

COMHAIRLE NAN EILEAN SIAR

Department of Education, Skills and Children's
Services

Roinn an Fhoighlam agus Seirbheisean Chloinne

NURSERY POLICIES 2021

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Intranet Links to Relevant Departmental and Comhairle Policies for Staff:

Education, Skills & Children's Services Policies Page

GIRFEC - <https://www.cne-siar.gov.uk/social-care-and-health/children-and-families/girfec/>

Comhairle Employee Information Page - <http://intranet/staff/index.asp?tabindex=0>

Comhairle Employee Handbook - <http://intranet/cxdir/hr/documents/Handbooks/Employee/Employee%20Handbook.pdf>

Comhairle Complaints Policy - <http://intranet/complaints.asp>

Inter-Agency Child Protection Procedures - [Outer Hebrides Inter Agency Child Protection Procedures 2018 \(cne-siar.gov.uk\)](#)

ADMISSIONS, ENROLMENT AND SETTLING IN POLICY

Admissions and Settling in

The Comhairle aims to ensure that the admission of children is fair and equitable and responsive to the needs of children, their parents and carers. Intakes of children are done throughout the year (August, January and April) or when space becomes available.

It is essential that staff are familiar with the information on the Care Inspectorate Registration Certificate. This determines the age of the children that can attend the nursery, the total number of children that can be in attendance at any one time and the adult child ratio's. Failure to operate within the registration agreed with the Care Inspectorate results in the service operating illegally and can result in disciplinary action against staff. All enrolments must be set within the parameters of the Registration Certificate.

Where a waiting list is required, children are to be admitted from the waiting list in the following order of priority:

- Eligibility for Early Learning and Childcare
- Increase in hours of children already attending
- Siblings of children already attending
- Date of application ('first come first served basis')

For larger all day nurseries a scoring system will be used and can be obtained from the Early Years Office.

Parents should be invited to come and view the nursery by appointment with the operational Manager/Playleader.

The nursery is registered with the Care Inspectorate to provide Early Learning and Childcare provision for children aged 2 years to 5 years. Children aged 2 who are not eligible can be enrolled at the nursery if there is sufficient space within current staffing levels. Under these circumstances parents must pay for the nursery place. If demand for places outweighs supply priority will be given to children eligible for their Early Learning and Childcare funded place.

Settling in is an important stage in the transition between home and nursery. Arrangements should be made to ensure the parent/carer and child have the opportunity for a settling in period. This will include parent/carer and child visits to the group so that they familiarise themselves with the setting, staff and other children.

Application, Registration and Consent forms

Staff should issue an enrolment form initially and a parent pack when the child starts in the setting. It is essential that all forms are completed by parent/guardian prior to the child attending. Parents will also be issued with a Personal Care Plan, this should be completed alongside a member of staff from the nursery that the child will be attending. All forms are available from the Early Years Office or nursery setting.

Enrolment and Eligibility for Early Learning and Childcare

Early Learning and Childcare enrolment usually takes place throughout the year, however there is an official enrolment in January/February on a date notified to parents by local press advertisement. Parents should be encouraged to enrol at this time for a place in the nursery during the coming year.

Eligibility criteria for 2 and 3 year olds are as follows:

Criteria:		Eligible From:
Where a child's 3rd birthday falls on or between these dates:	1st March - 31st August	August (Autumn Term) of that year
	1st September - 31st December	January (Spring Term) following their birthday
	1st January - last day February	April (Summer Term) following their birthday
Or where a 2 year old child's parent(s)/carer(s) are receiving out of work benefits or certain tax credits (see Appendix 1 for full list)		The term following the child's 2nd birthday (for those already on benefits/tax credits) or the term following the date when the parent(s) become eligible for out of work benefits/tax credits
Or where a 2 year old child is Looked After, is in a Kinship Care placement, or lives with an appointed guardian (or has been since their 2nd birthday)		When arrangements are agreed and recorded as part of the Child's Plan. Please contact Early Years Office for more information 01851 822655

All 4 year olds are eligible for a funded place.

Once a child becomes eligible for an Early Learning and Childcare place they remain eligible until they are eligible to start school.

Children receiving a funded place are entitled to 1140 hours over 38 weeks for up to 30 hours Term Time and 22.5 hours all year per week of Early Learning and Childcare. Nurseries providing wrap around care charge on a sessional basis. Further information on childcare fees is contained within the parent handbook. Children eligible for Early Learning and Childcare funding will have their funded hours deducted from their monthly bill.

Open Day

During the year it is advisable for the nursery to hold an open day when parents/carers or other family members can come in to visit the nursery and talk to staff. This should be combined with school induction days.

Signing in System

Parents should be asked to sign their child in on arrival at nursery and sign out on departure. Adults, not the children, are required to sign the sheet. Parents should be informed that they should notify nursery staff if/when another adult is to collect their child. It is important that parents adhere to the set session times. Early arrival is not permitted and can result in nursery staff not having set up time, or where there are two sessions running back to back, early arrival and late pick up can result in more children being in attendance than the registration of the nursery allows. In this situation, the nursery may also be over the adult child ratios.

Nursery staff are responsible for children once they have been signed in by a responsible adult up until they are signed out again at the end of the session. Children eligible for Early Learning and Childcare should not be put on buses unaccompanied by their parents. If nursery staff become aware of this practice they should inform the nursery manager immediately. The nursery manager should arrange an appointment with the parent to discuss the situation with them and to try and find alternative transport solutions. Help and support can be obtained from the Early Years Office.

Late fees

If you collect your child out with your contracted hours the nursery will charge £15.00 over and above the normal fee.

Non – collection of children

Parents/carers are asked to collect their child promptly at the end of their contracted hours that the child is booked into. If parents are going to be late collecting their child or if they have made arrangements for someone else to collect their child they must notify nursery staff. If parents/carers have not collected their child at their contracted finish time, nursery staff will try to contact parents/carer directly; if this is unsuccessful nursery staff will try to contact the child's emergency contact (emergency contact details on child's enrolment form). If nursery staff have been unsuccessful in contacting any identified emergency contacts, or not heard from the child's parent/carer, after 1 hour Nursery staff will seek advice and guidance from their manager and/or may have to seek advice from the duty social worker. Parents will be charged over and above the normal fee.

APPENDIX 1:

Some two-year-old children are eligible for free early learning and childcare if their parents or carer receives:

- Income Support (IS)
- Income based Jobseekers Allowance
- Income based Employment Support Allowance
- Incapacity or Severe Disablement Allowance
- Pension Credit
- Child Tax Credit (CTC), but not Working Tax Credit and your income is less than £16,105.
- Receipt of both Child Tax Credit and Working Tax Credit based on an annual income not exceeding £7500
- Universal Credit based on take-home pay not exceeding £625 per month

The income thresholds for Child Tax Credit and Working Tax Credit can vary annually.

EARLY LEARNING AND CHILDCARE POLICY

The Nursery recognises the importance of delivering quality Early Learning and Childcare for young children, the importance of children's early experiences and how they are related to the quality of care that they receive. We are committed to providing a stimulating and challenging environment which will develop and broaden the learning experiences of babies and children in our care.

Recognising that children learn in a variety of different ways we believe that the following make powerful contributions to a child's learning: the opportunity to have first-hand experiences of a range of different activities and learning situations: the opportunities to play, the opportunities to talk, interact and socialise with other people.

The purpose of the curriculum at this early stage is to support children in all aspects of their emotional, social, cognitive and physical development. It should enable them to become increasingly independent, responsible and eager to progress in their learning.

Our Curriculum

Through our curriculum we aim to:

- Provide children with a variety of high quality experiences according to their individual needs.
- Provide a good balance between activities initiated by children and those initiated by adults.
- Be responsive to children's need and interests and ensure progression in their learning and development.
- Use available space and resources imaginatively to enable children to work independently or collaboratively.
- Reflect the individual nature of our local community.

In planning our curriculum, we build on the holistic approach to curriculum design established in the Curriculum for Excellence and How Good Is Our Early Learning & Childcare: Self Evaluation in the Early Years.

We provide a flexible and stimulating environment to engage children in their learning through well planned interactive and challenging play. We believe that children learn best when they have scope for active involvement in a wide range of learning experiences. Curriculum for Excellence provides structure, support and direction to children's learning, enabling all children to become:

Successful Learners

Confident Individuals

Responsible citizens

Effective contributor

The experiences and outcomes at the early level will be used in suitable combinations to plan engaging, motivating and challenging activities. Taken together, as appropriate to the stage of development of each child, these activities should provide breadth of learning across the curriculum areas.

Further information is available from:

<https://education.gov.scot/education-scotland/scottish-education-system/policy-for-scottish-education/policy-drivers/cfe-building-from-the-statement-appendix-incl-btc1-5/experiences-and-outcomes/>

Realising the Ambition

Realising the ambition: Being Me (National practice guidance for early years in Scotland) was published in February 2020. This document has refreshed Building the Ambition to help support the further expansion to 1140 hours and improve the quality of our Early Learning and Childcare in Scotland.

This new guidance, Realising the Ambition: Being Me, reflects the original principles and philosophy of Building the Ambition and complements the current policy direction of ELC and early primary education. It aspires to support practitioners in delivering what babies and young children need most and how we can most effectively deliver this in Scotland to give children the best start in life.

The practice guidance aims to support anyone who works with and for babies and young children across all areas of Scotland. It has been designed to:

- build confidence and capability of those who work with children and families from pre-birth to starting school and beyond,
- make links between practice, theory and policy guidance to reinforce aspects of high quality provision and the critical role practitioners play,
- clarify some aspects of current practice and provide a reference which practitioners can easily use,
- support improvement and quality by encouraging discussion, self- reflection and questioning about relevant practice in each setting, and,
- provide advice on achieving the highest quality of ELC and early primary provision that will enable young children to experience and to play their own part in Scotland being the best place in the world to grow up.

Pre – Birth to Three:

Positive Outcomes for Scotland’s Children and Families

Nursery staff should be aware of the importance of positive early experiences and impact that this has on future development. Babies are born with a predisposition for learning. They are naturally curious about the world around them and especially the people who engage with them. Whilst babies are eager to learn and make sense of the world, they require positive and consistent relationships to support them in this journey. Babies are ‘programmed’ to look to other people to help them make sense of their world.

There is a strong relationship between early life experiences and how babies develop cognitively, socially, emotionally and physically throughout their lives. The Early Years Framework states that:

'It is during our very earliest years and even pre-birth that a large part of the pattern for our future adult life is set.'

(Scottish Government, 2008d, p 1)

The Rights of the Child, Relationships, Responsive Care and **Respect** are the four key principles which form the basis of the Pre-Birth to Three guidance. All staff working with babies and young children should be aware that these key principles are interrelated and interdependent.

Planning the Curriculum

Planning, observation, record keeping and assessment are used to ensure children's best interests are being served. Planning helps staff provide breadth and balance across the curriculum as well as setting out clear goals for children's learning and development. We also follow a child led approach in which it is flexible enough to respond to starting points indicated by the children themselves, or their parents or carers.

Through observing, talking to and listening to children, we will monitor and record individual children's progress and their next steps. The information gained is used to ensure that children's needs are being met and that they are being offered activities and experiences which are relevant, meaningful and suitably challenging.

An individual profile will be kept for each child that contains pictorial and written evidence about the child's experiences and learning. Parents/carers of the child should be encouraged to contribute to its content along with the child and staff. The information contained in the file should be shared with parents or carers informally during day to day activities, and formally at individual parent/carer meetings with a member of staff. These profiles are the property of the child and will be given to the child when he or she leaves the Nursery. Whilst the profile may be copied and sent to the child's receiving school information will not be disclosed to any other person without the consent of parents or carers.

Gaelic Policy

Introduction

Comhairle nan Eilean Siar is responsible for providing all Local Government Services.

The Comhairle's objectives are to:

- enable everyone who receives or uses Comhairle services, or contributes to the democratic process, to do so through the medium of Gaelic or English, according to personal choice
- promote the use of Gaelic in the Western Isles
- exploit the potential of Gaelic as a means of creating employment opportunities in the Western Isles
- develop the ability of children to be confidently bilingual in order that they can fully participate in the bilingual community of which they are a part
- establish Gaelic as an administrative language for the Comhairle by providing facilities for in-post training and to enable staff to develop their linguistic skills
- ensure that service through Gaelic is available as a right without having to seek it out expressly

The Policy

The overall aim of the Comhairle's policy is that the Western Isles should be a fundamentally bilingual community in which Gaelic and English have equal validity as the languages of communication.

In implementing this aim certain fundamental points must be recognised:

- the policy should be seen as an integral part of the work of the Comhairle permeating all services
- it should contribute to the major objectives of the Comhairle and should reflect the Comhairle's Mission Statement and Key Tasks
- particular emphasis should be placed on the employment creation potential of the Gaelic language
- the Western Isles is still a bilingual community
- the continued positive and active support of the Comhairle is necessary, both directly and in encouraging such support from other organised bodies, but all such efforts will only be successful if they encourage and stimulate the use of Gaelic, in all types of settings

In 2001, the Comhairle established Sgioba na Gàidhlig, whose main function is to facilitate the delivery of the Comhairle's Gaelic Policy.

Pre-school Education

- The Comhairle, in partnership with the voluntary sector will promote and support provision of Gaelic pre-school education
- The Comhairle will actively promote the uptake of Gaelic Medium Education to parents of pre-school children
- We engage with parents to promote through Parent as Paiste groups and La na Gaidhlig events

References

Go Gaelic Resources: <https://go-gaelic.scot/>

Gaelic 4 Parents: <https://www.gaelic4parents.com/>

PLAY POLICY

"Children learn as they play. Most importantly, in play children learn how to learn."

O. Fred Donaldson

The nursery recognises that "play is a natural, spontaneous and voluntary activity in which everyone - adults and children alike – benefits from engaging in throughout their lives" (Play Scotland, 1998).

The Nursery should contribute to creating an environment that fosters children's play and underpins the National Play Strategy for providing children's play needs. We plan to ensure that all children are: *Achieving, Included, Healthy, Safe, Nurtured, Active, Respected and Responsible*.

Nursery staff will:

- Promote children and young people's development, health and well being through inclusive play opportunities for all.
- Recognise that all children have the right to play (as stated in the 1989 United Nations Convention on the Rights of the Child)
- Identify and promote a consistent and shared set of principles by ensuring that change and innovation in play are led by children's needs through participation in decision making, and that services share a set of principles and definition of play practice that all work to.
- Work in partnership to promote inclusive and active play opportunities.
- Ensure that there is equal access to good quality indoor and outdoor play experiences that develop the children's gross/fine motor skills, while also promoting healthier lifestyles.
- Listen to and respect the views of children and young people, and plan and develop play opportunities in consultation to meet their needs.
- Support the development of stimulating and appropriate play opportunities
- Recognise that children need the opportunity to manage risk themselves
- Ensure that appropriate and flexible training can be accessed by staff, volunteers and parents or carers working with and caring for children.

Benefits of Play

Play encompasses children's behaviour, is performed for no external goal or reward, and is a fundamental and integral part of healthy development.

Play promotes all aspects of child development, learning, creativity and independence.

Play keeps children healthy and active - active children become active adults. This in turn helps to create a healthy society and can help combat obesity and therefore has long-term benefits not only for individual children but also for the society in which they live.

Play fosters social inclusion, and allows children to find out about themselves, their environment, their abilities and their interests.

Play is therapeutic, and can help children deal with difficult or painful circumstances, such as emotional stress or medical treatment

Play gives children the chance to challenge their own abilities, learn how to manage risk, let off steam and most importantly have fun! It is the very freedom and child

centeredness of play that makes it such an effective and comprehensive learning process.

Through outdoor play we expect all children in our individual nurseries to experience the following:

- routine access to a stimulating outdoor play area including daily opportunities to spend time outdoors
- freedom of choice to move between the indoor and outdoor environments, whenever practicable
- the opportunity to explore the natural environment
- access to a range of high quality outdoor play and learning opportunities throughout the year
- resources to support learning and development

Through access to a range of outdoor activities we expect that children will:

- participate in a wide range of activities that will support a healthy lifestyle
- develop the skills to access and manage risk
- experience personal achievement and build confidence
- explore and make choices
- develop physical skills through movement and energetic play

Organised Physical Activity

It is important to be physically active every day for the healthy growth and development of babies, toddlers, and pre – schoolers. For this age group, activity of any intensity should be encouraged, including light activity and more energetic physical activity. The amount of physical activity you need to do each week is determined by your age. Children who can walk on their own should be physically active every day for at least 180 minutes (3 hours). This should be spread throughout the day, indoors or outside.

The 180 minutes can include light activity such as standing up, moving around, rolling and playing, as well as more energetic activity like skipping, hopping, running and jumping. Active play, such as using a climbing frame, riding a bike, playing in water, chasing games and ball games, is the best way for this age group to get moving. During the time you child is attending nursery we will provide them with 15 minutes per hour of a combination of light activity and more energetic activity indoors and outdoors.

Examples of these activities are:

- Playing chase
- Riding bikes
- Ball games
- Gym games
- Dance etc

<https://www.healthyhebrideankids.scot.nhs.uk/>

<https://www.nhs.uk/Livewell/fitness/Documents/children-under-5-walking.pdf>

References:

Play Types Toolkit (Scottish Government)

<http://www.playscotland.org/wp-content/uploads/Play-Scotland-Play-Types-Toolkit-bringing-more-play-into-the-school-day.pdf>

Out to Play (Care Inspectorate 2018)
<https://www2.gov.scot/Resource/0054/00544754.pdf>

My World Outdoors (Care Inspectorate 2016)
http://www.careinspectorate.com/images/documents/3091/My_world_outdoors_-_early_years_good_practice_2016.pdf

Space to Grow (Care Inspectorate 2017)
<https://blogs.glowscotland.org.uk/ce/EarlyYears/files/2017/07/Space-to-Grow.pdf>

National Play Strategy (Scottish Government 2013)
<https://www2.gov.scot/Resource/0042/00425722.pdf>

Loose Parts Play (2019)
<https://www.inspiringscotland.org.uk/wp-content/uploads/2019/07/Loose-Parts-Play-Toolkit-2019-web.pdf>

FOOD AND HEALTH POLICY

Childcare settings must provide appropriate healthy, nutritionally balanced food and drinks for babies and young children in their care. Children should also have opportunities to try a variety of different foods and food should be seen as part of the learning experience and an integral part of the caring environment. Parents have an important role to play too, and we know from good practice examples that where parents and providers work in partnership the best possible care can be provided.

The Nursery regards snack and meal times as an important part of our session. Eating represents a social time for children and adults, and helps children to learn about healthy eating.

At meal times, we aim to provide food items, low in sugar and salt, and a choice of fruit and vegetables which meets the children's individual dietary needs. We aim to meet the full requirements of 'Setting the Table' Nutritional Guidance and Food Standards for Early Years Childcare Providers in Scotland.

We will do this by:

- Information about each child's dietary needs will be recorded on their enrolment form. Prior to a child starting at Nursery, staff should read these forms to identify children with dietary needs. If required, further information can be obtained from parents prior to their children starting at nursery.
- Staff should regularly consult with parents/carers to ensure that records of their children's dietary needs - including any allergies - are up to date. Parents/carers also have a responsibility to keep the Nursery informed about any food allergies.
- Parents/carers of children who are on special diets should be asked to provide as much written information as possible about suitable foods, and in some cases may be asked to provide the food themselves. A photograph of any child with a special dietary requirement or allergy should be displayed in the food preparation area to ensure that permanent and relief staff are aware of each individual child's needs.
- Allergen information will be clearly identified for parents in snacks provided by the nursery.
- A weekly snack and menu should be prepared and displayed in advance, this will provide children with a varied diet. Nursery recipes will be available on request.
- The weekly menu will provide children with a varied and healthy diet.
- Advice should be given to parents about suitable food to bring from home, including suitable party foods and healthy options for packed lunches.
- Milk or water will be served with morning and afternoon snacks. Water will be available to children at all times. Milk or water will also be served with lunch.
- All dairy products used in the nursery will be full fat.
- Children will still receive dessert if they refuse their main course.
- Parents or guardians will be advised if their child is not eating well. Uneaten food in packed lunch boxes will be returned home to let parents know what has been eaten.
- Meal and snack times are organised so that they are social occasions in which children and staff participate. Staff will sit with children while they eat and will provide a good role model for healthy eating.
- Meal and snack times are used to help children develop independence through making choices, preparing and serving food and drink and feeding themselves.
- Children should be encouraged to develop good eating skills and table manners and will be given plenty of time to eat.

- Children should be provided with utensils that are appropriate for their age and stage of development and that take account of the eating practices in their cultures.
- Withholding food should NEVER be used as a form of punishment.

Packed Lunches

- We ask that you provide healthy food items which are low in sugar and salt. Fresh juice diluted with water can be included in lunch boxes. Uneaten food items will be returned to lunch boxes to let you know what your child has eaten.
- Confectionery will not be given to children. Sweets, chocolates, cakes etc will be returned to their lunch boxes.

Special Occasions

- For occasional special celebrations, children may have confectionery (sweets/chocolate/cake). For example, you can bring in a shop bought cake for your child's birthday. Due to food hygiene and allergens home baking is not permitted.

Allergen Information

There are 14 major allergens which must now be identified – celery, cereals containing gluten, crustaceans, eggs, fish, lupin, milk, molluscs, mustard, nuts, peanuts, sesame seeds, soya and sulphur dioxide. To ensure that our settings continue to be a safe environment for children with allergies staff will follow the advice below:

- Display and provide information on allergens for any food we give to children and make sure the information is accurate. Details of these allergens will have to be listed clearly in an obvious place, such as on your weekly menu, notice board or information pack.
- Keep up to date ingredients information for any ready-made foods brought in.
- When cooking, make sure you know what is in the ingredients.
- Remember to include cooking oils, dressings, toppings and sauces.
- If you change a recipe remember to update the allergens details and make sure staff members know of any changes.
- When making food for someone with an allergy ensure your work surface and equipment are thoroughly cleaned before use.
- Always wash your hands before preparing any food.

For further information on this topic please go to the Food Standards Agency website – www.food.gov.uk/allergy

References

Setting the Table – Nutritional Guidance (2015)
<http://www.healthscotland.com/uploads/documents/30341-Setting%20the%20Table.pdf>

Food Matters (Care Inspectorate 2018)

<http://www.careinspectorate.com/images/documents/4705/Food%20matters%20nurturing%20happy%20healthy%20children.pdf>

INFECTION CONTROL POLICY

1. Background information
2. Handwashing
3. Illness
4. Outbreaks of infection in childcare settings
5. Food handling and storage
6. Milk for babies
7. Cleaning and disinfection in the environment
8. Hygiene and disposal of nappies
9. Contact with animals
10. HIV, Hepatitis A and Hepatitis B
11. References

1. Background information

Young children under the age of six are often highly susceptible to infectious diseases because their immunity may not be fully developed. Their close contact in care and play situations, coupled with their inexperience in practising good hygiene makes it easy for germs to spread. In addition, children under school age lack prior exposure to most germs; this lack of immunity means that they can contract and transmit infections easily resulting in the rapid spread of infection.

The mainstay of infection control in early learning and childcare groups is the implementation of basic precautions outlined in this, policy, underpinned by a common sense understanding of how germs are transmitted.

The Public Health Nurse and Care Inspectorate should be consulted if the nursery has any concerns about illness or infection control issue. Children or adults suffering from an infectious disease should be excluded from the nursery. See attached information regarding the exclusion criteria.

The exclusion period will take regard of medical guidance for the illness diagnosed.

The child's doctor's guidance regarding periods of exclusion for each illness should be adhered to.

Nursery staff will provide a healthy and hygienic environment for children and will endeavour to minimise the risk of infection by endorsing basic hygiene procedures.

If a child becomes unwell during the session, the child should be taken to a quiet rest area away from others where possible. The child should be closely monitored at this time and the child's parent/carer or emergency contact notified as soon as possible. Parents should be asked to collect the child.

The types of infectious illnesses that would be reported to parents are measles, chicken pox, mumps, scabies, meningitis and whooping cough. The anonymity of children and staff involved should be maintained.

Equipment within the playroom must be cleaned regularly. Homemade playdough should be changed at regular weekly intervals, or earlier if it becomes contaminated. Sand will be changed regularly i.e. monthly or earlier if required.

2. Hand washing

Hand washing is the single most important public health measure in preventing the spread of infectious illnesses. Effective hand washing is the mainstay of infection control for most germs amongst children and adults in a pre-school setting, regardless of the way germs are transmitted.

Hands should always be washed after using the toilet and before meals. Very young children should have help with hand washing and older children will be supervised during hand washing. Liquid soap should be used (rather than bars of soap which can actually grow germs) and hands dried with paper towels from wall mounted dispensers.

Hands should be washed vigorously using a small amount of anti-bacterial liquid soap. Hands should be rubbed together covering all surfaces until a good lather has appeared on all skin surfaces. Allow the lather to last for at least ten seconds. Hands should be rinsed under warm running water.

After using the toilet both adults and children may unwittingly contaminate the taps while turning them on with the germs on their hands. After washing they may re-contaminate their hands by touching the taps, to avoid this, the paper towel used for drying the hands can be used to turn off the tap. A designated, lined bin that children can operate easily should be provided for disposal of towels.

Hand wipes make a useful alternative when washing facilities are inadequate, for example, when out for a walk. When the children have returned from the outing staff will ensure that good hand washing routines are followed. If staff or children have cuts or grazes on their hands they will be covered with waterproof plasters.

A national children's hand washing campaign was introduced in 2007 revised as "Handy" in 2009

www.washyourhandsofthem.com/the-campaign/childrens-pack.aspx

National documents are available for healthy eating and tooth brushing which incorporate aspects of infection prevention and control.

3. Illness

On occasions there may be instances when children should be excluded from the nursery setting, both in terms of the child's personal wellbeing as well as that of staff and other children.

Children or adults should not attend the nursery if suffering from any infectious or contagious illnesses. This would include diarrhoea, vomiting, fever prolonged coughing spells, conjunctivitis, whooping cough, mumps, measles, chicken pox, impetigo, German measles etc.

If a child contracts an infectious illness, their parent/carer should inform the nursery as soon as possible to enable precautions regarding cross infection to be taken. This is outlined within the parent handbook.

To prevent cross contamination and spread of infections the following should be adhered to:

- Disposable latex and powder-free gloves and apron should be worn when changing nappies and dealing with toilet accidents. Hands should be washed after removing disposable gloves.
- Any accidents should be cleaned immediately using appropriate cleaners and disinfectants.
- Soiled clothing should be placed in a sealed polythene bag with the child's name clearly labelled and given to the child's parent/carer to wash.

4. Outbreaks of infection in childcare settings

An outbreak is defined as two or more linked cases of the same illness (for example, *E.coli* O157, scarlet fever); or more cases than expected; or a single case of a serious disease (for example, measles or diphtheria).

Staff will keep an up-to-date list of the following:

- The names of those children / staff who are ill
- The symptoms, if known (for example, vomiting and diarrhoea)
- When the children / staff became ill and when first noticed or reported (if known)
- The date they last attended the childcare setting
- When you contacted the parents
- What time the child was collected
- Who you have informed about the outbreak
- The advice you have received & the advice you give to parents/guardians

Staff should also keep the following, until you are told otherwise:

- Recent menus
- Food prepared but not eaten
- Raw food, if it is possible that those who are ill ate some cooked portions of the same food
- Samples of any other food items (labelled with the date) that the people who were ill might have eaten
- Keep sealed in bags, cling film or containers, and place all samples of bagged and sealed foods in your freezer.

Providers must notify the Care Inspectorate of a suspected or known outbreak of infection.

We define an outbreak as the occurrence of two or more, or a higher than expected number of cases of confirmed or suspected infection, affecting people using the service and/or staff in the same area. Cases of suspected infection include people with diarrhoea and/or vomiting, wound or skin infections, or respiratory illnesses such as flu.

A higher than expected number of cases may be a single case if the confirmed or suspected infection is rare or the suspected or confirmed case poses or may pose a significant risk to public health, for example, *E.coli* O157, tuberculosis or those described in Appendix A of the Public Health etc. (Scotland) Act 2008, Part 2.

COVID

During this time, we make sure that we are following the most up to date guidelines provided by the NHS, Care Inspectorate and Education Scotland with regards to Coronavirus. We will make sure that the following are adhered to:

- Covid 19 guidance posters will be displayed on all entrance/exit doors
- 2 meter markings will be provided to make sure that social distancing is adhered to at drop off and pick up times
- Consider a staggered arrival and departure time of children if required
- Staff will collect the children from the entrance door so parents do not enter the building
- Make sure that parents don't gather in groups in playground and car park at drop off and pick up times
- A hand sanitiser station will be provided at entrances/exits
- Staff will sign children in and out to minimise spread of infection

- At present we are only providing childcare for children of key workers and identified vulnerable children
- Staff, children and parents must stay at home and follow self-isolation guidance if they are unwell with a new, continuous cough, high temperature and/or loss of taste or smell to avoid spreading infection to others. They should call the local Test and Protect line on 01851 601 151.
- If staff or children become ill with a new, continuous cough, high temperature and/or loss of taste or smell they must be sent home immediately. Staff should record details of this in a communication log.
- If a child does start to show symptoms they must be excluded from other children preferable in another room, with a window open and adhere to social distancing of 2 metres. This should be followed until the parent picks up child. Staff should then advise parents to call 111 for advice if their child is displaying symptoms and to call the local Test and Protect line on 01851 601 1515.
- If a child 's symptoms have passed, 111 have confirmed it is not likely to be Covid-19 and the family's GP has confirmed that there are no other concerns then that child may return to the setting before the end of the normal 7 day isolation period. The isolation period should only be in place where the child's symptoms persist and Covid-19 is suspected.
- Staff will ensure that they wash their hands for 20 seconds and more often than usual with soap and water
- Children must be supervised to ensure that they wash their hands for 20 seconds more often than usual with soap and water. Hand washing will be carried out:
 - When children have been to the toilet
 - When the child arrives and before they leave the nursery
 - Before and after snack/meal times
 - After coughing or sneezing or using a tissue
 - After the child has been outdoors
 - Before and after taking part in activities such as playdough, baking etc
- Children will be encouraged to use a tissue when coughing and sneezing
- Staff will wear gloves and aprons when normally required, these will be changed regularly and when required and disposed of appropriately
- Avoid sharing foods
- Staggered lunch or snack times to make sure 2 metre social distancing is adhered to
- Staff will clean and disinfect regularly touched objects and surfaces more often than usual, using anti viral cleaning products e.g door handles, push door panels, resources etc
- Consider table and play equipment spacing to make sure social distancing takes place
- Staff to model 2 metre social distancing so that children learn good practice
- Staff and children must adhere to social distancing guidelines as much as possible, making sure that they are not gathering together in one area and making use of all areas of playroom indoors and outdoors

Please see the following links below for the most up to date guidelines, please be aware that these may change on a day to day basis.

<https://www.nhs.uk/conditions/coronavirus-covid-19/>

<https://www.gov.scot/publications/coronavirus-covid-19-physical-distancing-in-education-and-childcare-settings/>
<https://www.hps.scot.nhs.uk/web-resources-container/covid-19-guidance-for-non-healthcare-settings/>
https://www.careinspectorate.com/images/documents/coronavirus/Outdoor_Play_in_Emergency_Childcare_Settings_-_PDF.pdf

Please see Appendix 3 on next page for NHS Exclusion Guidelines

Appendix 3 – Exclusion Criteria for Childcare and Childminding settings

Recommended time to be kept away from childcare and childminding

If you have any questions please contact your local Health Promotion Team (HPT)

Name:

Telephone Number:

Main points:

- Any child who is unwell should not attend regardless of whether they have a confirmed infection
- Children with diarrhoea and/or vomiting should be excluded until they have no symptoms for 48 hours following their last episode
- Children with unexplained rashes should be considered infectious until assessed by a doctor
- Contact a member of the HPT if required for advice and always if an outbreak is expected

Infection or symptoms	Recommended Exclusion	Comments
1. Rashes/skin infections		
Athletes foot.	None.	Not serious infection child should be treated
Chicken pox (Varicella Zoster).	Until all vesicles have crusted over (usually 5 days).	Pregnant staff should seek advice from their GP if they have no history of the illness.
Cold sores (herpes simplex).	None.	Avoid kissing and contact with the sore.
German measles (rubella).	7 days before rash and 7 days after.	Preventable by vaccination (MMR x2 doses). Pregnant staff should seek prompt advice from their GP.
Hand, Foot and Mouth (coxsackie).	None.	If a large number of children affected contact HPT. Exclusion may be considered in some circumstances.
Impetigo (Streptococcal Group A skin infection).	Until lesions are crusted or healed or 48 hours after starting antibiotics.	Antibiotics reduce the infectious period.
Measles	4 days from onset of rash.	Preventable by immunisation. (MMR x2 doses). Pregnant staff should seek prompt advice from their GP.
Ringworm.	Not usually required unless extensive.	Treatment is required.
Scabies.	Until the first treatment has been completed.	2 treatments are required including treatment for household and close contacts.
Scarlet fever.	Child can return 24 hours after starting appropriate antibiotic treatment.	Antibiotic treatment is recommended for the affected child.
Clapped cheek/fifth disease. Parvovirus B19.	None (once rash has developed).	Pregnant contacts of a case should consult their GP.
Shingles.	Exclude only if rash is weeping and cannot be covered.	Can cause chickenpox in those who are not immune, i.e. have not had chickenpox. It is spread by very close contact and touch.
Warts and verrucae.	None.	Verrucae should be covered in swimming pools, gymnasiums and changing rooms.
2. Diarrhoea and vomiting illness		
Diarrhoea and/or vomiting	48 hours from last episode of diarrhoea or vomiting.	
E. coli O157 STEC Typhoid and paratyphoid (enteric fever) Shigella (dysentery).	Should be excluded for 48 hours from the last episode of diarrhea for E. coli 0157. Further exclusion may be required for some children until they are no longer excreting. Exclusion is also variable for enteric fever and dysentery. HPT will advise.	Further exclusion is required for children aged five years or younger and those who have difficulty in adhering to hygiene practices.
Cryptosporidiosis.	Exclude for 48 hours from the last episode of diarrhoea.	Exclusion from swimming is advisable for two weeks after diarrhoea has settled.
3. Respiratory infections		
Flu (influenza).	Until recovered.	If an outbreak/cluster occurs, consult your local HPT.
Tuberculosis.	Advised by HPT on individual cases.	Only pulmonary (lung) TB is infectious to others. Needs close, prolonged contact to spread.
Whooping cough (pertussis).	48 hours from starting antibiotic treatment, or 21 days from onset of illness if no antibiotic treatment.	Preventable by vaccination. After treatment, non-infectious coughing may continue for many weeks.
4. Other infections		
Conjunctivitis.	None.	If an outbreak/cluster occurs, consult your local HPT.
Diphtheria.	Exclusion is essential. Always consult your local HPT.	Family contacts must be excluded until cleared to return by your local HPT. Preventable by vaccination.
Glandular fever.	None.	
Head lice.	None.	Treatment is recommended only in cases where live lice have been seen.
Hepatitis A.	Exclude until seven days after onset of jaundice (or seven days after symptom onset if no jaundice).	
Hepatitis B, C, HIV/AIDS.	None.	Hepatitis B and C and HIV are bloodborne viruses that are not infectious through casual contact.
Meningococcal meningitis/ septicaemia.	Until recovered.	Meningitis ACWY and B are preventable by vaccination. There is no reason to exclude siblings or other close contacts of a case.
Meningitis due to other bacteria.	Until recovered.	Hib and pneumococcal meningitis are preventable by vaccination. There is no reason to exclude siblings or other close contacts of a case.
Meningitis viral.	None.	Milder illness. There is no reason to exclude siblings and other close contacts of a case. Contact tracing is not required.
MRSA.	None.	Good hand hygiene and environmental cleaning.
Mumps.	Exclude child for five days after onset of swelling.	Preventable by vaccination (MMR x2 doses).
Threadworms.	None.	Treatment is recommended for the child and household contacts.
Tonsillitis.	None.	There are many causes, but most cases are due to viruses and do not need an antibiotic.

5. Food Handling and Storage

It is essential for food safety to have systems and procedures in place within the kitchen to prevent cross contamination between raw and cooked foods and to ensure that food is cooked or reheated thoroughly and stored at the correct temperatures.

Food hygiene advice will be obtained from the local Operations manager.

Hands must be thoroughly washed prior to handling or serving food. This applies to both children and adults.

Anyone requiring a plaster should ensure that a blue food handler's plaster is utilised.

Long hair should be tied back and jewellery kept to a minimum. Earrings and rings with stones should not be worn. Nail varnish should not be worn.

Raw and cooked foods should be stored separately with cooked foods stored above raw foods. Working surfaces and utensils should be identified regarding raw or cooked food use. Food items stored should be in suitable airtight containers and stored at the correct temperature. A fridge thermometer should be in place and checked and recorded daily. Fridge temperatures should be below 5 °C.

Once food items have been opened they should be date marked to highlight when it was opened and when it should be disposed of (follow manufacturer's recommendations).

Consumables belonging to children or staff should be labelled and dated prior to placing in the fridge or cupboard.

Checks should be carried out to ensure "use by" or 'best before' date is complied with. Food storage areas should be cleaned weekly or after spillage/contamination.

Cooking times and temperatures should ensure that the centre or core of the product reaches the temperature of 75 °C. If foods are to be reheated they should be reheated to a minimum temperature of 82 °C. Food should be checked with a probe thermometer to ensure the correct temperature has been reached. Probe wipes must be used to disinfect the probe before it is used each time.

All re-useable cups and dishes are washed in a dishwasher or with hot water and a suitable anti-bactericidal detergent. Where dish washing is being done in a sink, staff should be made aware to change the water frequently thus avoiding the build-up of germs.

Raw Shell Eggs: Should be treated as raw meat and:

- should not be used in uncooked dishes (e.g. butter icing or lightly cooked dishes e.g. scrambled eggs)
- Raw eggs or mixtures containing raw eggs such as cake mix should not be eaten. Licking the baking bowl or spoon should be prohibited in a pre-school setting.
- must be well cooked and, if being fried or boiled must be cooked until both the white and yolk are solid.
- should be disposed of safely and should not be used for play.
- eggs must be stored under refrigeration.
- used within the date code; consider using date stamped eggs.
- kept separate from other food to avoid cross contamination.

6. Milk for babies

Parents/guardians should provide breast milk or formula milk in bottle prepared for storage at the childcare setting. Just like other foods, milk, including breast milk, can become contaminated with germs.

Tips for safely preparing/storing milk foods for babies

- Milk should be labelled with the child's name and date of preparation/expression.
- Use freshly boiled water that has been allowed to cool.
- If possible if parent/guardian has supplied the dried formula for reconstitution, staff to make each feed before using it or encourage parents to provide readymade tetra packs of formula milk
- Use formula milk within an hour of being prepared
- Milk including breast milk can be stored in a fridge before use (but not in the door of the fridge)
- Dispose of any milk left after a feed and rinse and wash bottles as described below
- Wash bottles, teats, plastic spoons and other utensils thoroughly, removing all traces of milk and detergent, before disinfecting. Use a bottlebrush to remove milk, if necessary
- Clean the bottlebrush thoroughly after use by washing it in a dishwasher or in the prepared steriliser solution, after washing in warm water with detergent
- Bottles and feeding equipment must be disinfected before use
- Check formula milk is not out of date
- Follow the manufacturer's instructions for making formula milk
- Use freshly boiled water that you have allowed to cool

7. Cleaning and Disinfection in the Environment

Good housekeeping including vacuuming (avoid sweeping) damp dusting and washing is essential in the prevention of the spread of infection. Floors are cleaned regularly and vacuumed daily, especially as children spend so much time playing on them. Food preparation areas should be cleaned thoroughly before and after food is prepared.

All food premises must comply with Regulation EC No. 852/2004, Annex II Chapters I and V and subsequent guidance relating to *E.coli* O157, and it is a requirement that a BS EN 1276 or BS EN 13697 approved sanitiser or disinfectant is used to clean down work surfaces. It is also required that sinks are cleaned down between uses. Sinks should be cleaned and disinfected thoroughly between use for food prep (preparing fruit and veg) and then cleaning dishes.

To cut down the spread of germs, the environment must be kept as clean and dry as possible.

Easy steps to make sure your childcare setting is clean and safe for children

1. All childcare settings should have a cleaning schedule which:
 - lists each room in the building used to provide the care service
 - has a signed, dated record of cleaning
 - records who is responsible for the cleaning
 - says how and when the fixtures and fittings should be cleaned
 - includes areas that are cleaned less often than each day and when they are due to be cleaned
2. Do a cleanliness check every day before the children arrive
3. Encourage staff and parents to raise their concerns about cleanliness

4. Have a procedure for what to do if fixtures/fittings break or can no longer be cleaned

Routine environmental cleaning:

- Use of a general-purpose detergent and hand-hot water (prepared according to the manufacturers' instructions) is usually enough to make sure the environment is clean and safe
- Disinfectants don't usually need to be used as part of your routine cleaning (with the exception of toilets), but may be required during an outbreak of infection, as directed by your Health Protection Team
- Keep all cleaning equipment well maintained

Surfaces in the toilet, such as flush handles, taps, toilet seats and door handles are cleaned daily. Surfaces that toddlers and infants are likely to touch should be washed at least once a day.

Use of a disinfectant solution with detergent is advisable (make up according to manufacturer's guidance), will be required in the event of the following:

- during an outbreak of gastroenteritis
- when dealing with blood or blood stained spillages of body substances.

Granules are also available which can be applied directly to a spillage, **excluding urine**.

Carry out standard cleaning procedures followed by disinfection for small spillages.

Wear rubber gloves and a plastic apron when cleaning up small spillages/smears of blood, vomit or excreta. Soak up as much of the spillage as possible with disposable towels or add granules. Clean the area thoroughly with hot water and detergent and, finally, disinfect with a detergent solution. Wipe the disinfectant off and dry thoroughly.

8. Hygiene and Disposal of Nappies

It is essential that children's nappies are changed and disposed of hygienically, given that their contents may be infectious, potentially transmitting several diseases.

Children's nappies should be changed in the toilet area. All toilet waste is therefore being contained within the one area. Nappy sacks and disinfectant wipes are readily available. Dirty nappies are bagged then disposed of in a nappy bin.

Once the child has been cleaned, changed and removed from the area, the changing surface should be cleaned with a general purpose detergent and water and rinsed and dried. Hands should be thoroughly washed after removing gloves.

Infants who have been vaccinated against polio, excrete this into their nappy.

Staff are responsible for emptying nappy bins at the end of each day and disposing of waste appropriately.

9. Contact with Animals

During visits to farms or crofts, children are often encouraged to touch livestock and to help bottle-feed calves and lambs. This presents a real risk of children acquiring infections such as E.coli O157, Campylobacter, Salmonella and Cryptosporidium which can cause severe diarrhoeal illness. These germs can be transmitted to humans by touching animals or their manure and then touching food or mouths.

Visits to these places should not be discouraged. To avoid catching an infection the following guidelines should be followed:

Before the visit:

- Check that the farm has suitable washing facilities for visitors - soap, very warm water and disposable towels. If this is not available staff should bring hand sanitizer and wipes.
- Ensure that there is an adequate number of supervising adults, taking into account the age and stage of development of any children involved.

Explain to the group that they cannot eat or drink anything while touring the farm because of the risk of infection.

Advise that Wellington boots or sturdy outdoor shoes (not sandals) should be worn during the visit

Check that cuts and grazes on children's hands are covered with a waterproof dressing.

If anyone is in contact with or feeding farm animals, warn them not to place their faces against the animals or put their hands in their mouths afterwards.

Keep everyone especially children away from sick animals.

Everyone should be instructed to wash and dry their hands thoroughly after direct contact with animals, manure or slurry. If young children are in a group, hand washing will need to be supervised.

Everyone must wash their hands before eating any snacks or taking a meal break. Meal breaks or snacks should be taken away from areas where animals are kept and children warned not to eat anything that has fallen onto the floor.

At the end of visit:

- Ensure that everyone washes their hands thoroughly before departure even if they have had no direct contact with animals.
- Clean your group's shoes and pushchairs and so on after visits. Wash hands after removing wellington boots and shoes worn at the time of visit.

Animals within the childcare setting:

Children's allergies will be considered prior to a visit; children with asthma may be affected by the presence of animals.

Make sure that children understand that animals may carry germs and that they need to wash their hands after touching animals.

Check that the animal's vaccinations and treatments are up to date and that they have been declared healthy by a vet.

Children should be supervised at all times when handling animals. They should be discouraged from kissing pets and allowing animals to lick their faces.
Animals should not be housed or fed in the kitchen or food preparation area.

10. HIV, Hepatitis B and Hepatitis C

HIV (human immunodeficiency virus), Hepatitis B and Hepatitis C infection are spread by direct contact with an infected person's blood or certain body fluids. These infections are not spread by normal daily contact and activities, e.g. coughing, sneezing, kissing, hugging, holding hands, sharing bathrooms and toilets or food, cups, cutlery and crockery.

In nursery the sharing of toothbrushes (which may be contaminated with blood) may spread these infections. Toothbrushes and storage racks should therefore be clearly marked with an appropriate symbol to identify ownership, and staff should be present to ensure that children use their own toothbrushes and avoid potential cross contamination.

References:

Health Protection Scotland
<https://www.hps.scot.nhs.uk/>

Keep it clean and healthy 2010
<http://www.ifh-homehygiene.org/best-practice-care-guideline-training/keep-it-clean-and-healthy-infection-control-guidance-nurseries>

"Infection Prevention and Control in Childcare Settings (Day Care and Childminding Settings)". (September 2015). Health Protection Scotland and NHS National Services Scotland
<https://www.hps.scot.nhs.uk/web-resources-container/infection-prevention-and-control-in-childcare-settings-day-care-and-childminding-settings/>

"Handy" in 2009
<http://www.washyourhandsofthem.com/the-campaign/childrens-pack.aspx>

Care Inspectorate – Nappy changing facilities in early years nursery and large childminding services guidance for new registrations or variation of an existing service 2013

<https://www.careinspectorate.com/index.php/news/293-nappy-changing-facilities-in-early-years-nursery-and-large-childminding-services-guidance-for-new-registrations-or-variation-of-an-existing-service>

HEALTH AND SAFETY POLICY

Introduction

The Comhairle's Early Years Nurseries are committed to ensuring that all setting practices are carried out within the requirements of the Health and Safety Act 1974 and the management of Health and Safety at Work Act 1999.

The nursery has a responsibility to provide a safe and healthy environment for your child and the Manager is responsible for health and safety matters concerning the nursery premises.

All staff are trained and aware of potential hazards within the nursery and surrounding environment and actively protect the children from hazards and potential risk. We aim to provide all staff with first aid training. All accidents and any incidents are recorded in the Accident Report Book. All accidents are accurately notified to the parent/carer as soon as possible. Hygiene rules relating to bodily fluids are followed with particular care and all staff is aware of how infections can be transmitted.

We recognises that a systematic approach to health and safety, based on systematic risk assessment procedures (see risk assessment guidance for more information – Appendix 3) can minimise injury and ill health to staff and children.

The Comhairle has a Corporate Health and Safety Policy which Nursery staff should be aware of – <http://intranet/corporate/health/policies.asp>

Nursery staff should provide and maintain a safe and healthy environment for children.

Nursery staff should ensure that they enrol on appropriate training in health and safety matters. The following training for nursery staff is mandatory: Risk Assessment; Elementary Food Hygiene; Child Protection and First Aid. The Early Years Office runs a rolling programme of this training. Further information can be obtained from the Early Years Office.

It is essential that nursery staff identify potential hazards and risks and undertake written risk assessments. Staff should, introduce, so far as is reasonably practicable, measures to reduce and minimise risk and potential hazards.

All staff and visitors should be aware of the health and safety procedures that are in place.

Legal Framework

We follow all relevant legislation and associated guidance relating to health and safety within the nursery including:

- The requirements of the statutory Framework for the Early Years Foundation stage (EYFs) 2017 – <https://www.webarchive.org.uk/wayback/archive/20170104102702/https://www2.gov.scot/resource/doc/257007/0076309.pdf>
- The regulations of the Health and safety at work Act 1974 and any other relevant legislation such as Control of substances Hazardous to Health Regulation (COsHH)
- Any guidance provided by the Public Health Scotland, the local health protection agency, the local authority environmental health department, fire authority or the health and safety executive.

Information, Instruction and Supervision

The public liability insurance and the Health and Safety at Work etc. Act 1974 Poster should be on displayed on the premises.

1. Co-operate with supervisors and managers on health and safety matters
2. Not interfere with anything provided to safeguard their health and safety
3. So far as is reasonably practicable safeguard the safety and welfare of these persons who they are supervising
4. Take reasonable care of their own health and safety and detailed in this policy

Competency for task and training

Health and Safety is covered in the Induction training will be provided for all employees by the Early Years Department staff

Job specific training will be provided by the Early Year Department staff

Specific jobs are requiring special training are:

Training Table:-

Course	Training Required	Who
First aid	In house training	All Staff
Safeguarding/child protection	In house training	All Staff
Risk Assessment	In house training	All Staff
Fire safety procedures	In house training	All Staff
Food hygiene	Educare	All Staff
Manual handling	In house training	All Staff
Allergy awareness	Health Visitor/School Nurse	All Staff
Medication Training	Health Visitor/School Nurse	All Staff

Training records are kept (enter location)

Training will be identified, arranged and monitored by (INSET NAME)

1. Our first aid kit is kept on the premises and there is a poster displaying the first aiders and the location of the first aid boxes in each premise. There is a first aid box available for outings also.

Our aim

We are committed to:

- o Involve and motivate nursery staff in all matters concerning Health & Safety.
- o To provide adequate control of the health and safety risks arising from our work activities.
- o To regularly review risks and check that control measures remain adequate.
- o To consult with all employees on all matters affecting their health and safety.

- o Developing the appropriate setting structure and culture, that supports the concept of risk management by all members of the team.
- o To consult with all employees on all matters affecting their health and safety.
- o To provide and maintain safe plant and equipment.
- o To ensure safe handling use and storage of any substances.
- o To provide the necessary instruction, training, information and supervision for all staff, to ensure the competence of all staff.
- o Achieve a high standard of occupational health, safety, welfare and hygiene.
- o Provide a healthy environment.
- o Eliminate hazardous situations
- o To prevent accidents/ill health through good risk assessment processes and to create a culture of thinking safely where staff regularly bring forward any observations and concerns.
- o To review and revise this policy as necessary at regular intervals.

General Arrangements:

1. The public liability insurance and the Health and Safety at Work etc. Act 1974 Poster should be on display.

2. All accidents or incidents should be recorded in the accident book/form and signed by the parent and member of staff and a copy issued to the parent. The report should then be filed in the child's individual file to ensure confidentiality.

Any incidents that arise out of or be in connection with a work activity should be reported by using and IR1 form and sent to your Line Manager and health & safety team as soon as possible this applies to staff, children and visitors.

<http://intranet/corporate/health/incidentrep.asp#>

3. There should be a qualified first aider on the duty for each session. The members of staff that hold a valid certificate should be displayed on the notice board.

4. A member of staff should be nominated to restock the first aid box. The first aid box should be clearly labelled and be checked and restocked weekly.

5. In accordance with the school arrangements. A planned fire drill should be carried out every term ensuring each session is included to ensure all children and staff, carry out a fire drill and this recorded.


6. All members of staff should be aware of the location of fire exits, extinguishers and fire blankets.

7. In compliance with Infection Control Standards staff should wash their hands:
 - Before preparing and eating food
 - Before feeding children
 - After handling body fluids
 - After tending children with cuts, abrasions or suspected infections.
 - After changing a nappy

- After going to the toilet either with a child or by themselves.
 - After any contact with an animal
 - After any contact with soil, mud, sand, water outdoors
8. Staff should ensure that children wash their hands where applicable as above.
 9. In compliance with Infection Control Standards all toys and equipment are cleaned on a regular basis and this should be recorded.
 10. All cleaning materials should be stored in a locked cupboard.
 11. Comhairle Nan Eilean Siar's Environmental Health inspector inspects the premises and the guidelines on good food hygiene issued by them should be adhered to.
 12. Risk assessments should be carried out on the premises, inside, outside areas, and specific activities and a record of this is kept.
 13. Individual risk assessments of children can also be carried out to ensure their health, safety and welfare.
 14. In accordance with the staff ratios set by the Regulation of Care Act 2001, the following staff ratios will be followed:

AGE	RATIO
Under 2s	1:3
2 to under 3s	1:5
3 and over	1:8

APPENDIX 1

	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> Comhairle Nan Eilean Siar Incident Report Form </div>	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> Form IRI </div>
To be completed in accordance with standard instructions for all incidents, including dangerous occurrences, within Comhairle controlled property, situations involving Comhairle employees or persons under the supervision of the Comhairle. Copies to: White - Health & Safety Office Yellow - Line Manager Pink - Departmental File Please complete all sections:		
INCIDENT:		
Department:	Date of Incident:	
Location/Site:	Time of Incident (24 hr):	
Address:	Reported by Whom:	
Post Code:	Reported to Whom:	
Telephone:	Designation:	
Please state exactly where the incident occurred (Swimming Pool, Playground, Corridor, Classroom, Resident's Bedroom, Roadway, Canteen, Residents Lounge, Room No, etc):		
		Date Reported:
INJURED PERSON:		
Full Name:	Work Base:	
Home Address:	Address:	
Post Code:	Post Code:	
Occupation:	Telephone:	
Age: Date of Birth (where known): SEX: M <input type="checkbox"/> F <input type="checkbox"/>		
Status: Comhairle Employee <input type="checkbox"/> Work Experience <input type="checkbox"/> Client/Pupil <input type="checkbox"/> Member of Public <input type="checkbox"/> Contractor <input type="checkbox"/> Other <input type="checkbox"/>		
Name & Address of Contractor (where applicable):		
Nature of Injury: (Fracture, Concussion, Cut, Sprain, Bruising, etc):		
Part of Body Injured: (Left/Right Hand, Foot, Head, Back, Ankle, Wrist, etc):		
Safety Equipment/Protective Clothing used/worn at time:		
DESCRIPTION OF INCIDENT:		
Includes details of any machinery or vehicle involved and, in the event of a fall, the height fallen by person/object(s). Include sketch or pictures.		
WITNESSES (if any):		
RIDDER REGULATIONS 2013:		
If the injured person is an employee, was he or she absent from duty for more than seven days?		YES/NO
Was the injured person taken from the scene of the incident to hospital?		YES/NO
Was the injured person detained in hospital for 24 hours?		YES/NO
Was there a dangerous occurrence that could have resulted in an injury?		YES/NO
Is the person suffering from a reportable disease? (Please consult RIDDER Regulations or the Risk & Emergency Planning Manager)		YES/NO
For Official Use Only: Date Form 2508 completed Name		
RESPONSIBLE PERSON: (Supervisor / Manager / Head of Section / Head Teacher, etc.)		
Name:	Date:	
Designation:		
Work Base:		
Address:		Telephone:
Please detail any actions taken to prevent recurrence:		
Are you satisfied that this incident happened in the course of the individual's employment with the Comhairle? YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>		
(Please comment on a separate sheet, if necessary)		
Responsible Person's Signature:		Date:

APPENDIX 3 - Risk Assessment Example



RISK ASSESSMENT FORM

Revision No: 2
 Revision Date: 07/09/2018
 Doc Owner: H&S Team

Reference No: 01	Date: 6 th November 2019
Department: Education, Skills & Children's Services	Review Date: (ongoing review)
Assessed by (Name/Signature): EXAMPLE RISK ASSESSMENT ONLY	
Overall Responsible Person (Name/Signature): <i>Named HT/Manager</i>	
Description of Activity/Area: <i>Playground environment at (name) Nursery.</i>	

What are the Hazards?	Who might be harmed and how?	What are you already doing?	Risk Level	What further action is necessary?	Residual Risk	Action by whom?	Action by when?
Risk of running out of playground area towards car park and main road.	Pupils may be harmed by being hit by a moving vehicle	Close 1-1 supervision of the pupils at all times when they are outside in the playground. 4 staff on duty at break times and lunch times	Substantial	Request that the access to the playground (leading to the main Road) and exit is blocked off by gates or similar to keep pupils safe.	Moderate	HT/Manager	As soon as possible

What are the Hazards?	Who might be harmed and how?	What are you already doing?	Risk Level	What further action is necessary?	Residual Risk	Action by whom?	Action by when?
Slip, trip and fall	Pupils have no awareness of any dangers	Close 1-1 supervision of the pupils at all times when they are in the playground alerting them to any hazards in the playground i.e. tyres, toys. staff on duty at break times and lunch times	Moderate	Establish a safe area in the playground for the pupils to play in during break times ensuring the surface area is clear from any trip hazards. The HT/Manager should be informed immediately of any potential hazards and the area will be made out of bounds until the area can be made safe.	Tolerable	1-1 and all staff supervising playground area	Ongoing Monitoring
Climbing fencing and trees in playground area.	Pupils by climbing fences and trees with risk of falling and causing injury.	Close 1-1 supervision of the pupils at all times when they are in the playground.	Moderate	Consider areas to be cordoned off to prevent pupils climbing if they continue to present this risk. Staff to be issued with 2 way radio's to summon help if required.	Tolerable	1-1 staff and Head Teacher	Ongoing Monitoring
Adverse Weather	Staff and Pupils by slip, trip, fall or being struck by an object during severe weather.	<ul style="list-style-type: none"> On wet days, or when there is adverse weather the current arrangements are that the pupils remain inside the building. Ensure that any play equipment is removed to a safe location during high winds. 	Tolerable	<ul style="list-style-type: none"> Ensure that there are adequate resources to grit the grounds around the school during snow/ice conditions. Individuals are alerted to ice covered areas in particular children and are made aware of the dangers. 	Tolerable	HT/Manager	Ongoing Monitoring
Poorly maintained playground equipment	Pupils by injuring themselves on damaged equipment	<ul style="list-style-type: none"> Ensure equipment is in a safe condition and checked on a weekly basis. Repairs to be undertaken where necessary Ensure that areas which become unsuitable will be cordoned off and placed out of bounds until repairs can be undertaken 	Moderate	<ul style="list-style-type: none"> Keep a record of inspection and maintenance as timely. Keep a record of maintenance and inspection and reasons why it has been carried out. Educate pupils that they are not to go onto equipment or use it until repairs have been carried out. 	Tolerable	HT/Manager	

What are the Hazards?	Who might be harmed and how?	What are you already doing?	Risk Level	What further action is necessary?	Residual Risk	Action by whom?	Action by when?
Planned Building works ongoing in the school grounds	Pupils by gaining access to the site and causing injury.	<ul style="list-style-type: none"> The site has been cordoned off by the contractors "Stornoway Builders" Ensure there are daily checks carried out and recorded to make sure that the site is secure. 	Moderate	<ul style="list-style-type: none"> Educate the pupils about the dangers of building sites by using the (Ivor Good site Presentation) resourced by Health & Safety. 	Tolerable	HT/Manager	ASAP
Staff react negatively to situations. Frequent staff absence	Staff	<p>HSE define stress as "the adverse reaction people have to excessive pressures or other types of demand placed on them"</p> <ul style="list-style-type: none"> Staff who are showing signs of work related stress- will be referred to OH for support and professional advice. Refer staff to the CnES Employee Assistance Programme provided by (Health Assured) Refer to the CnES Stress Prevention policy and carry out a stress risk assessment. (Example contained within the policy) 	Moderate	<ul style="list-style-type: none"> Follow HSE Management Standards by following a step by step approach to identify the main risk factors in relation to work related stress and to comply with the law. Re-examine the workload of the employee with a view of making beneficial changes Recommend consultations with their GP Directing the member of staff to OH 	Trivial	Head Teacher	Ongoing monitoring

What are the Hazards?	Who might be harmed and how?	What are you already doing?	Risk Level	What further action is necessary?	Residual Risk	Action by whom?	Action by when?
Violence & Aggression	Staff by pupils causing injury by kicking, scratching, hitting, biting and spitting and Hair Pulling.	<ul style="list-style-type: none"> Staff receives training in CALM, Autism Awareness and Nurture training. Staff aware of the CnES Violence & Aggression Policy Staff aware of E,S&CS "Improving behaviour policy" All staff working 1-1 with pupils to wear protective clothing i.e. Bite Pro Jackets and Sleeves. Staff to tie long hair back, not to wear drop style earrings, necklaces, bangles, scarfs as there is a risk of grabbing. Staff to wear long sleeved clothing. Weekly core group established to provide opportunity to review and reflect on any issues that arise throughout the week. Staff have been issued with 2 way radio's to summon help if required. 	Moderate	<ul style="list-style-type: none"> Make sure new staff receives training depending on their role and responsibility and current staff's training is up to date. Make sure all staff understands the Policy's. Make sure all staff is aware of the current Incident Reporting Procedure. Invite specialist staff to core group meetings' as required to provide targeted input e.g. PTLs, OH, EP, CALM trainer etc. Use weekly core group too review ABCs and IR1s 	Tolerable	Head Teacher Staff	Ongoing Monitorin g


Identify The LIKELIHOOD that a Hazard May Occur AND The CONSEQUENCES of the Hazardous Event to establish the Risk Level.

		CONSEQUENCES				
		INSIGNIFICANT (No Injury)	MINOR (Negligible Injury requiring first aid only; no absence from work)	MODERATE (Minor injury requiring medical treatment)	SIGNIFICANT (Major injury /no Permanent Disability / lasting health effects)	MAJOR (Fatality or serious personal injury / permanent disability)
LIKELIHOOD	RARE Conceivable but in extreme circumstances	TRIVIAL	TRIVIAL	TRIVIAL	TOLERABLE	TOLERABLE
	UNLIKELY to occur within a 10 year period	TRIVIAL	TRIVIAL	TOLERABLE	TOLERABLE	MODERATE
	POSSIBLE to happen once every 3 or more years	TRIVIAL	TOLERABLE	TOLERABLE	MODERATE	SUBSTANTIAL
	LIKELY to happen at some point within the next 3 months to a year	TOLERABLE	TOLERABLE	MODERATE	SUBSTANTIAL	SUBSTANTIAL
	ALMOST CERTAIN to occur every 3 months	TOLERABLE	MODERATE	SUBSTANTIAL	SUBSTANTIAL	INTOLERABLE

TRIVIAL	Adequate controls in place. No further action/records required.
TOLERABLE	Observe current controls in place. No additional controls are required unless a means of reducing the risk to trivial is possible. Record the decision making process, particularly if no action is to be taken.
MODERATE	The activity/process should not continue for a stated period of time without considering steps to lower the risk. The defined time period should take into account the level of harm. The control measures should be as low as reasonably practicable in terms of money, time or trouble.
SUBSTANTIAL	Work should not be started or continued until the risk has been reduced. Considerable effort & resources may have to be allocated to reduce the risk. When the risk involves work in progress urgent action should be taken to reduce the risk to at least a tolerable level. If ANY risks are identified as Substantial; the Overall Responsible Person must be a Head of Service or above.
INTOLERABLE	Work should not be started or continued until the risk has been reduced. If the task is already in operation it should be stopped and every effort and all of the resources to hand should be applied to reduce the risk to at least a tolerable level. If it is not possible to reduce the risk even with unlimited resources, work has to remain prohibited. If ANY risks are identified as intolerable; the Overall Responsible Person must be a Head of Service or above.

All risk assessments must be monitored regularly for significant changes and to ensure controls are maintained.

APPENDIX 4 – Blank Risk Assessment Template

	<h1 style="margin: 0;">RISK ASSESSMENT FORM</h1>						Revision No: 2
							Revision Date: 07/09/2018
							Doc Owner: H&S Team
Reference No:				Date:			
Department:				Review Date:			
Assessed by (Name/Signature):							
Overall Responsible Person (Name/Signature):							
Description of Activity/Area:							
What are the Hazards?	Who might be harmed and how?	What are you already doing?	Risk Level	What further action is necessary?	Residual Risk	Action by whom?	Action by when?

Identify The LIKELIHOOD that a Hazard May Occur AND The CONSEQUENCES of the Hazardous Event to establish the Risk Level.

		CONSEQUENCES				
		INSIGNIFICANT (No Injury)	MINOR (Negligible Injury requiring first aid only; no absence from work)	MODERATE (Minor injury requiring medical treatment)	SIGNIFICANT (Major injury /no Permanent Disability / lasting health effects)	MAJOR (Fatality or serious personal injury / permanent disability)
LIKELIHOOD	RARE Conceivable but in extreme circumstances	TRIVIAL	TRIVIAL	TRIVIAL	TOLERABLE	TOLERABLE
	UNLIKELY to occur within a 10 year period	TRIVIAL	TRIVIAL	TOLERABLE	TOLERABLE	MODERATE
	POSSIBLE to happen once every 3 or more years	TRIVIAL	TOLERABLE	TOLERABLE	MODERATE	SUBSTANTIAL
	LIKELY to happen at some point within the next 3 months to a year	TOLERABLE	TOLERABLE	MODERATE	SUBSTANTIAL	SUBSTANTIAL
	ALMOST CERTAIN to occur every 3 months	TOLERABLE	MODERATE	SUBSTANTIAL	SUBSTANTIAL	INTOLERABLE

TRIVIAL	Adequate controls in place. No further action/records required.
TOLERABLE	Observe current controls in place. No additional controls are required unless a means of reducing the risk to trivial is possible. Record the decision making process, particularly if no action is to be taken.
MODERATE	The activity/process should not continue for a stated period of time without considering steps to lower the risk. The defined time period should take into account the level of harm. The control measures should be as low as reasonably practicable in terms of money, time or trouble.
SUBSTANTIAL	Work should not be started or continued until the risk has been reduced. Considerable effort & resources may have to be allocated to reduce the risk. When the risk involves work in progress urgent action should be taken to reduce the risk to at least a tolerable level. <i>If ANY risks are identified as Substantial; the Overall Responsible Person must be a Head of Service or above.</i>
INTOLERABLE	Work should not be started or continued until the risk has been reduced. If the task is already in operation it should be stopped and every effort and all of the resources to hand should be applied to reduce the risk to at least a tolerable level. If it is not possible to reduce the risk even with unlimited resources, work has to remain prohibited. <i>If ANY risks are identified as intolerable; the Overall Responsible Person must be a Head of Service or above.</i>

All risk assessments must be monitored regularly for significant changes and to ensure controls are maintained.

ADMINISTERING OF MEDICATION POLICY

Staff are unable to give medication without written permission from parent/carer. Consent forms are available from the nursery manager.

1. Medicines will be stored in a safe place out with the reach of children in a locked cupboard with access only by an authorised person. It may not be appropriate to keep emergency medicines like inhalers or adrenaline injections in a locked cupboard as these need to be readily available and accessible to staff – they will be stored in an individually labelled box and out of reach of children.
2. Medicine should be stored in conditions that ensure that their quality is maintained – either cold storage (between 2-8°C) or storage below 25°C: - medication details label should be checked. Where children have access to the fridge, care should be taken to ensure children cannot access the medication.
3. Medicines should be kept in their original packaging and in a box clearly labelled with the child's name and details of medication and dosage. Where possible, staff should always read and retain the information leaflet which is supplied when a medicine is dispensed by a dispensing doctor, at a pharmacy or bought over the counter. This also applies to medication which needs to be kept in a refrigerator.
4. Do not administer medication if you do not know what it is or what it is for. It could be dangerous to give medication to treat a condition which the child does not have.
5. A record will be kept of the time, dose and the signature of the person who administered the medication, counter signed by a second member of staff. A copy will be given to the parents/carer. Parents/carer will be asked to sign this to acknowledge that the medication has been given, when the child is collected. All medication, including long term medication should be signed for and procedures followed.
6. Any member of staff giving medication to a child should check
 - i. The written permission provided by the parents/carer.
 - ii. The medication is for the child
 - iii. The prescribed dose.
 - iv. The prescribed date.
 - v. The dose frequency.
 - vi. The expiry date.
 - vii. Time of last dose of medication
 - viii. Any additional or cautionary labels.
 - ix. Any side effects that may occur.
7. Two members of staff will always be present when administering medication.

8. Staff should check that the parent/carer has previously given at least one dose of medication to ensure that the child does not have an adverse reaction to it.
9. If in doubt about any of the procedures or information staff should check with the parents/carer before taking further action.
10. Medication no longer needed to treat the current condition it was prescribed or purchased for, or which is out of date, should be returned to the parents/carers.
11. If staff have concerns the child's GP or Health Visitor should be contacted for advice.
12. If a child refuses to take medication, staff should not force them to do so and the parents/carer informed immediately.
13. If too much medication is given, or medication is given to the wrong child staff would check the instructions and side effects on the medication, parents/carer would be informed immediately and medical advice sought.
14. Medicine spoons and oral syringes should be cleaned after use and stored with the child's medication. Adaptors for inhalers like 'spacers' should be cleaned as described in the product information. The service might have to obtain this information from the parent/carer as some devices have special cleaning instructions which, if not carried out, can have a detrimental effect on the way that they work. Such additional information should be kept in the child's records.
15. If the care service has to store Schedule 2 Controlled Drugs like Methylphenidate (Ritalin, Concerta) then these should be kept in a locked receptacle which can only be opened by authorised people. It may not be appropriate to keep emergency medicines like inhalers or adrenaline injections in a locked cupboard as these need to be readily available and accessible to staff. This must be kept well out of the reach of children. It is important that all staff (including relief workers) know which children require medication, where the medication is stored, and how to access it.
16. If required staff will attend training to administer medication that is administered via non-oral routes. For example – Rectal diazepam/paracetamol, subcutaneous insulin or Epi pen (this will be updated as required). Staff should take care to maintain child's dignity at all times.
17. It is good practice to review all consent at least every three months or at the start of a new term to check that the medication is still required, is in date and that the dose has not changed.
18. Staff will keep an accurate, up to date record of any medication stored on the premises for the use of children who attend the service. This includes medicines received, returned or disposed of.

19. Records of medication administered should be kept in the child's file for the whole time they remain in the group.
20. It is our policy to apply sun cream and where appropriate to encourage children to apply their own when the children are out in the sun. Parents/carers are encouraged to supply sun cream, clearly labelled with child's name, for the child's use. If there is any reason parents/carers do not wish sun cream to be applied to their child their wishes should be put in writing and kept in the child's records and all staff to be informed.
21. If a group is asked to administer Calpol or an antibiotic in a one-off situation or for a short period of time a consent form must be signed by the parent/carer detailing the name of the medication. Parents should also notify staff of the time of the last time the child received a dose of the medication.
22. At all times, if written procedures are followed, nursery staff will be deemed to have acted in good faith. Nursery staff are required to act as would a caring parent and not as a medically trained professional.
23. During trips and visits, essential medicines and medical forms will be taken and controlled by the member of staff leading the party
24. The setting will endeavour to ensure all staff completes basic first aid training. This will include the treatment of minor ailments such as cuts, bruises, burns and stings.
25. If a child has long term health care needs and medication is required daily, this will be detailed in the child's health care plan. In such cases medication may be stored in the setting overnight. Staff should always follow instructions on the medication and ensure that medication is stored safely out of reach of children. Parents/carers must be informed of each occasion medication is given. Services need to record adequate information for children with complex medication regimes (for example diabetes, epilepsy/fitting, and severe asthma). Each medication and the condition it is prescribed to treat should be recorded in the child's care record.
26. Fever management - A fever is a high temperature. As a general rule, in children, a temperature of over 37.5°C is a fever. If a child has a fever, it's important to keep them well hydrated by giving them plenty of cool water to drink. To help reduce the child's temperature staff will also:
 - keep them cool - by undressing them to their underwear (you can cover them with a cool, lightweight sheet)
 - Keep them in a cool room - 18°C (65°F) is about right (open a window if needed).

Parents/carer will be contacted if staff are concerned about the child.

Urgent medical advice should be sought if the child is; under three months of age and has a temperature of 38°C or above. Between three and six months

of age and has a temperature of 39°C or above. Over six months and shows other signs of being unwell - for example, they are floppy and drowsy or you are concerned about them.

References

Management of Medication in Day care of Children and Childminding Services –The National Care Standards - Early education and childcare up to the age of 16
<http://www.careinspectorate.com/images/documents/1427/Childrens%20service%20medication%20guidance.pdf>

Permission to Administer Medication

Name and address of child to have medication

.....
.....

Name of Medication

Has the medication been administered previously: YES/NO

Reason for administration

Dosage.....

Times for administration Expiry Date:

Start Date: End Date:.....

Parent/Guardian Signature

Date

Permission to Administer Medication

Name and address of child to have medication

.....
.....

Name of Medication

Has the medication been administered previously: YES/NO

Reason for administration

Dosage.....

Times for administration Expiry Date:

Start Date: End Date:.....

Parent/Guardian Signature

Date

Record of Medication Administered.

Name and Address of Child receiving Medication

.....

.....

Date	Time	Medication & Dosage (if Tablets, number of)	No. of tablets before and after administration		Signature of staff Administering medication	Signature of staff witness	Comments/ Observations	Parents signature
			Before	After				

PARTNERSHIP WITH PARENTS POLICY

(The term parent should be understood to include guardians (and generally carers) in all following text)

Aim: To enable parents and children to participate in and feel that they can make a valuable contribution to the planning and development of the service.

Parents and children will have an opportunity to formally evaluate the service with the use of questionnaires. The views of parents and children informally will be considered and we will endeavour to adjust the service wherever practical to take into account any suggestions.

The nursery will provide the following:

- Information handbook about the service
- Information on current nursery policies
- Information on complaints
- The Child's Care Plan to record and assess a child's progress while at Nursery
- Informal feedback daily to parents on their child's day and activities they have participated in.
- Opportunity for parents to discuss any concerns they may have

The nursery will strive towards ensuring that parents are:

- Involved with their child's learning
- Welcomed and encouraged to take part in the life of their child's nursery
- Encouraged to express their views on early learning
- Build positive relationships with those involved in providing early learning to their child

Parents are asked to provide the following:

- Inform the child's key worker of any change of circumstance that would affect the child
- Update Care Plan with contact, consent etc. details as soon as there is a change
- Respect the healthy eating policy when providing snacks or meals
- Ensure children come dressed appropriately for active outdoor and messy activities

Together parents, children and the nursery will:

- Come to an agreement on strategies to be used to deal with issues such as behaviour, eating, change of family structure, toileting.
- Provide links for the child between the child's home and nursery
- Discuss suitable activities and learning targets which can be used in the home as well as nursery

- Review any new practice and adapt as appropriate

These can take the form of informal chats or as a questionnaire.

References:

Engaging with Parents

<https://education.gov.scot/improvement/learning-resources/engaging-parents-and-families-a-toolkit-for-practitioners>

Children and Young People (Scotland) Act 2014

http://www.legislation.gov.uk/asp/2014/8/pdfs/asp_20140008_en.pdf

National Parenting Strategy

<https://www.gov.scot/publications/national-parenting-strategy-making-positive-difference-children-young-people-through/>

Parent Club

<https://www.parentclub.scot>

OPEN DOOR POLICY

The Nursery recognises and value parents as the prime carer's and educators in their child's life.

Our aim is to ensure, that as parents, you are actively included/involved in all aspects of your child's care, education and learning whilst at nursery.

We ensure parents are kept up to date with their child's experiences and progress whilst at the nursery. We do this by offering informal chats with key workers and more formally through parent's evenings. In the under 2's room and 2-3 room we also provide a home link diary to share general information on your child's routines and experiences. White Boards are used throughout the nursery to inform parents/carers of the children's daily activities and play opportunities. A nursery newsletter is also distributed regularly.

We also recognise that parents have a valuable contribution to make to the life of the nursery. We welcome opportunities for parents to share their talents and skills i.e. baking, woodwork, music, with us and the children.

We also have a parent council which all parents are welcome to attend.

There may be times when staff are unable to speak to you immediately. Where this occurs we would encourage you to either wait until staff are free or schedule a mutually agreeable time.

Access to Playrooms:

We recognise the importance of minimising disruptions to the children's time with us. With this in mind we have introduced guidelines to ensure smooth transitions to each of the play rooms. It is anticipated that these guidelines will help children settle into the rooms whilst also minimising any upset/distress when they are separating from their parents/carers.

The system is as follows:

1. There is a door entry system at the front door; parents will be able to gain entry.
2. Parents are encouraged not to bring their child to nursery before their booked in time, as you will be asked to wait with your child until the correct time.
3. Where parents have important information they want to pass on to staff, this can be shared with staff at pick up or drop off time and this information will be recorded in our communication file within the room. This will ensure that information is shared appropriately with all relevant staff.
4. Parents are asked to place their child's packed lunch box in the fridge (If applicable).

If at any time you have any concerns or worries and want to talk more formally to the manager or your child's key worker appointments can be made by speaking to staff directly. In emergency situations please ask to speak to the manager immediately.

SUPPORTING CHILDREN WITH ADDITIONAL SUPPORT NEEDS POLICY

All children have the right to be included, to have equal access to services and to play and have fun. It is important that all children, including those with additional support needs have the opportunity to play and are equally included in games, activities and social opportunities. We are responsible for making sure this happens.

In keeping with council policy and current legislative requirements, our nursery is committed to providing an inclusive learning environment where each child can maximise their potential.

Under Getting it Right for Every Child it is our responsibility to work with children, families and other professionals to put the Child at the Centre of all that we do.

Additional Support Needs

A child has additional support needs if they need extra help (compared with their peers) to get the most out of Nursery. This does not just mean academically, but also covers other aspects of being in Nursery e.g. confidence, social skills or behaviour.

Additional Support Needs may fall into one of the following groups:

- Learning Environment,
- Family Circumstances,
- Disability or Health Need; and
- Social and Emotional Factors.

The Rationale

When a child with an Additional Support Need is offered a place in our Nursery we will -

1. Work in partnership with parents or carers by:

- offering a warm welcome and support
- taking account of their views
- encouraging participation in making decisions affecting the care and welfare of their child
- ensuring that confidential information about a child's situation and family is treated with sensitivity and understanding
- ensure effective transition procedures with parents/carers and receiving establishments.

2. Take the appropriate action to ensure the nursery is safe and has easy access to all areas and that children are able to participate independently by:

- ensuring the play area is accessible
- ensuring bathroom and changing facilities are suitable
- acquiring necessary specialist equipment and resources
- ensuring appropriate health and safety arrangements are in place: and
- ensuring members of staff are aware of Risk Assessment procedures.

3. Supporting our staff by:

- encouraging liaison with a range of specialist staff and ensuring that nursery practice is fully informed by their advice. e.g. therapists, health visitors, social workers, psychologists, learning support
- providing training e.g. in the use of specialist aids and equipment to support the child, signing, undertaking essential procedures such as physical handling or administering medicines etc.
- ensuring they understand the care and welfare needs, including those related to Child Protection. We operate under procedures outlined by the Local Authority Child Protection Policy.

The Curriculum

The Curriculum for Excellence provides structure for the learning, teaching and assessment for all children and young people aged 3-18

Early Years staff are responsible for the learning and teaching of **ALL** the children in their group.

In the Western Isles additional support needs are met through the process of Staged Assessment and Intervention using the GIRFEC pathway.

***See Staged Intervention GIRFEC overview at Appendix 1**

More information on our local authority GIRFEC strategy can be found by following this link:

<http://www.cne-siar.gov.uk/media/4754/gettingitrightforeverychild.pdf>

Transitions

All children go through transitions in their education. Early or timely planning is required to ensure continuity and progression between stages, breaks in education or a change in circumstance. We plan for effective transitions for our children by:

- Adhering to legislative timescales
- Effective communications between establishments and agencies
- Shared joint assessment of support requirements
- Ensuring continuity of support
- Informing and involving children and their parents/carers
- Focussing on solutions, not problems
- Specifying the least intrusive methods of support required to meet anticipated needs
- Discussing and passing on information held in files, child profiles etc.
- Follow-through

Appendix 1:

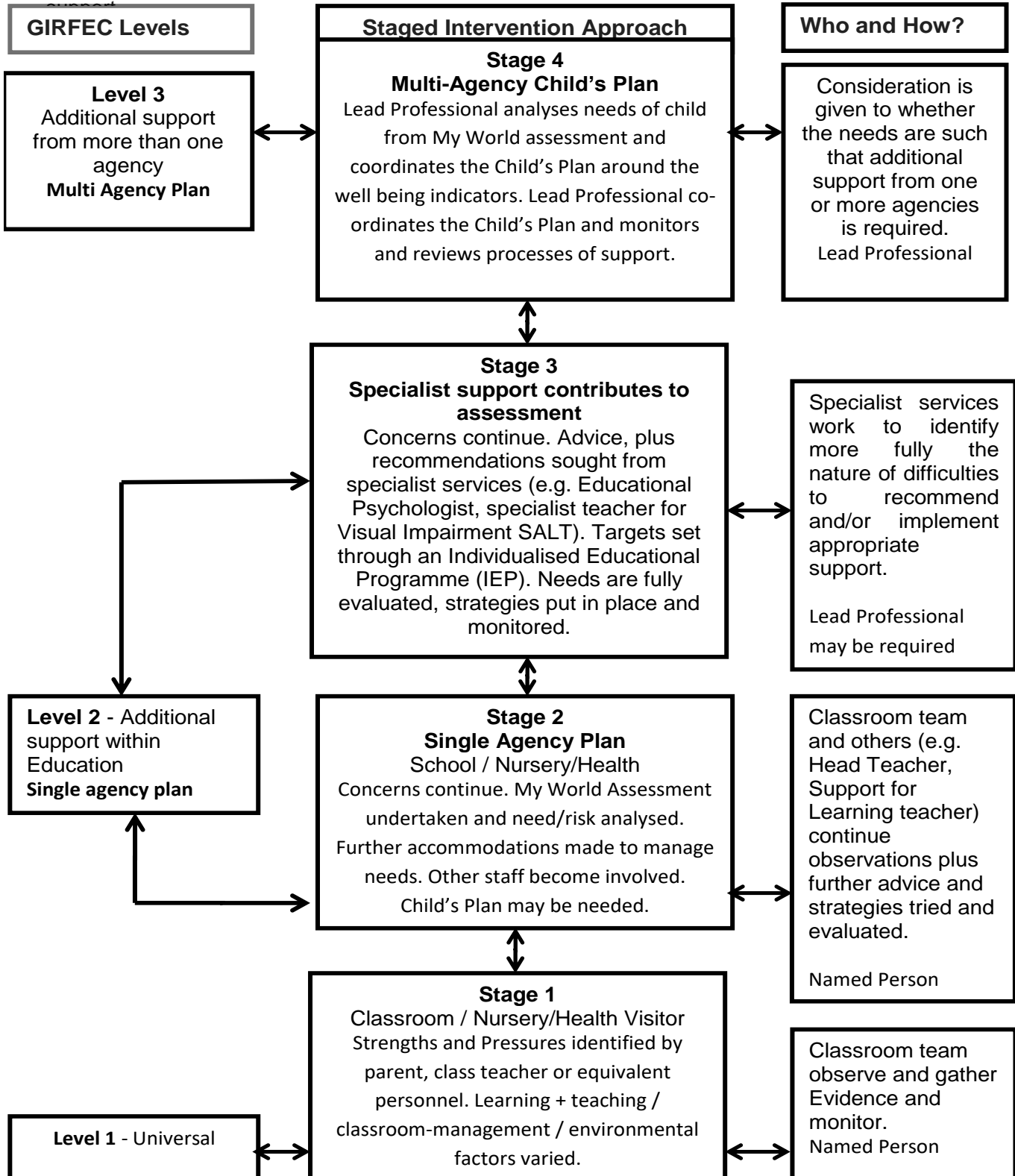


COMHAIRLE NAN EILEAN SIAR

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Department of Education and Children's Services

Staged Intervention GIRFEC Overview



PROMOTING POSITIVE BEHAVIOUR POLICY

In our Nursery, staff will at all times aim to work in partnership with parents and carers taking into account their wishes and aspirations for their children. They will work with parents by promoting positive strategies towards their child's development and behaviour.

For the Nursery to function effectively there must be an agreed framework of rules so that positive behaviour is promoted within the nursery. The Nursery recognises it has a duty to safeguard the wellbeing of users and that the rules should contribute to providing a safe stimulating environment in which children's potential for learning and development is at its best. The purpose of the rules is to enable all children to flourish. By promoting good behaviour, valuing co-operation and a caring attitude the nursery aims to help children develop a sense of responsibility and wellbeing for themselves and others.

The nursery aims to treat everyone as an individual whilst encouraging self-awareness and an appreciation of how an individual's actions affect others. With this in mind the nursery will:

- ▶ establish rules which set out the standard operating procedures and behaviour expected in the nursery
- ▶ endeavour to include the children, as well as parents and carers, in drawing up ground rules
- ▶ inform parents, carers and children of the rules and will check that they are understood and accepted
- ▶ provide explanations for why a particular rule should be respected
- ▶ encourage all adults to provide positive role models by showing consideration good manners and respect to and for others, including the children
- ▶ praise and encourage acceptable behaviour
- ▶ provide opportunities for freedom, self-expression and exploration without threatening the enjoyment of others
- ▶ help children develop a good self-image and acquire self-discipline
- ▶ understand age/stage appropriate behaviour
- ▶ be able to differentiate between deliberate and accidental occurrences
- ▶ use appropriate language and establish eye contact when talking to the children
- ▶ deal sensitively with anyone who breaches the rules
- ▶ work with parents and carers to promote acceptable behaviour
- ▶ review rules periodically to ensure they are still appropriate

The Nursery recognises that sometimes, despite all the best efforts of staff, children may behave in a way which is seen as unacceptable; Depending on the circumstances the following strategies may be applied:

- ▶ A warning and a consequence. For example stop writing on the table, you have not stopped writing on the table I am removing the pens for 5 minutes.
- ▶ Ignoring (only attention seeking behaviour or temper tantrums)
- ▶ Removal of a toy or an activity for a short period of time (as above)
- ▶ Behaviour charts (this strategy is only used in full consultation with the parent for particular problem behaviour. Behaviour charts are only used for a couple of weeks and then phased out)
- ▶ When none of the other strategies work, the child will be expected to sit out of an activity quietly for a few minutes, for example 2 minutes (3-5 yr olds) and 1 minute (2 years – 3 year olds). This will take place within the child's playroom.

Once the incident has been dealt with, adults will quickly try and engage the child in another activity and as soon as possible after the event praise the child for playing nicely.

Staff will remain calm and at no time raise their voices to the children. Children will **NEVER** be smacked, shaken, humiliated, ridiculed, isolated, threatened or made to feel unwanted or undervalued by any adults whilst in the care of the nursery.

Physical restraint, such as holding, will only be used to prevent physical injury to children or adults and/or serious damage to property. Details of such an event (what happened, what action was taken and by whom, and the names of witnesses) will be logged and brought to the attention of the Play Leader. The parent/carer is informed on the same day and signs the Incident Book to indicate that he/she has been informed. So far as is reasonably practicable any staff member taking part in a physical restraint should be appropriately trained by a recognised body.

When a child's behaviour is becoming a concern the nursery staff will make every effort to understand why a child is acting that way and will consult with the parents/carers, the nursery manager, and their EYSOS to identify ways in which the child can be supported. Confidentiality will be respected.

It may be appropriate for advice to be sought from agencies (i.e. Social Services or Learning Support) to develop plans for addressing the difficulties staff might be experiencing with children's behaviour. We aim to work in partnership with parents and referrals to such agencies will be made with the informed consent of parents and/or other relevant carers

Improving Behaviour policy -

<https://www.cne-siar.gov.uk/media/4765/improvingbehaviourpolicy.pdf>

OUTINGS POLICY

At Nursery we use the following procedures when taking the children on a special outing, out with the premises. This does not include day to day outings e.g. swing parks and local walks.

1. Parents/carers are told in advance
 - Where and when and the duration of the outing and expected time of return.
 - What activities will be involved
 - Names of adults that will be supervising.
 - Details of how to contact the person in charge while out on the trip.
2. Written permission is obtained from all parents/carers.
3. A Risk Assessment will be carried out prior to the outing to ensure that potential risks are identified and addressed. To ensure the health, safety and welfare of all children, individual risk assessments will also be referred to. Ideally, where reasonably practicable a risk assessment will be carried out and recorded on the location prior to visit. When this is not achievable the risk assessment will be completed on arrival at the location.

The risk assessment should include the following:

- Appropriate adult child ratio's.
 - Place to be visited.
 - Analysis of risk at location.
 - Duration of visit
 - Mode of transport
 - Individual needs of the children
 - Need for and ability to recruit additional staff/parent volunteers
4. Staff will discuss safety rules with children regularly to increase their awareness of dangers and the importance of following rules and instructions when on outings.
 5. The person in charge will take a register of the children participating and their contact details.
 6. A "head count" will be conducted prior to departing and on arriving. If the group is broken into sub groups then a member of staff will be allocated as the person in charge of the group and will be responsible for the head count for that sub group.
 7. A member of staff with a current first aid certificate will be present and a first aid box will be taken.
 8. The person in charge will take the accident/incident sheet, a mobile phone, first aid box and emergency contact details for all children and medication if required.
 9. Transport used will be fully insured and the drivers details satisfactory. All seats must be fitted with safety belts. ROSPA (Royal Society for the prevention of accidents) have issued the following guidance notes:
 - Rear seats in small minibuses - Children under the age of 3 years must use an appropriate child restraint **if available**. Children aged between 3 and 11 years, under 1.35 metres tall must wear a child restraint if available, or if not available, must wear a seat belt.

- Rear seats in larger minibuses – Passengers are strongly advised to wear seat belts or the correct child seat on all journeys.
- Rear seats in coaches - Passengers are strongly advised to wear seat belts or the correct child seat on all journeys.

10. Insurance details are checked to ensure the group is covered for outings.

Use of Volunteers

The nursery occasionally needs parent volunteers to help within the nursery and for outings/trips. Where volunteers are used regularly and are left on their own for short periods of time with the children it is necessary for those volunteers to have a PVG check. Information on the use of voluntary helpers is included within the nursery information pack along with an application form. If parents are interested in becoming a volunteer for the nursery they should fill in the form and return it to the Play Leader. Extra help is always appreciated.

EMERGENCY CLOSURE POLICY

If the Nursery has to close due to unplanned circumstances for example:

- Power failure.
 - Water Failure.
 - Bad weather – snow or severe gales.
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1. The person in charge will contact all parents/carers or emergency contacts informing them of where and when to collect the children.
 2. The children will be made comfortable and warm in a calm atmosphere until collected.
 3. No child will be left alone at any time.
 4. Only named persons nominated by parents will be permitted to collect the children.
 5. Education, Skills and Children's Services staff will arrange and co-ordinate alternative emergency accommodation if required. Parents will be kept fully informed.
 6. Please listen to local radio, check the Western Isles Emergency Planning Co-ordinating Group Facebook page or the Comhairle nan Eilean Siar website for information on group closure and reopening. In the majority of cases if the school is closed the nursery will also be closed. Faire will also be notified of school and nursery closure.

When the nursery is closed in these situations parental fees will be refunded.

EQUAL OPPORTUNITIES POLICY

In our Nursery we aim to create an environment that celebrates diversity and provides opportunities for all, irrespective of gender, ability and ethnicity. This will be carried out in a welcoming environment for all children where they have equal access to all the play and learning experiences.

We will do this by;

1. Providing themes and activities, which are representative of all children.
2. Providing an environment that gives positive images of all people of different races, cultures and abilities. Also showing men and women in non-traditional roles.
3. Providing resources and play experiences equally to boys and girls and not following the traditional male/female roles.

Children learn their views and attitudes from adults. Staff therefore strive to be good role models for them by;

1. Encouraging them to develop positive views of themselves and others by using praise and responding to problems sensitively.
2. Encouraging enlightening views about gender roles, levels of ability and ethnicity.
3. Having high expectations of the children's behaviour and learning.
4. Giving the children opportunity to participate in decisions that affect them.

Reference Materials

“An Equal Start” – Promoting Equal Opportunities in the Early Years – Equality Commissions for Scotland.

http://dera.ioe.ac.uk/5187/2/An_equal_start.pdf

“Gender Equal Play” – Care Inspectorate

www.careinspectorate.com/images/documents/4704/Gender%20equal%20play%20in%20early%20learning%20and%20childcare.pdf