



# COMHAIRLE NAN EILEAN SIAR

Department of Education and Children's Services  
Roinn an Fhoghlam agus Seirbheisean Chloinne



## NURSERY POLICIES 2018

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### **Intranet Links to Relevant Departmental and Comhairle Policies for Staff:**

Education & Children's Services Policies Page –

<http://intranet/education/policiesprocedures/index.asp?>

GIRFEC Policy -

<http://intranet/INTERNET/education/policiesprocedures/documents/policy/GettingItRightForEveryChild.pdf>

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

Comhairle Employee Handbook –

<http://intranet/cxdir/hr/documents/localagreements.pdf>

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

Inter-Agency Child Protection Procedures -

<http://intranet/INTERNET/childprotectioncommittee/documents/WesternIslesChildProtectionInterAgencyProcedures.pdf>

## **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 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.

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 2.5 who are not eligible can be enrolled at the nursery if there is sufficient space within current staffing levels and their third birthday falls before the 28<sup>th</sup> of February of the current academic year. 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 a Personal Care Plan, an enrolment form, consent forms, volunteer form and contract to parents on application for a place at the nursery. It is essential that all forms are completed by parent/guardian prior to the child attending. All forms are available from the Early Years Office.

### **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 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.

All 4 year olds are eligible for a funded place. Eligibility criteria for 2 and 3 year olds are as follows:

<b>Criteria:</b>		<b>Eligible From:</b>
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
<b>Or</b> 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) <b>or</b> the term following the date when the parent(s) become eligible for out of work benefits/tax credits
<b>Or</b> 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

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 600 hours over 38 weeks for up to 15 hours and 50 minutes 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 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 are late in collecting your child, the nursery reserves the right to 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 the nursery session 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 after 15 mins of the session ending, 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.

**APPENDIX 1:**

Two-year-old children are eligible for 600 hours a year of free early learning and childcare if their parents or carer receives:

- Income Support (IS)
- Job Seeker's Allowance (income based)
- Any income related element of Employment and Support Allowance
- Incapacity or Severe Disablement Allowance
- State Pension Credit
- Child Tax Credit (CTC), but not Working Tax Credit and your income is less than £16,105.
- Both maximum CTC and maximum Working Tax Credit and your income is under £6,420.
- Support under Part VI of the Immigration and Asylum Act 1999\*
- Universal Credit\*

\*This applies to children who have turned two on or after 1<sup>st</sup> March 2015.

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 The Child at the Centre: 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:

<http://www.educationscotland.gov.uk/myexperiencesandoutcomes/index.asp>

## **Building the Ambition**

Building the Ambition (Scottish Government National Practise Guidance Document) was published in 2014; it provides up-to-date advice in one document for all those delivering Early Learning and Childcare to babies, toddlers and young children. To secure the delivery of high quality early learning and childcare Building the Ambition will be used alongside existing national guidance (Pre-Birth to Three and Curriculum for Excellence).

The document makes links between practice, theory and policy guidelines to reinforce aspects of high quality provision and the critical role played by the early year's practitioners. It clarifies aspects of current practice, provides references which practitioners can easily use and supports improvement and quality by encouraging discussion and practice relevant in each setting using case studies.

It provides advice on achieving the highest quality Early Learning and Childcare possible to allow our youngest children to play their part in the Scottish Government ambition of Scotland being the best place in the world to grow.

The document focuses on central elements and values from GIRFEC which is the national approach to improving the well-being of children and young people. It provides information on the role of the named person and the lead professional, and the move from pre-school education to early learning and childcare. Early Learning and Childcare is individualised and seamless in the approach to nurture, care and learning. It also encourages staff to focus on the child's stage of development rather than their age and encourages staff to adapt their practice to accommodate differing stages of progress.

### **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. 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 which contains pictorial and written information 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.



## **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 articles below support the implementation of this policy:

- Article 31 of the United Nations Convention on the Rights of the Child (UNCRC), ratified by the UK government in Dec 1991 which recognises "the right of every child to rest, leisure, play and recreational activities"
- Education (Additional Support for Learning)(Scotland) Act 2004
- Disability Discrimination Act 2005 (DDA)
- Getting It Right For Every Child (GIRFEC) 2006

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, ensuring equal access to good quality indoor and outdoor play experiences that promote 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 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.

**References:**

National Play Strategy 2013

<http://www.gov.scot/resource/0043/00437132.pdf>

## **FOOD AND HEALTH POLICY**

Childcare providers who provide food 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 snack time, we aim to provide nutritious food, 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 supply 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 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 be allowed to have second helpings of fruit- or milk-based desserts if available.
- 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.
- Unless there are exceptional circumstances, children will be encouraged to play outside every day. Parents will be asked to provide sunscreen and appropriate clothing for their child.

### **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](http://www.food.gov.uk/allergy)

### **References**

Setting the Table – Nutritional Guidance (2015)

<http://www.healthscotland.com/documents/21130.aspx>

Nutritional Guidance for Early Years (2006)

- Food choices for children aged 1-5 years in early education and childcare settings <http://www.gov.scot/Resource/Doc/89729/0021563.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
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## **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 Environmental Health Team should be consulted if the nursery has any concerns about illness or infection control issues.

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.

All infectious illnesses should be recorded in the Accident and Incident Record book along with the action taken; for example, exclusion period and informing other parents. 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. Home made playdough should be changed at regular weekly intervals, or earlier if it becomes contaminated or foul smelling. Sand will be changed regularly e.g. large groups – monthly, smaller groups – termly or earlier if it becomes discoloured or foul smelling.

Staff (including relief staff) and parent helpers should be made aware of, and be expected to adhere to the following procedures and guidelines:

## **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 above the wash basin.

Hands should be washed vigorously using a small amount of simple unscented 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.

Medicated 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](http://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 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.

#### **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, make up each feed before using it or encourage parents to provide readymade tetra packs of formula milk
- Use formula milk the day it is 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. Check and clean areas that are touched often (for example, toilets, hand-wash basins, taps, door handles)
4. Encourage staff and parents to raise their concerns about cleanliness
5. 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 e.g. check and change vacuum cleaner filters regularly.

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 Actichlor Plus (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 Actichlor Plus solution, which should be left on the surface for at least ten minutes. 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.
- 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 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 2011

<http://www.hps.scot.nhs.uk/index.aspx>

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

<http://www.documents.hps.scot.nhs.uk/hai/infection-control/guidelines/infection-prevention-control-childcare.pdf>

“Handy” in 2009

<http://www.washyourhandsofthem.com/the-campaign/childrens-pack.aspx>

## **HEALTH AND SAFETY POLICY**

The Comhairle has a Corporate Health and Safety Policy which Nursery staff should be aware of –

<http://www.cne-siar.gov.uk/policy/documents/HealthAndSafetyPolicy.pdf>

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: Manual Handling; 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.

### **General Arrangements:**

1. The public liability insurance 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.
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.
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 and outside areas, 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:

<b>AGE</b>	<b>RATIO</b>
Under 2s	1:3
2 to under 3s	1:5
*3 and over	1:8

\* Where children aged 3 and over attend facilities providing day care for a session which is less than a continuous period of four hours in any day the adult:child ratio may be 1:10, providing individual children do not attend more than one session per day.





## APPENDIX 2 - Risk Assessment Form For Premises.

Centre Name \_\_\_\_\_

To Be Carried out \_\_\_\_\_

### Risk Ranking

- 0 No Risk
- 1 Slight risk of not very serious injury
- 2 Moderate risk (more people likely to be injured or more serious injuries likely to occur)
- 3 High risk (significant chance of serious injury or death)

Where risk is ranked 2 or more, action must be taken to reduce the hazard. Careful attention should be given to hazards ranked 1 and action taken where possible.

	<b>What is the hazard?</b>	<b>Risk Level</b>	<b>Action to be taken</b>	<b>By When</b>	<b>By Whom</b>
<b>Floor</b>					
<b>Sockets/cables</b>					
<b>Fire Extinguishers</b>					
<b>Chairs</b>					

	<b>What is the hazard?</b>	<b>Risk Level</b>	<b>Action to be taken</b>	<b>By When</b>	<b>By Whom</b>
<b>Tables</b>					
<b>Windows</b>					
<b>Doors</b>					
<b>Lights</b>					
<b>Cooker/fridge</b>					
<b>Toilets</b>					
<b>Sinks</b>					
<b>Cleaning Materials (COSHH)**</b>					
<b>Cloakroom area</b>					

\*\* Control of substances hazardous to health

	<b>What is the hazard?</b>	<b>Risk Level</b>	<b>Action to be taken</b>	<b>By When</b>	<b>By Whom</b>
<b>Cupboards</b>					
<b>Toys (inc choking risk,)</b>					
<b>Large toys e.g. bouncy castle, bikes etc</b>					
<b>Security</b>					
<b>Body fluids</b>					
<b>Fire</b>					
<b>Lifting/carrying</b>					
<b>Abuse/bullying</b>					
<b>Add other headings as required.</b>					

### APPENDIX 3 - Risk Assessment Form For Outside.

Centre Name \_\_\_\_\_

To Be Carried out \_\_\_\_\_

#### Risk Ranking

- 0 No Risk
- 1 Slight risk of not very serious injury
- 2 Moderate risk (more people likely to be injured or more serious injuries likely to occur)
- 3 High risk (significant chance of serious injury or death)

Where risk is ranked 2 or more, action must be taken to reduce the hazard. Careful attention should be given to hazards ranked 1 and action taken where possible.

	<b>What is the hazard?</b>	<b>Risk Level</b>	<b>Action to be taken</b>	<b>By When</b>	<b>By Whom</b>
<b>Gates</b>					
<b>Fences</b>					
<b>Play area surfaces</b>					
<b>Toys &amp; equipment</b>					

	<b>What is the hazard?</b>	<b>Risk Level</b>	<b>Action to be taken</b>	<b>By When</b>	<b>By Whom</b>
<b>Sandpit</b>					
<b>Vehicles</b>					
<b>Security</b>					
<b>Lights</b>					
<b>Guttering</b>					
Add headings as required					

## APPENDIX 4 - Risk Assessment Form

Centre Name \_\_\_\_\_

Location of outing \_\_\_\_\_

### Risk Ranking

- 0 No Risk
- 1 Slight risk of not very serious injury
- 2 Moderate risk (more people likely to be injured or more serious injuries likely to occur)
- 3 High risk (significant chance of serious injury or death)

Where risk is ranked 2 or more, action must be taken to reduce the hazard. Careful attention should be given to hazards ranked 1 and action taken where possible.

	<b>What is the hazard</b>	<b>Risk Level</b>	<b>Action to be taken</b>	<b>By When</b>	<b>By Whom</b>
Traffic					
Roads inc kerbs					
Water e.g. rivers					
Staff:child ratio/ Headcounts					

	<b>What is the hazard</b>	<b>Risk Level</b>	<b>Action to be taken</b>	<b>By When</b>	<b>By Whom</b>
Paths					
Buses/cars inc ramps/steps/seat belts/insurance					
Toilets					
Playparks/beaches etc (glass, broken toys etc)					
Animals					
Other					
Add other headings as required					



## APPENDIX 5

### CNES Risk Assessment Procedures and Guidance

#### 1. Risk Definition

The **COMBINATION** of the **LIKELIHOOD** and the **CONSEQUENCES** of a **SPECIFIED HAZARDOUS EVENT** (Accident or Incident) BS 8800

It is important that this distinction be fully understood as without this it is difficult to actually calculate the amount of risk. The calculation of risk is what separates a risk assessment from a mere hazard spotting exercise.

We could illustrate it by looking at a container of a hazardous material. It is possible that a sign on the container may identify that there is a hazard within it. As long as the container remains closed and intact it simply remains a risk. When the container is opened or broken the hazard is released and so has the possibility of causing harm or becomes a quantifiable risk.

This risk can be quantified as to its amount by using differing methods. They all in essence look at two main elements of the recognised risk. They are, how likely is it that the risk will cause an injury or incident and how harmful or what are the consequences of the outcome. More complicated risks may also include extra aspects such as how many persons may be involved, how frequent the outcome might occur, what the environmental impact may be.

To make it easy for us we will use the two elements mentioned first, that is the likelihood and the consequence of the hazard becoming a risk.

#### **RISK has Two Elements: -**

**Risk =** The combination of the **Likelihood** and the **Consequences** of a specified hazardous event therefore, the chance of a hazard actually causing an accident or incident.

**The Likelihood** = that a Hazard May Occur.  
**The Consequences** = of the Hazardous Event.

**Hazard =** Something with the potential to cause harm



## 2. Quantification of Risk

**RISK has Two Elements: -**

**A.** The **LIKELIHOOD** that a Hazard May Occur. **B.** The **CONSEQUENCES** of the Hazardous Event.

### 3.0 A Simple Risk Level Estimator

CONSEQUENCES	Slightly Harmful	Harmful	Extremely harmful
LIKELIHOOD			
Unlikely	TRIVIAL RISK	TOLERABLE RISK	MODERATE RISK
Likely	TOLERABLE RISK	MODERATE RISK	SUBSTANTIAL RISK
Highly Likely	MODERATE RISK	SUBSTANTIAL RISK	INTOLERABLE RISK

#### 3.1 Levels of Harm (Consequences)

<b>Slightly Harmful</b>	Superficial Injuries, Minor Cuts & Bruises, Eye Irritation from Dusts & Grit etc, Nuisance & Irritation (e.g. Headaches), Ill Health Leading to Temporary Discomfort.
<b>Harmful</b>	Lacerations, Burns, Concussion, Serious Sprains, Minor Fractures, Hearing Loss, Dermatitis, Asthma, WRULD'S, Ill Health Leading to Permanent Minor Disability.
<b>Extremely Harmful</b>	Fatal Injuries, Amputations, Major Fractures, Permanent Substantial Disability, Multiple Injuries, Severe Life Shortening Diseases & Acute Fatal Diseases.

#### 3.2 Levels of Likelihood

<b>Unlikely</b>	Typically experienced once during the working lifetime of an individual.
<b>Likely</b>	Typically experienced once every 5 years by an individual.
<b>Highly Likely</b>	Typically experienced at least once every 6 months by an individual.

*This allows us to classify the risk, and when that is done we can decide how much or how little needs to be done. To help us here the BSI 8800 also gives indication as to levels of action.*

#### 3.3 Action or Control Plan

Risk Level	Action & Timescale
<b>Trivial</b>	If this is the risk level then no action need be taken and no record needs to be kept of the assessment. Only if things change significantly should the hazard be reassessed for its risk.
<b>Tolerable</b>	It may be prudent to state here that most risk assessment activities are looking at existing hazards within an operating work-place and there may already be some form of risk control in place. No additional controls are required unless a means of reducing the risk to trivial is very easy to implement. However there should be records of the decision making process giving reasons for decisions made, particularly if no action is to be taken. Monitoring is required to ensure controls are maintained.
<b>Moderate</b>	<p>Where the moderate risk is associated with extremely harmful consequences, further assessment may be necessary to establish more precisely the likelihood of harm as a basis for determining the need for improved controls. This is where we step into the arena of deciding how to actually lower the risk. The costs of prevention should be carefully measured and limited and risk reduction measures should be implemented within a defined time period.</p> <p>For a moderate classification the controls should be reasonably easy to introduce and should not entail excessive cost. The particular activity or process should not be allowed to continue in its present form for a stated period of time. This length of time would be somewhat dictated by the amount of harm. If it were likely to cause severe harm the time period would be relatively short.</p>
<b>Substantial</b>	Work should not be started 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.
<b>Intolerable</b>	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.



<b>Risk Assessment</b>	<b>Assessed by (Name):</b>	
	<b>Date:</b>	<b>Review Date:</b>
	<b>Reference No:</b>	
	<b>Responsible Person for ensuring implementation of controls:</b>	
<b>Department:</b>	<b>Name:</b>	<b>Signature:</b>

Description of activity/area								
What are the Hazards?	Who might be harmed and how?	What are you already doing?	Risk Score L x I	What further action is necessary?	Risk Score L x I	Action by whom?	Action by when?	Date action complete

SLIGHTLY HARMFUL	Superficial Injuries, Minor Cuts & Bruises, Eye Irritation from Dusts & Grit etc, Nuisance & Irritation (e.g. Headaches), Ill Health Leading to Temporary Discomfort.
HARMFUL	Lacerations, Burns, Concussion, Serious Sprains, Minor Fractures, Hearing Loss, Dermatitis, Asthma, WRULD'S, Ill Health Leading to Permanent Minor Disability.
EXTREMELY HARMFUL	Fatal Injuries, Amputations, Major Fractures, Permanent Substantial Disability, Multiple Injuries, Severe Life Shortening Diseases & Acute Fatal Diseases.
UNLIKELY	<b>Typically experienced once during the working lifetime of an individual.</b>
LIKELY	Typically experienced once every 5 years by an individual
HIGHLY LIKELY	<b>Typically experienced at least once every 6 months by an individual.</b>

IMPACT LIKELIHOOD	SLIGHTLY HARMFUL	HARMFUL	EXTREMELY HARMFUL
UNLIKELY	TRIVIAL	TOLERABLE	MODERATE
LIKELY	TOLERABLE	MODERATE	SUBSTANTIAL
HIGHLY LIKELY	MODERATE	SUBSTANTIAL	INTOLARABLE





## **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.
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

Administration of Medicines in Schools – Scottish Government Guidance Document.

Management of Medication in Daycare of Children and Childminding Services –The National Care Standards - Early education and childcare up to the age of 16

[http://www.scswis.com/index.php?option=com\\_docman&task=cat\\_view&gid=330&Itemid=100175&limitstart=0](http://www.scswis.com/index.php?option=com_docman&task=cat_view&gid=330&Itemid=100175&limitstart=0)

## **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
- A child's profile 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 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**

<http://www.educationscotland.gov.uk/learningandteaching/partnerships/engagingparents/>

##### **Children and Young People (Scotland) Act 2014**

[http://www.legislation.gov.uk/asp/2014/8/pdfs/asp\\_20140008\\_en.pdf](http://www.legislation.gov.uk/asp/2014/8/pdfs/asp_20140008_en.pdf)

##### **Building the Ambition – National Practice Guidance on Early learning and Childcare**

<http://www.gov.scot/Resource/0045/00458455.pdf>

##### **National Parenting Strategy**

<http://www.gov.scot/resource/0040/00403769.pdf>

## **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/carer's 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. Parents as asked to knock on the playroom door when they are ready to drop of their child and staff will welcome children into the room at the door. The same applies when parents wish to pick up their child. If your child is not ready to leave (for example they are in the middle of an activity and need to be cleaned up) you will be asked to take a seat and wait until staff bring your child to you.
4. Where parents have important information they want to pass on to staff we would appreciate it if this information could be put in writing and handed to staff at the door. This information will be stored in a communication file within the room. This will ensure that information is shared appropriately with all relevant staff.
5. 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
- arrange 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**

## **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:

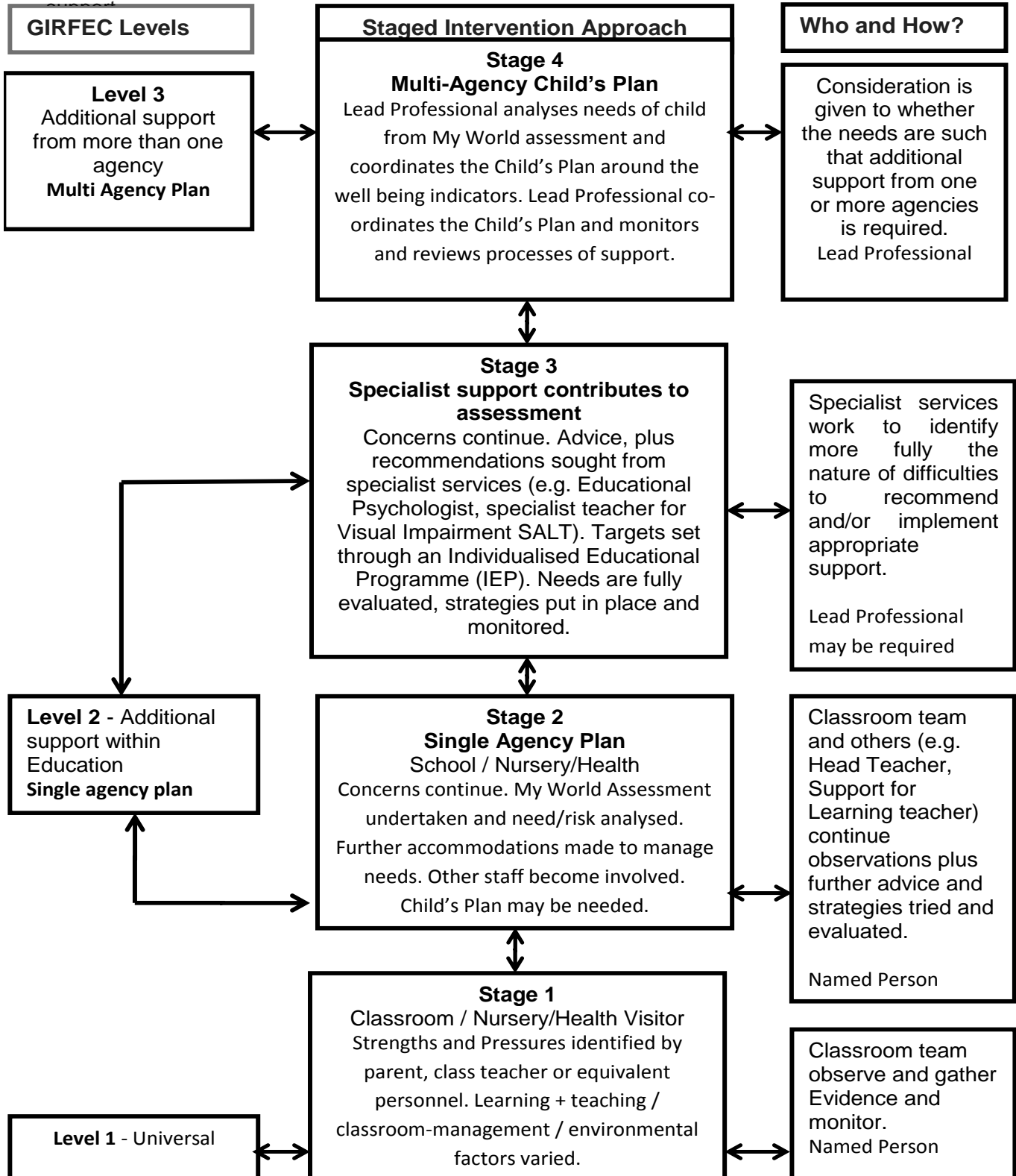


# COMHAIRLE NAN EILEAN SIAR

## Roinn an Fhoghlaim is Seirbheisean Chloinne

### 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) are brought to the attention of the Play Leader and are recorded in our Incident Book. 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 giving rise to concern the nursery will make every effort to understand why a child is acting that way and will consult with the parents or carers 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

*Please see Education and Children's Services Departments 'Improving Behaviour Policy' for more information.*

<http://intranet/internet/education/policiesprocedures/documents/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 book, a mobile phone 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, if available.

- 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.
  - Staff illness.
- 
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 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 or check the Western Isles Emergency Planning Co-ordinating Group Facebook page 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.
  7. In the case of unexpected staff sickness , parents should remain with children at the start of the nursery session until staff/child ratios are met.

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 sex, 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 books puzzles and stories that give positive images of all people of different races, cultures and abilities. Also showing men and women in non-traditional roles.
3. Providing toys 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](http://dera.ioe.ac.uk/5187/2/An_equal_start.pdf)