, (i.e. blood, nasal and eye discharge, saliva, urine, vomit and faeces). Toy cleaning rotas are available in each room.

Clean hard/plastic toys and equipment by washing them with water and a suitable detergent, followed by thorough rinsing and drying.

Disinfect hard/plastic toys and equipment that cannot be washed, rinsed and dried thoroughly using a chemical disinfectant. This process should also be applied to toys and equipment contaminated with bodily fluids listed above.

Launder dirty soft toys in a washing machine, following the manufacturer's washing instructions. Destroy any contaminated soft toys that cannot go into a washing machine.

Always wash hands thoroughly after handling contaminated toys and equipment.

### **14.3 Storage**

Ensure that all cleaning products are stored in suitable containers away from the access of children.

Store toys in a clean container or cupboard. Always wipe shelves down before replacing clean toys.

Empty paddling pools immediately after use and store deflated or inverted. Children can drown in small amounts of rainwater collected in them. As with all water activities children must be closely supervised. Drain, clean with detergent and dry receptacles used for water play, after each use.

Cover all sandpits both indoors and outdoors to prevent contamination, and make sure the sand is sieved regularly for foreign objects. The sand pit must be emptied immediately and the sand disposed of appropriately if it becomes contaminated with bodily fluids. The sand pit should then be disinfected with a suitable sterilising solution.

Toys and equipment should be stored inside wherever possible as rain, snow and dew cause rust, rot and damage that increase the risk of accidents. Carry out a thorough inspection of the outdoor toys and equipment before the start of each session. Any problems need to be reported to the Manager/Facilities Maintenance as appropriate, before allowing the children access to the outdoor play area.

## **14.4 Children's Hygiene**

- Ensure that children wash their hands after water play, sand play, outdoor play or time in a ball pool.
- Replace soft modelling materials and doughs regularly.
- Discourage children from putting shared toys in their mouths.
- Never allow children to take toys into the toilet area.
- Don't allow pets to share toys, equipment or the play area.

## **Section 15: Food and Hygiene Policy**

### **15.1 Introduction**

Food safety is vital. Lapses in strict food hygiene regime may lead to food poisoning which can have serious and possibly fatal effects when young children are affected. The Food Safety Act 1990 applies to all businesses where food is stored, prepared, served or sold.

It is the responsibility of the management team and employees at all levels to implement this policy respecting the letter of the law regarding the Food Safety Act 1990.

A2O Ltd. is registered with the Environmental Health Division.

### **15.2 Objectives**

All persons handling food will be required to have received approved practical hygiene training – i.e. Food Hygiene Certificate – in accordance with current legislation.

The facility provided for food supplies/provision must be kept in a clear and good state of repair, free from contamination by dirt; vermin, insects or doors, and provision will be made for a minimum weekly thorough cleaning of the area.

- Any surfaces or equipment likely to come into contact with food must be kept clean and free from any danger of contamination. To ensure this, the following will be observed under the supervision of the play leader: -
- Hand washing by food handlers will be done prior to, during and after all food preparation.
- A clean apron for the sole use of food preparation should be worn during food handling activities.
- A first aid kit will be provided and contain waterproof dressings, coloured green and blue.

- A non-smoking policy will be maintained throughout the premises.
- Cooking implements should be kept in a proper, clean, working order.
- All food preparation storage appliances, i.e. fridge, freezer, cooker and hob, will be cleaned thoroughly on a weekly basis.
- Temperature of cold storage appliances will be checked on a regular basis with a thermometer.
- All surfaces will be washed prior to, and following, food preparation.
- When the cooker is in use, aside from the cooking activities, all children will be kept free of the cooking area
- Food samples will be stored for at least 48 hours

### **15.3 The Kitchens**

The kitchen and catering areas are sufficiently large to permit all the activities to function efficiently and to provide space for all the necessary facilities.

The kitchen and catering facilities are designed to allow a flow to permit the various activities from storage to service to be carried out in an efficient manner, so as to prevent cross contamination between raw and cooked foods.

All internal wall/floor/ceiling surfaces are hard, smooth and light coloured to enable them to be effectively cleaned. Wood is porous and will not be used unless suitably sealed.

Work surfaces are of durable materials, e.g. high quality laminate or stainless steel.

Suitable and sufficient artificial (fluorescent lighting strips) and natural lighting is provided.

Natural ventilation via windows is insufficient and permit flies, insects, dirt, etc. to penetrate the kitchen. Background ventilation is therefore provided by Vent Axia type fans or screen windows, and a suitable commercial filtered extract canopy is provided over the cooking/frying areas. This canopy is properly ducted to the outside where it will not cause a nuisance to neighbours.

Electricity/Gas - these services are provided by professional, competent persons. Sufficient electrical socket outlets for our purposes are provided, i.e. one per appliance.

## **15.4 Equipment**

Wash hand basins are suitably located both in the kitchen and any toilets.

Separate sinks are provided for washing: -

- food - salads, meat, fish, vegetables etc,
- equipment/crockery etc.

A commercial dish washer is available at Peppermint.  
All food equipment, i.e. mixers, slicers, etc. are of sound commercial construction and will operated in accordance with manufacturers instructions.

Knives, utensils, etc. are readily cleansable and must not have wooden handles or other non cleanable attachments.

## **15.5 Cleaning**

It is important that food equipment, surfaces, etc. are disinfected and sterilised. Suitable systems must be developed whereby crockery, equipment, cups, etc. are properly cleaned and disinfected prior to reuse: either the two bowl washing method or a commercial dishwasher is employed for this purpose.

Structure - a cleaning schedule must be prepared. This will include all elements of the building, e.g. walls, floors, windows, toilets, etc. and will include all elements of daily, weekly and routine cleaning. The schedule will incorporate tasks, responsibilities and specific equipment for the various duties to be carried out.

## **15.6 Temperature Control**

The essence of good food hygiene practice is the managerial control of food and equipment temperatures. This is carried out through a properly calibrated food grade thermometer of the probe variety which is provided and maintained at the premises at all times.

One member of Staff in each group room will be properly trained to monitor food temperatures and keep daily records of these temperatures together with the efficiency of the refrigeration and freezer equipment. These documented records should be kept for inspection.

It is imperative that prepared food is maintained either hot - above 65°C or, under refrigerated conditions, i.e. less than 5°C.

It is strongly recommended that only specified foodstuffs prepared in a predetermined fashion are served to staff and children. This will enable management to carefully control the condition and temperature of food, preventing unauthorised, possibly hazardous preparation techniques.

## **15.7 Hazard Analysis Critical Control Points (HACCP)**

You must identify any activity where food hazards exist or are likely to occur – for each kitchen and each group room.

The point at which the food hazard may occur should be identified, and the critical points which ensure food safety. Controls should be identified and put into practice, with periodic monitoring and review at regular intervals and when food operations change.

## **15.8 Use of Kitchen**

- The kitchen will only be used by persons who hold a current Food and Hygiene Certificate.
- All equipment is labelled with instructions on use.
- All people who enter the kitchen must understand that it must be kept clean and tidy. Cleaning procedures are to be displayed.
- No washing of paints, toys or equipment is allowed.
- All regular users of the kitchen must identify their priority times for food preparation and an agreed schedule will be displayed.
- All bins must be emptied after each session of use by the individual group concerned.
- Everything kept in the fridge must be date-labelled, stored appropriately on the named shelves to avoid any cases of cross-contamination.
- Any food must be kept in a rigid plastic box and clearly labelled.
- The Nursery will keep samples of cooked food for the designated time as advised by Environmental Health.
- A first-aid box with blue/green plasters will be kept in the kitchen.
- If a child has a special dietary need, the parent may bring in their own food.
- All staff will be fully informed about any child's dietary needs and a copy will be kept in the kitchen, Manager's office and the child's living and learning.

## **15.9 General**

- High risk food samples (e.g. cold meats, sandwich fillings, sauces, soups, gravies, etc.): a 25-gram sample of high risk foods should be kept for a period of 4 days from the day of consumption at a temperature of 30C
- Children should be excluded from the kitchen area. If it is intended to carry out food based play activities these must be carried in a separate area.
- Refuse - a separate external refuse area must be provided with suitable lidded containers.
- Pest control - this will include steps taken to exclude rats, mice, crawling and flying insects. It is recommended that a contract is obtained with a reputable pest control company. The contractor will provide services and inspections and a written record will be kept of their activities which may be produced for inspection.

- Pets - no animal, bird, etc. should be admitted in the vicinity of either the kitchen or eating areas of the nursery.
- First aid - a suitable first aid kit must be maintained for immediate use within the kitchen area.
- Suitable accommodation must be provided for the external clothing of food handlers prior to entry into the kitchen.
- Untreated milk should not be allowed for consumption within the nursery.

### **12.10 Drinks Policy**

- Fresh drinking water will be available at all times.
- Children will be encouraged to serve themselves with water.
- Children who need assistance will be ordered by the staff.
- We will ensure that appropriate bottles, mugs and cups are available.
- Children will be encouraged to ask for a drink and those that are unable to will be offered drinks regularly, especially after physical play, and to keep records of individual children's drinking patterns.

### **12.11 Food Policy**

- Fresh, tasty food prepared in the Nursery kitchen will be provided.
- Menus will reflect recognised guidelines on child nutrition.
- Weekly menus will be displayed for parents to see.
- The children will be introduced to the foods of all the ethnic and cultural groups represented in the Nursery.
- A wide range of foods and a variety of tastes and textures will be provided.
- Good quality authentic ingredients will be used.
- The use of processed foods will be kept to a minimum.
- Sugar and salt will be kept to a minimum.
- Preservatives, additives and artificial colourings will be avoided.
- Vegetarian, vegan and other diets will be provided for.
- Lunches will be available for members of staff.
- Food will be incorporated into the Nursery curriculum.
- Parents will be consulted on food in Nursery

## **Section 16: Lone Working Policy**

### **16.1 Introduction**

A2O is committed to ensuring, as far as reasonably possible, the personal safety of its employees.

A Lone Worker is someone who works by him/herself without direct or close supervision, whether office based or in the local community.

### **16.2 Risk Assessments**

Lone workers will not be at more risk than other employees. This may require extra risk-control measures. All lone working or work activities undertaken out of hours will therefore be subject to a risk assessment by the line manager or CE. Precautions will take account of normal work and foreseeable emergencies, e.g. fire, equipment failure, illness and accidents

In accordance with the above, A2O will:

- Assess and categorise the risks associated with lone working,
- Assess and categorise the risks associated with out of hours working,
- Provide adequate controls based on these assessments.

These assessments will be based on questions such as:

- Does the workplace present a special risk to the lone worker?
- Does the lone worker have a medical condition that makes them unsuitable for lone working (seeking medical advice if necessary)?
- Is there a risk of violence?
- Are women especially at risk if they work alone?
- Are young workers especially at risk if they work alone?
- Is the person medically fit and suitable to work alone?
- What happens if the person becomes ill, has an accident, or there is an emergency?
- If the lone worker's first language is not English, are suitable arrangements in place to ensure clear communication, especially in an emergency?

### **16.3 Controls**

Examples of such controls will include the provision of:

- Suitable training,
- Occupational Health fitness assessments for workers,
- Suitable emergency equipment and emergency arrangements,
- Adequate supervision,

- Adequate staffing to undertake the work safely,
- Defined work activities including written safe systems of work.

#### **16.4 Training for lone workers**

Training will be given to ensure all staff are aware of how to handle any situation and to ensure staff avoid panicking in unusual situations. This is particularly important where there is limited supervision to control, guide and help in situations of uncertainty.

Lone workers need to be sufficiently experienced and fully understand the risks and precautions.

Trustees will set the limits as to what can and cannot be done whilst working alone. They will ensure employees are competent to deal with any circumstance which is new, unusual or beyond the scope of training, for example; when to stop work and seek advice from a supervisor on how to handle aggression.

#### **16.5 Illness, accidents and emergencies**

Although staff will not put themselves in a position of danger, lone workers will be capable of responding correctly to emergencies.

Risk assessment will identify foreseeable events.

Emergency procedures will be established and employees trained in them.

Information regarding premises' emergency procedures and danger areas will be given to lone workers.

They will have access to adequate first-aid facilities, and mobile workers may wish to carry a first-aid kit suitable for treating minor injuries.

All staff working at A2O will be 1st aid trained and have access to basic medical supplies as required.

#### **16.6 Office based lone workers**

Where a member of staff is in a lone working scenario, most if not all of the following points will be followed:

- Lone worker has control of the room/building and front door lock system is in working order
- Lone worker has a quick safe exit available,
- Arrange for someone to ring at a pre-determined time to check you are alright

- Check access to a telephone
- Check access to an escape route in case of emergency i.e. fire
- Try to make appointments when other people are in the building
- Keep all valuables out of sight
- Keep close to panic button at all times and if you are assaulted or threatened, report any instances of verbal abuse or indecent telephone calls immediately

## **16.7 Lone workers undertaking home visits**

The CE and all line managers and staff have a responsibility to ensure working arrangements are as safe as possible. It is important that when home visits are planned, the following points are adhered to:

- Where possible ALL STAFF will complete home visits with another member of A2O staff or with a relevant trained colleague (such as a health visitor).
- In circumstances where this is not possible a risk conversation will be had with the line manager/CE & recorded.
- Ensure your line manager/ CE or another staff member knows where you are going and how long you plan to be
- Plan your route carefully
- Plan your visit for daylight hours
- Telephone first to make sure they will be home
- If, when you arrive, anything gives you cause for concern, leave and make other arrangements
- Do not enter a house if you are suspicious
- If a visit takes longer than planned, telephone the office to give revised details
- Domestic pets and other animals can cause concern, ask for them to be removed to another room if you feel unsafe
- Keep car doors locked when travelling
- Keep valuables out of sight in the car
- Park in open, well-lit places
- If someone approaches you whilst in your car, do not get out. Lock the doors, open the window a fraction and offer telephone assistance only.
- When returning to your car, have the key ready and enter quickly. Lock all doors
- Avoid walking in poorly lit, isolated places or subways wherever possible

### **It is the employee's responsibility to ensure that:**

- They check, carry and use the equipment provided to them (mobiles/ personal alarm, etc.)
- They consider all the risks involved with lone working and carry out the necessary checks, following the recommended procedures.
- They report any problems encountered whilst working alone to the CE.
- They are personally responsible for ensuring they comply with all necessary procedures
- They are accountable for their own actions

## **Section 17: Violence Against Staff Policy**

### **17.1 Introduction**

All our staff have the right to work without concern of intimidation or assault. We will not accept this behaviour on the premises and will ask anyone who does not respect this to leave. We will take further action if this is not adhered to.

Violence and aggression at work is defined by the Health and Safety Executive as any incident in which an employee is abused, threatened, or assaulted in circumstances arising out of the course of their employment. This violence and aggression may include:

- physical assault
- threatening words or behaviour
- serious or persistent harassment
- verbal abuse.

This policy outlines ways to prevent violence or aggression towards Acorns 2 Oaks staff by service users, their families, or members of the public. It also outlines A2O's response to possible or actual violent behaviour perpetrated on any staff member by service users, their families, or members of the public. (Incidents of violence or aggression by or between employees will be covered under disciplinary procedures).

Parents/carers being abusive to children, staff members or other parents while on the premises will be asked to leave. Police may be called in this instance. In the event we will ask that someone comes to take responsibility of the child. I.e. grandparent, auntie. If a carer has been abusive we will inform the parent and wait for them to collect the child. The perpetrator will no longer be allowed into or near the nursery premises.

The parent/carer that has been abusive may be told to refrain from bringing their child to nursery while an inquiry takes place. However, if the incident is severe enough to have police involved the parent/carer may be told that their child's place had been permanently revoked. Under these circumstances no monies outstanding for the week will be reimbursed to the parent.

Parents/carers are asked not to take calls on their mobile phones while dropping/collecting their child from nursery. We understand that at time this may not be possible, however, we ask parents/carers to refrain from using aggressive/abusive language while on their mobile phone, inside, or on nursery premises.

## 17.2 Policy Aims & Objectives

A2O is opposed to violence and aggression in any form. Policy and practice will seek to minimise the potential risks of violence and aggression to employees, and staff will be supported if they experience any possible or actual violence in the course of their work.

A2O recognises that employees may be reluctant, for a variety of reasons, to report incidents of violent or aggressive behaviour. A2O emphasises that the reporting of incidents of violence and aggression at work will be viewed positively as a method of assessing the extent of violence and the risks to employees. It will not be taken to imply a failure by the employee concerned or of other employees or of any other person responsible for the management of the workplace concerned.

A2O considers employees to be responsible in their turn for taking reasonable care of themselves and others. Employees are responsible for cooperating with their employer with regards to health and safety procedures, and for adhering to the control measures identified within the risk assessment for particular activities.

A2O aims:

1. To support good practice guidelines for staff in the prevention and management of aggression and violence.
2. To ensure that staff are made aware of the good practice guidelines and their responsibility to follow these guidelines.
3. To ensure that incidents of violence or aggression are reported in order that high risk areas are identified and appropriate responses can be developed.
4. To achieve a level of understanding and awareness among managers and employees of the effects of violence and aggression.
5. To offer appropriate support to employees who are involved in violent or aggressive incidents and develop awareness that employees who are victims of a violent or aggressive act may suffer from emotional and psychological trauma in addition to physical injuries.

## 17.3 Legislative Framework

**The Health and Safety at Work Act 1974** and good employment practice give employers a responsibility to provide, as far as is reasonably practicable, conditions of working that are conducive to the prevention of, and safe management of, violence. The Act also places a responsibility on employees to take reasonable care of their own health and safety and that of their colleagues. This includes complying with their employer's health and safety measures.

**The Management of Health and Safety at Work Regulations 1999** gives employers a duty to assess risk to employees and to devise, where possible, measures that provide a safe system of work and a safe workplace for employees.

**The Reporting of Injuries, Diseases, and Dangerous Occurrences Regulations 1995 (RIDDOR)** gives employers a duty to notify their enforcing authority in the event of an accident at work to any employee resulting in death, major injury, or incapacity for normal work for three or more days. This includes any act of non-consensual violence perpetrated on a person at work.

#### **17.4 Roles & Responsibilities**

The Board of Trustees is responsible for:

- Ensuring appropriate support for staff exposed to aggression and violence
- Collating incident reports and distributing statistics to the organisation

The CE, senior and line managers are responsible for:

- Making sure that risk assessments are carried out and reviewed regularly
- Keeping a record of service users or associates with known history of violent behaviour (this information must be kept confidential in accord with the Data Protection Act)
- Making sure that appropriate support is given to staff involved in any incident of violence and aggression.

Employees are responsible for:

- Following rules and procedures designed for safe working
- Taking reasonable care of themselves and other people who may be affected by their actions
- Reporting any concerns about potentially violent situations or the environment in which they work
- Taking part in any training designed to meet the requirements of the policy

#### **17.5 Preventing Violence & Aggression Towards Staff**

##### **a) Risk Assessment**

Under Regulation 3 of the Management of Health and Safety at Work Regulations 1999, there is a statutory requirement to assess work related risk to staff. This includes violence and/or aggression by service users or members of the public towards staff undertaking home visits or other lone working activities. The objective of risk management is to reduce the likelihood of incidents occurring that could have significant consequences for staff.

Suitable and sufficient risk assessments must be in place and shared with all employees whose position puts them at risk of violence from service users or members of the public. Risk assessments can be carried out on a service user, on a task or activity, or on a site. Thus a risk assessment can be either "generic", where it

applies to an activity undertaken by a number of different members of staff, or it can be tailored to a particular individual, activity, or site.

Managers should carry out risk assessments on all situations that carry a known risk of violence (e.g. lone working) and it should be considered whether additional control measures may improve safety (please use **Risk Assessment** Form).

When carrying out the risk assessment, managers and key workers should consider the following:

1. What is the hazard?
2. Who is at risk?
3. What is the likelihood of the hazard occurring?
4. What might be the consequences of the hazard occurring?
5. Can it be completely avoided?
6. If it cannot be avoided, how can its impact be minimised?
7. What control measures can be introduced?
8. Have staff been educated about the hazard and given appropriate training?
9. Is the hazard being regularly monitored and reviewed?

Risk assessments should be reviewed on a yearly basis or when there has been a change in circumstances e.g. an incident.

Once risks have been identified, suitable control measures should be implemented to reduce levels of risk to as low as reasonably practicable.

## **b) Risk assessments on individual service users**

A risk assessment must be completed on a service user by the key worker and their line manager where:

- There are known concerns
- Following an incident.

The risk assessment should describe the incident/behaviours giving cause for concern, along with dates, possible triggers, and the outcome.

The key worker should discuss concerns with other professionals involved with the family, including any previous key worker. The team manager and key worker should ensure that any incidents of concern involving workers from any agency have been

entered on the chronology. The service user may already have a "consult file" flag on their record (see [Section 5.2](#)).

The key worker should discuss risks and agree a plan with their line manager before carrying out the initial visit. The plan should be recorded on the service user's case record.

The manager and key worker should ensure that the key worker is aware of how to defuse certain situations (e.g. talk quietly and calmly). They should consider whether it is appropriate to take someone else on the visit; they should consider whether the visit should be carried out with the police.

### **c) Reviews of risk assessments on individual service users**

Possible triggers for reviewing risk assessments on individual clients include:

- Applications to the court for an Emergency Protection Order, Interim Care Order, etc.
- A Section 47 investigation
- If a child becomes looked after
- During the time leading up to and from a Child Protection Conference
- In relation to contact arrangements
- An adult being asked to leave the household
- Violent or other similar incidents in the home
- The sharing of reports with other agencies

## **17.6 "Consult File" Flag for Service Users Who Post a Risk of Violence to Staff**

Where a service user is known to have a history of violence or aggression towards staff members, the CE or Senior Manager is responsible for creating and maintaining a "Consult File" flag. Where staff believe a client **may** be violent, such concerns cannot be registered.

The CE or their delegate from the senior management team will be responsible for making all decisions on whether to flag a file. When making a decision, the person should take into account:

- The nature of the threat
- The degree of violence used or threatened
- Whether or not the incident indicates a credible risk of violence to staff

The CE or delegate from the senior management team should normally inform individuals who have been identified as being potentially violent soon after the

decision has been made to add the marker to their record. The CE or delegate from the senior management team should write the service user a letter setting out:

- The nature of the threat or incident that led to the marker
- That their records will show the marker
- Who you may share this information with
- When you will remove the marker or review the decision to add the marker

There may be extreme cases where the CE believes that informing the individual would in itself create a substantial risk of violent reaction from them. In these cases, it may not be sensible to inform the individual of the marker.

The wording of the flag has been changed from "Consult File - Potentially Violent Situation" to "Consult File". This change is necessary for reasons of confidentiality.

When accessing the system for client information, any user accessing records at the Customer level will automatically see a "Consult File" warning when a file has been flagged. All workers must consult the system before interviewing a client. This will identify any areas where caution may be required.

Below is the procedure for flagging a file with a "Consult File" flag on the system.

1. An Incident Report Form) must have been completed after an incident of violence or aggression and sent to the CE/SMT.
2. The CE or delegate from the senior management team must complete a risk assessment on the client to be flagged (use Risk Assessment form) and fill out Risk Assessment Flag, Potentially Violent Service User. The Risk Assessment Flag form should be placed on the front of the inside cover of the client's paper file and a high-visibility sticker placed on the outside cover of the file as a warning.
3. The types of 'violence' that should be entered are categorised below:
  - Actual: Violence has taken place
  - Threat: A threat has been made either in person, by letter or by telephone
  - Intimidation: Staff felt intimidated by either the environment or by clients
  - Other agency warning: Staff have been advised by another local authority or agency that the client has a potential for violence.
4. The Senior Administrator will run 6-monthly reports for the CE to review each record flagged. It is important that the Risk Assessment form and the Risk Assessment Flag, Potentially Violent Service User are kept updated to substantiate leaving the 'flag' in place, if required.

5. The 'flag' will be removed from the record if there is no response from the CE or delegate from the senior management team to the review report.
6. It is imperative that all violent incidents are reported to enable a file to continue to be 'flagged' for the future safety and protection of all staff.
7. Information about flagged files may be shared on a "need to know" basis with other relevant agencies/parties.
8. Staff must consult the CE or SMT delegate for advice on control or preventative measures before interviewing any client who has been flagged.

### **17.7 Information Sharing**

There must be sharing of information between A2O and outside agencies to ensure that staff are not put at risk by not having the information they need to make reasoned judgments on safety.

Certain legislation and guidelines are in place to manage the balance between protecting the need of staff to have access to sufficient information to make reasoned judgements on their safety and protecting the rights of service users to privacy.

There have been some concerns that systems such as CareFirst could contravene data protection legislation. It should be recognised that for violent acts, the Data Protection Act is overruled by the Crime and Disorder Act 1998: section 115 of the Act provides legal power for any person to legally disclose information to a chief police officer, policy authority, probation service, local authority or health authority (or persons acting on their behalf), when there is thought to be substantial chance of violence occurring.

Information disclosed should be accurate, relevant, kept securely, and not held longer than is necessary. It is essential to distinguish between rumour and fact. If any information is recorded which is "hearsay", then this should be clearly stated.

Bear in mind that the individual has a legal right of access to receive a copy of the data held about them.

### **17.8 Impact of Violence on Work with the Family**

The 2006 London Child Protection Procedures has a chapter (10) entitled "Working with Uncooperative Families", which suggests that violence and aggression is best understood as an extreme of uncooperative behaviour, that serves to avoid becoming involved with professionals. It suggests that the more uncooperative a family member is, the more likely that the cause is psychological. This chapter is useful to read in full, as it provides a framework for minimising the impact of violence on work with the family.

This chapter suggests that workers should try to understand the reasons for the violent or aggressive behaviour and think about the impact on themselves, on the child/young person, and on multi-agency work.

The chapter suggests that the worker may find it difficult to admit how bad being the target of violence or aggression makes them feel and might lead them to either:

- Change their behaviour to avoid conflict, which may blind them or desensitise them to the impact and risks to themselves and to the child/young person;
- or
- Distort the level of threat and develop a "fight" response, which may increase the tension between them and the family

The impact on multi-agency work may be to split the members of the team around the child, leading to a breakdown in interagency collaboration.

The chapter suggests that in order to minimise the impact of violence on the work, the worker should try to develop a warm but formal relationship with the family. The work should always maintain a clear focus, on how to achieve the best outcomes for the child/young person. The worker should confront uncooperative behaviour within this context of improving the chances of a favourable outcome for the child/young person.

The chapter suggests that the worker should draw up a written contract with the family. The contract should be very clear about how the worker experiences the family, that the behaviour is unacceptable, and that the worker is factoring it into their risk assessment with regard to the child/young person.

The worker should also ensure there is regular discussion of the issue with the other agencies involved and that a clear agreement is developed detailing each professional's role. This agreement should be made known to all agencies and to the family.

The worker should discuss the issue regularly in supervision.

## **17.9 Monitoring**

The CE with the SMT will establish monitoring arrangements that will ensure that trends in reported incidents of violence to employees at work are identified and appropriate responses considered. If a violent or aggressive incident occurs, risk assessments will be reviewed immediately to take into account the circumstances surrounding the incident, to prevent or minimise the risk of a further occurrence.

Where specific action is taken to eliminate or reduce the risk of violence to staff, the success of this action shall be monitored and evaluated. The monitoring arrangements, in addition to those legally required, shall include submitting regular reports to the Board of Trustees.

The CE will submit an annual report on the number and nature of reported incidents of violence or aggression at work to the Board of Trustees, as part of the general monitoring arrangements.

### **17.10 Multi-agency Public Protection Arrangements (MAPPA)**

The police and the probation service have a statutory responsibility to establish, in consultation with the partner agencies, Multi Agency Public Protection Arrangements (MAPPA) under sections 67 and 68 of the Criminal Justice and Court Services Act 2000. The purpose of MAPPA meetings is to work in partnership by:

- Sharing information about those considered to pose a significant risk to public safety with staff who come into contact with them through provision of service
- Agreeing appropriate inter-agency criteria for consideration at the MAPPA
- Developing and monitoring effective risk management plans to minimize risk from sex offenders and other individuals who pose a significant risk to children and other vulnerable individuals.

### **17.11 Training**

Staff Learning and Development may usefully include specific training courses to increase the range of skills and options available to them if faced with threats of violence or actual violence. Areas of training may include:

- Dealing with verbal aggression
- Understanding body language
- Reducing tension and recognising danger signs
- Skills in predicting potentially violent situations and assessing risk
- Skills in preventing the escalation of potentially violent situations
- Valid responses or actions when violence does occur

## 17.12 Reporting Incidents of Verbal & Physical Abuse

A form for the reporting of incidents of verbal or physical abuse, within A2O, has been developed. The aim is to encourage and simplify reporting and to help A2O analyse areas of high risk and to reduce such risks in the future.

1. All A2O employees including temporary/agency staff and contractors working on our premises or delivering our services should use this form.
2. The form must be completed as soon as possible after the accident/incident and passed to your Line Manager.
3. Your Line Manager will review the incident report and determine whether any further information is required.
4. Managers are required to take any necessary remedial action as soon as possible, and to send a copy of the form to the CE or their delegated SMT representative.
5. If you require any further advice on the use of either form, please speak to your line manager.
6. Detailed advice on accident reporting is also available from your line manager.

## 17.13 Response to A Violent Incident

### a) Immediate Response

The worker involved in the incident should report it to their line manager as soon as possible after the incident has occurred. The manager should immediately ensure the worker is safe and receives any necessary medical treatment. The manager should explore with the worker whether the police need to be informed.

The worker should be given as much chance to talk about the incident as they need. The line manager should identify with the worker who initially they wish to talk to - for example a friend or family member or a colleague.

### b) Reporting and Recording Procedures

Within one hour of the worker reporting the incident, the line manager should inform the CE or SMT delegate.

Within 2 days of the incident occurring, the worker and their manager should complete Parts A and B of the Incident Report Form). The worker and manager should then jointly discuss what further steps should be taken; for example:

- Whether the worker needs some time off work
- The worker's options in terms of legal redress, compensation

- Whether the worker wishes to transfer on a temporary or permanent basis to another post
- Whether the worker wishes to receive counselling

In the vast majority of cases, the manager should try to respond to the worker in a positive and supportive way even if it appears the worker might have contributed to the incident to some extent. In the extremely unlikely event that the worker's account indicates serious misconduct on their own part, the manager should end the interview and offer the employee normal rights under the disciplinary procedures.

All incidents should be reported to the Board of Trustees, who can offer advice on how to proceed. In certain circumstances the Board may be able to consider taking out an injunction against an offender.

### **17.14 Police**

The CE may report an incident to the police on the recommendation of the Board of Trustees, in consultation with the worker concerned and their line manager. The worker may also report the incident to the police directly.

The details of any police officers and/or witnesses attending the scene should be noted. These details can assist the Board of Trustees in gathering all available evidence for the consideration of a prosecution.

If the Board has reported the incident to the police and the worker involved in the incident has to attend a police station to give a written statement, (s)he should be accompanied by their line manager.

### **17.15 Support to the Worker Involved in the Incident**

Common reactions to having been the victim of violence include:

- feelings of disillusionment, insecurity, worthlessness
- irritability
- taking out one's anger on others
- wanting to change jobs
- blaming oneself for the incident
- loss of motivation.

Managers and supervisors should be sensitive to the worker's need to talk about the incident and should take care to avoid any impression that this is not acceptable or expected. The worker should be given the opportunity to talk about the incident as much as they feel they need to. Counselling services need to be made available to staff who require additional personal support.

The worker should be given formal verbal or written acknowledgment of the incident by someone at management level.

### **17.16 Time off Work**

If the worker needs to take time off work as a result of the incident, this will normally be treated as an industrial injury, **i.e., it may not count against normal sick pay entitlement.** The normal reporting procedure in relation to sickness absence must be observed. The CE should also be informed if a member of staff is absent from work for more than three days (including weekends) due to an incident at work, as this will have to be reported to the HSE under RIDDOR.

### **17.17 Communication with Other Services Involved with the Family**

The manager should ensure that all other services involved with the family are notified of any incident involving threatening or violent behaviour towards a staff member.

### **17.18 Debriefing**

The manager should ensure that members of staff are fully briefed and given sufficient information concerning the incident and its implications. These members of staff could include: other team members, duty workers, staff off duty at the time of the incident, and any other staff likely to come into contact with the perpetrator. They could also include members of staff from other agencies involved with the client. The member of staff involved in the incident may or may not want to be present at such a debriefing.

The process of debriefing may have two functions: to communicate the details of what happened and to provide emotional support. Emotional debriefing aims to recognise potential stress, acknowledge it as a normal response, and provide a supportive and structured setting to allow people to cope more effectively.

The debriefing should occur within 48 hours. It may be useful to:

- discuss feelings about the incident and its consequences
- address the implications of the incident for future practice
- identify training needs
- discuss any necessary redistribution of work
- reconsider the workplace procedures and recommend specific issues to be addressed in the next review.

It may be appropriate for a written report to be prepared for staff to study, drawing attention to particular issues of significance.

## **17.19 Investigation of Incident**

The investigation of violent incidents helps to safeguard against future occurrences and to determine what remedial/follow-up action should be taken.

Managers should take time to thoroughly investigate:

1. Significant incidents or near-misses, however rare
2. Minor incidents and near misses that occur on a frequent basis.

Within the investigative process, managers may need to:

- Visit the scene promptly
- Record physical details including relevant observation
- Gather available information
- Consider whether the incident requires an independent person to investigate. If so, contact the CE who will consult the Board of Trustees for advice
- Interview all persons involved
- Review existing or complete initial risk assessment
- Draft report

This investigation should be done jointly with other partnership organisations if appropriate.

## **17.20 Response to Perpetrator**

An incident of threatening or violent behaviour towards a staff member can range in seriousness from minor too severe. In response to incidents that do not warrant reporting to the police, the manager should notify the perpetrator of what is considered unacceptable behaviour and its possible consequences (prosecution and/or withdrawal of services).

If the behaviour continues, the CE or delegate from the senior management team will give the perpetrator a written warning with details of the policy on the possibility of prosecution and/or withdrawal of services. This warning will be signed by the Chair of the Board of Trustees.

If the unacceptable behaviour persists, as a last resort, services may have to be withheld. The implications of this in terms of any statutory duty to continue to deliver services would need to be considered, possibly in conjunction with other services involved.

## **17.21 Review of Risk Assessments**

A factual record of the event and follow-up actions should be made on the service user's file. Consideration should be given to flagging the service user's file on the system.

## **17.22 Return to Duty**

Where an employee has been absent from work following a reported violent incident, it is a managerial responsibility to ensure that the employee is well enough to return to work and to determine how best to support the employees' healing process.

If attendance at work is continued, or on return from absence, the employee's workloads should be reduced for a while or the return to work staggered.

Prior to the employee returning to work, the line manager, in consultation with the CE, shall consider:

- Whether the employee should be temporarily transferred to other duties
- Whether it would be appropriate for the employee to return initially on a part-time basis
- Whether refresher training is required as part of returning to work
- Whether there should be a temporary restriction in the range of duties being undertaken by the employee
- Whether duties/tasks could be redesigned to help reduce the likelihood of an incident reoccurring

If any such measures are undertaken, they should where possible be fully discussed and agreed with the employee.

The appropriate managers should ensure that employees returning to work under these circumstances are provided with adequate support and assistance during the specified settling-in period.

Under no circumstances should the employee incur any loss of contractual earnings during the period they are away from work or have recently returned to work with increased support/restricted duties.

Should an employee request a transfer to other duties, such a request should be considered sympathetically taking into account all the circumstances and opportunities.

## **17.23 Legal Action**

Where the Crown Prosecution Service (CPS) decide to take criminal proceedings, the employee will not need to take any further action unless they wish to pursue compensation for any loss they have suffered. In that case, they should ask that the prosecutor apply for a compensation order on their behalf.

If the CPS decides not to prosecute a person who has assaulted a member of staff, it is possible that the Board of Trustees may bring a prosecution, or that the employee could take forward their own independent prosecution. The employee may also take their own proceedings in the Civil Courts for compensation and/or an injunction. In both cases, the Board of Trustees can cooperate in proceedings where possible but cannot act on behalf of the employee or provide advice. The employee would need to contact a solicitor to conduct any proceedings on their behalf.

## **17.24 Compensation**

The worker involved in the incident may be able to apply to the Criminal Injuries Compensation Board. The application should be made within a year of the circumstances giving rise to the injury. Forms and guidance are available from CABs and law centres, or directly from the Criminal Injuries Compensation Authority, Tay House, 300 Bath Street, Glasgow, Tel 0141 331 2726.

If the violent incident was perpetrated by the driver of a vehicle, compensation may be available from the Motor Insurers Bureau (MIB). Further details of the conditions and the requirements can be obtained from a solicitor.

# **Section 18: Stress at work policy**

## **18.1 Introduction**

A2O is a responsible employer and we are aware of our duty of care regarding the mental health and welfare of our staff. For this reason, we will take all reasonable steps to ensure that staff are not placed under excessive stress by their work.

### **a) Legal position**

The Health and Safety at Work Act 1974 requires us to take reasonable steps to look after our employees' mental health and welfare. This means that we need to ensure that staff do not have excessive demands placed on them by their job. As stress is also caused by bullying, harassment and violence, we are required by law to provide a working environment which is as far as is reasonably practicable, free from these influences. However, we are entitled to assume that all staff can cope with the normal day-to-day pressures of their job. If this is not the case, staff have a duty to inform us.

## **b) Definition of Stress**

The Health & Safety Executive has defined stress as follows: *“The reaction people have to excessive pressures or other types of demands placed on them. It arises when they worry that they cannot cope”*. In other words, stress occurs when the pressures on a person exceed their ability to deal with them.

## **18.2 Procedures**

Should any member of staff feel that they are suffering from an unacceptable level of work-related stress, the following procedures should be implemented:

- In the first instance, the employee should inform their line manager. He or she will treat the matter with sympathy and in confidence.
- If necessary, we will carry out a stress risk assessment. This will include a review of the employee’s actual duties against those described in their job description.
- The findings of the risk assessment will be discussed with the employee. If appropriate, changes will be made to their role in order to reduce the levels of stress experienced.
- If appropriate, the employee will be referred to a doctor of the company’s choice for a medical assessment. Alternatively, the employee may be offered counselling.

## **18.3 Non-work Problems**

Whilst we are not responsible for causes of stress outside the working environment, we recognise that it can impact on an employee’s attendance and work performance. Therefore, we would encourage employees to make us aware of any problems which are causing them concern.

## **18.4 Stress Risk Assessment**

A stress risk assessment should be carried out if an employee makes you aware of a potential health problem concerning stress. The assessment involves five stages as follows:

### **Step 1. Identify the hazards**

Now you’re aware of a problem, use the following to identify the hazards:

- increased sickness absence – look at both long-term and periods of shorter absence
- decline in productivity and/or work quality
- poor timekeeping
- increase in staff turnover

- obvious decline in morale
- information gained from informal talks – the “stress” word doesn’t need to be mentioned.

## Step 2. Who can be affected and how

Potentially, any employee is at risk of stress, but the following are the most likely to be affected:

- those returning to work following a period of absence for a stress-related illness
- an employee who has recently experienced bereavement
- any employee who may be having marital or family problems.

Employees can be affected in one or more of the following ways:

- **Culture.** Is there a blame culture, lack of communication, and/or an expectation that staff will work very long hours?
- **Demands.** This can include too little and too much work, as well as insufficient training for the job.
- **Control.** Lack of control over day-to-day work activities.
- **Relationships.** Have you any reason to suspect that there are incidences of bullying and harassment?
- **Change.** Look at whether there is any uncertainty about job security. Even if there is no risk to jobs, rumours can still cause damage.
- **Role.** Do employees have clearly defined job roles and know what’s expected of them?
- **Support.** Do staff have adequate support and resources to enable them to carry out their role?

## Step 3. Develop an action plan

The content of this will depend on the findings, but it’s likely to include some of the following measures:

- provide opportunities for staff to contribute ideas, e.g. through existing meetings or via an “suggestion box”
- foster a culture where staff feel they can approach you to discuss any concerns
- have good communication
- encourage a good work/life balance
- increase the scope of job roles, giving more variety and responsibility
- provide extra training/guidance for those that need it
- support and encourage staff
- prioritise tasks and avoid giving urgent work at the last minute
- try and give staff more control over their job e.g. prioritising tasks, planning their own work.
- look at the working environment itself. Are there other stressors such as noise, uncomfortable working temperatures, risk of violence, etc.?

- look at offering some work flexibility to staff experiencing domestic/personal difficulties
- have a clear policy on bullying and harassment and enforce it. Investigate any complaints
- ensure staff know what their role is and how they fit into your business objectives.

## **Support and the individual**

### **Step 4. Take action**

Your action plan will set out a list of priorities, so implement the easiest ones first. Many of the solutions outlined in Step 3 don't require the expenditure of money, so where relevant, look at putting these in place first.

### **Step 5. Evaluate and review the assessment**

Talk to staff and involve them in the process to see if improvements are solving the problems. Monitoring staff turnover and sickness absence will also help.

## **Section 19: Substance abuse policy (Smoking, Drugs & Alcohol)**

### **19.1 Introduction**

#### **a) References/Legislation that informs this policy:**

- UN Convention on the Rights of the Child – 1989 (Ratified 1999)
- The Children Act 1989
- The Children Act 2004 (Every Child matters)
- The Medicines Act 1968
- The Misuse of Drugs Act 1971
- Control of Substances Hazardous to Health Regulations (COSHH)
- Smoke-Free (Premises and Enforcement) Regulations
- Smoke-Free (Signs) Regulations

The illicit use of drugs or solvents, and the abuse of alcohol or other substances may have adverse physical, psychological or behavioural effects on personnel. They can damage health, affect judgement, reduce reactions and can create as a result, unsafe working conditions.

A2O Ltd. is committed to maintaining a productive, safe and healthy work environment for its employees and to safeguarding any other persons at work places controlled by the Company.

It is the intention of A2O to promote and protect the health and well being of its children, employees and other visitors to the nursery. It is recognised that smoking is

bad for health and unpleasant to many users of buildings and services. We believe that those working with children are in a unique position to act as positive role models and have a responsibility to send out consistent messages about hazards of smoking. This also applies to alcohol and drug abuse.

This policy applies to all employees, parents, trainees, students, contractors and other users and visitors to the nursery.

Staff are not permitted to consume alcohol during their contracted hours of work or to care for the children if they have consumed alcohol prior to commencing work. Consumption of alcohol is not permitted in the nursery, buildings or grounds and this includes doorways, entrances, walkways, playgrounds or the car park.

The same applies to all drugs other than those prescribed by a doctor and considered appropriate for intake while working with children. Misuse of prescription drugs and over the counter drugs, including legal highs is also prohibited at any time.

Substance abuse is a treatable health disorder. A2O encourages employees suffering therefore to seek professional medical help through their own Registered Medical Practitioner. Any request, advice or treatment will remain confidential and will be administered under the terms of the Company sickness absence procedures.

The CE and all managers are under special instructions to exercise sensitivity and discretion in respect of any individual querying or requesting assistance under this policy.

Parents will be informed of this Smoking, Drugs and Alcohol Policy and any changes thereafter through newsletters and other forms of communication.

## **19.2 Scope of Policy**

### **a) Who the Policy Applies to**

The policy applies to all A2O employees, sub-contractors, and any contract personnel performing work on behalf of the Company.

It also applies to parents/carers who are also not allowed to smoke, take drugs or consume alcohol while on the nursery premises. This includes trips with the nursery off the premises and in the presence of other children at nursery or parents.

Parents/carers are forbidden to bring alcohol or drugs into the nursery grounds.

Cigarettes/tobacco and lighters, alcohol, drugs/medicine are forbidden to be left in a child's bag/belongings. These will be discarded by a staff member and the parent/carer will be informed immediately. This may result in loss of child's place.

## b) Definitions

**Substance Abuse** – Substance abuse, for the purpose of this policy, is defined as any substance, which chemically modifies the body's function resulting in physical, psychological or behavioural change. Substance, in this context, includes but is not limited to drugs, alcohol and solvents. Substance abuse is the use of these substances in an improper way.

**Illegal Substances** – Are substances, other than those issued by the Company for legitimate purposes, which may compromise the ability of an employee to safely carry out a prescribed task or, which may compromise the safety and well-being of others.

**Illicit Use of Substances** – Is the diversion, or attempted diversion of solvents of substances from their intended purpose.

**Illegal Drugs** – Are those substances other than prescribed by a Medical Practitioner for the use by the person to whom they were prescribed; or those remedies obtainable from a Registered Pharmacy, e.g. Aspirin, common cold remedies etc.

**Alcohol** – Alcohol is deemed to be beer, lager, wine, spirits, liqueurs or other intoxicants.

**Alcohol Levels** – For the purpose of defining alcohol abuse and the consumption of alcohol, those levels of alcohol currently specified by English law applying to the driving of motor vehicles shall apply. Any person believed to be consuming alcohol in excess of these prescribed levels shall be considered unfit for duty and in breach of the Company's alcohol policy.

## 19.3 Company Rules on Substance Abuse

### a) Drugs and Illegal Substances

- The illicit use, possession or supply of drugs or other substances, which may result in physical, psychological or behavioural change, is strictly prohibited. This prohibition relates equally to employees, agency workers, contractors and all other personnel.
- It is a criminal offence for a person to produce, supply, offer to supply or be in possession of illegal drugs.
- A2O will co-operate fully with the competent authority in the event that any person is found to be in possession of, or using illegal drugs.
- It is strictly forbidden for any employee or contractor to attend for work whilst under the influence of drugs or illicit substances.
- If it is suspected that an employee is in possession of, is using, or has used illegal drugs prior to, or whilst on Company business, the Company will take whatever disciplinary action it considers appropriate.
- A Company employee or contractor employee consulting a Registered Medical Practitioner for a condition which may affect the performance of their work, or for which drugs may be prescribed, must inform their Registered Medical Practitioner of the nature of their work. This will enable the Medical Practitioner to take this into

account when prescribing appropriate medication, and/or recommending return to work.

- Company personnel who have been prescribed or are in possession of performance impairing medication to be taken whilst working must inform their Manager as soon as practicable. This will enable Occupational Health advice to be sought if appropriate as to the employee's fitness to work.
- **In all cases where an employee acts contrary to these rules, they will be subjected to disciplinary action for "gross misconduct". Such disciplinary action may result in dismissal from the Company.**
- **Any supply of drugs via parent/carer while on/in nursery premises will result in a loss of child place and result in a phone call to local authorities to report the incident.**

#### b) Prescribed Medication

- Such medication must not be kept in a handbag. It must be taken from the bag and put into a medicine cabinet locked away in a secure drawer that children have no access too. **It is the responsibility of the person to whom the medication belongs, to ensure the medication is stored correctly, well away from all children (see Section 8.7).**

#### c) Alcohol Abuse

- The abuse of alcohol will not be tolerated and A2O reserves the right to take whatever action it considers appropriate if it believes that anyone is under the influence of alcohol, impairing that individual's performance or putting any person at risk. Such action may include disciplinary action up to and including dismissal.
- It is strictly forbidden for any person to carry out, or attempt to carry out any Company work whilst under the influence of alcohol, drugs or illicit substances. It is strictly forbidden for any person to bring alcoholic beverages on Company property.

**In respect to any violation of the above restrictions, any offenders will be subject to disciplinary action, which may result in dismissal from the Company.**

## 19.4 Responsibility for Implementation

### a) Chief Executive

The CE is ultimately responsible for the overall implementation of this Substance Abuse Policy and will review its effectiveness from time to time.

### b) Managers

All managers are responsible for ensuring that employees, agency workers and contractor personnel reporting to them are aware of the policy and where a copy of the

policy can be found. They are also responsible for the day to day implementation of the policy and any such rules and procedures and for initiating appropriate action in the case of actual or suspected substance abuse.

#### c) Company Employees, Agency Workers and Contractor Personnel

Company employees and contractor personnel must familiarise themselves with this Policy. They are required to comply with this policy and the rules and procedures contained herein.

Violation of this policy may, cause the employee responsible to be subject to disciplinary action up to and including dismissal from the Company.

A2O is committed to providing a safe, healthy and productive work environment and expects employees and managers to assist in achieving this goal by reporting suspected substance abuse.

### **19.5 Procedures if substance abuse is suspected**

Where the job performance or conduct of a Company employee is thought to be affected by substance abuse, the relevant Manager, Senior Manager and the CE need to be informed. If evidence is such that suspicions of substance abuse seem well founded, the employee will be offered referral, if appropriate, to medical or counselling services nominated by A2O.

Referrals resulting in treatment or rehabilitation involving time off work will be administered under the terms of the Company's Absence and Sickness Procedures.

If the employee denies a substance abuse problem and refuses to submit to a medical evaluation, such refusal will be dealt with under the Company's disciplinary procedures.

### **19.6 Voluntary Treatment**

A2O employees who have or believe they may have a substance abuse problem such as drug or alcohol dependency, are encouraged to seek medical advice before it affects their performance, conduct at work, or compromise the safety of themselves or others.

If they elect to seek help through the Company, arrangements will be made by their Manager. Any request, advice or treatment will remain confidential.

Refusal to seek or accept such help will in itself constitute grounds for disciplinary action. Any absences for treatment or rehabilitation will be administered under the terms of the Absence and Sickness Policy and may involve an agreed Return to Work Programme between the employee and the Manager which will be confirmed in writing to the employee. The individual's progress will be regularly reviewed as part of a return to work programme against agreed levels of expectation of performance and conduct.

Parents/carers will be offered the same confidential support and given details for support services as employees, should it be required.

### 19.7 Smoking

Smoking is strictly prohibited on or near the nursery premises. Should a member of staff wish to have a cigarette on their break they must not light up in the nursery, buildings, or grounds and this includes doorways, entrances, walkways, playgrounds or car park.

Clearly worded no smoking signs will be sited at the gates, entrance(s) and in the prominent positions throughout the nursery premises. This complies with current legislation.

### 19.8 Training

The Company periodically provides promotional material, posters, etc. to increase the awareness of employees to drug and alcohol abuse.

### 19.9 Review

This policy will be monitored annually by management in consultation with staff and a report made to parents asking for their views and considerations to be taken into account.

A copy of this policy can be obtained from the Nursery Offices or downloaded via our website: [www.acorns2oaksnurseries.net/home/policies](http://www.acorns2oaksnurseries.net/home/policies)

<b>Reviewed by:</b> Beverley Noble	<b>Signed:</b> 	<b>Date:</b> Sept 2018 Review: Sept 2019
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## **APPENDIX A – Fire Safety Information, Fire Safety Officers Duties**

### **Wardens**

- Control and assist in emergency evacuations.
- Ensuring that the area is clear in the event of an evacuation. E.g. by sweeping it and assisting in evacuation (if safe to do so).
- Checking the accuracy of means of escape routes. Make arrangements where necessary for those who may have difficulty.
- Regular checks of the area to ensure that fire safety is not compromised.
- Checks to ensure that fire safety equipment in the area has been tested, is in good working order and of correct type.
- Ensuring that people in the area are aware of the fire and evacuation procedures, in particular the means of raising the alarm.
- Undertake the induction of new persons and record staff fire safety training.
- Conduct a roll call at RVP or where necessary to account for the persons in an emergency.
- Report to Fire Marshal as required.
- Feeding back to the responsible person any defects in the fire safety procedures in the area.
- Conduct drills and record findings. Act on deficiencies.

### **Marshals**

- Summoning the emergency services.
- Ensuring that the emergency services are met and suitably directed on arrival. Providing them with information as required.
- Accounting for persons through roll call by wardens.
- Organising first aid provisions.
- Taking control of movement or restriction of movement of people and vehicles to ensure safety.
- Ensuring the co-ordination of the emergency plan.
- Assisting in fire investigation.
- Assisting in fire safety and prevention in the work place including organising fire risk assessments and other requirements.
- Ensuring wardens carry out their roles & responsibilities.

**APPENDIX A – Fire Safety Information, Fire Extinguisher User Guide:**

*Symbols found on fire extinguishers & what they mean*

					
	Water	Foam spray	ABC powder	Carbon dioxide	Wet chemical
Wood, paper & textiles 	✓	✓	✓	✗	✓
Flammable liquids 	✗	✓	✓	✓	✗
Flammable gases 	✗	✗	✓	✗	✗
Electrical contact 	✗	✗	✓	✓	✗
Cooking oils & fats 	✗	✗	✗	✗	✓