



# St John's Childcare

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Opening times 7.30am to 6pm



## Health

- 6.1 Administering Medicines policy
- 6.2 Equipment and resources policy
- 6.3 Food & Drinks policy
- 6.4 Food Hygiene policy
- 6.5 Managing children who are sick, infectious, or with allergies policy
- 6.6 Nappy Changing policy
- 6.7 Recording and reporting of accidents and incidents policy
- 6.8 Sun Protection policy

## Administering Medicines Policy

While it is not the policy of St John's Childcare to care for sick children, who should be at home until they are well enough to return to the setting, we will agree to administer some prescribed medication as part of maintaining their health and well-being or when they are recovering from an illness.

In many cases, it is possible for children's doctors to prescribe medicine that can be taken at home out of childcare hours. Administering medicines will only be done where it would be detrimental to the child's health if not given in the setting. If a child has not had a medication before, it is advised that the parent administers the first dose at home and that the child remains under the parent's care for the first 48 hours to ensure no adverse effect and to give time for the medication to take effect.

Senior staff (managers, deputy managers and senior supervisors) are responsible for the risk assessment of the correct administration of medication to children. This includes ensuring that parent consent forms have been completed, that medicines are stored correctly and that records are kept according to procedures. The Manager is responsible for the overseeing of administering medication.

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

Our first aid kit:

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

### **Procedures for Administering Prescribed Medication**

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

The administration of medication is recorded accurately on the child's medication form, and is signed by both the qualified member of staff and the witness, after every dose given.

- Parents sign the record book to acknowledge the administration of a medicine. The medication record form records:
  - name of child;
  - name and strength of medication;
  - the date and time of dose;
  - dose given and method;
  - signed by key person and also staff member who witnessed the administration and is verified by parent signature at the end of the day.
- Medicines will only be administered in the presence of two members of staff. The name and dosage will be checked again before administration.
- Parents of older children who attend After school or Breakfast club, who are allowed to self-administer asthma medication must sign a consent form. All medication will be kept locked away.

- If the administration of prescribed medication requires medical knowledge, individual training is provided for the relevant member of staff by a health professional.
- If rectal diazepam is given another member of staff must be present and co-signs the record book.
- No preschool child may self-administer.
- Where children are capable of understanding when they need medication, for example with asthma, they should be encouraged to tell their key worker what they need. However, this does not replace staff vigilance in knowing and responding when a child requires medication.
- Parents inform staff and record on the medication form if they have administered any medication to their child prior to coming into pre-school.

### **Procedures for Administering Non-Prescribed Medication**

- The setting will administer non-prescribed medication for a short initial period, dependent on the medication or the condition of the child. After this time, medical attention should be sought.
- If the manager feels the child would benefit from medical attention rather than non-prescribed medication, we reserve the right to refuse childcare until the child is seen by a medical professional.
- If a child needs liquid paracetamol, i.e Calpol or similar medication during their time at the setting, it is the parents responsibility to provide the non-prescribed medication.
- On registration, parents will be asked if they would like to complete a permissions form which includes the administration of Calpol, which can be given in the case of an increase in the child's
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- temperature. This permission form will be signed by the parent to agree that the setting may administer in an emergency, and if they cannot contact the parent.

If a child does require liquid paracetamol during the day, the parents will be contacted as soon as possible to ensure all details are correct and they agree with the dose being given. If the parents cannot be contacted, then the manager will take the decision as to whether the child is safe to have the medication based on the time the child has been in the setting, the circumstances surrounding the need for the medication and the medical history of the child on their registration form. Giving liquid paracetamol will be a last resort, and the staff will use other methods first to try and reduce the child's temperature i.e remove clothing, fanning, tepid cooling with a flannel. The child will be closely monitored until the parents collect the child.

The setting will only administer one dose of liquid paracetamol to the child, whilst in our care that day. The staff will regularly monitor and record the child's temperature, and if the child's temperature doesn't seem to be reducing at an acceptable rate, the parents will be contacted and asked to collect their child.

### **Procedure for Non-Prescribed Creams**

For any non-prescribed creams/lotions for skin conditions i.e sudocreme/bepanthen, prior written permission is obtained from the parent upon registration and the onus on is the parent to provide the cream. The cream is clearly labelled with the child's name and kept in the child's personal bag.

### **Storage of medicines**

- All medication is stored safely within a kitchen cupboard solely for medication (or kept in the refrigerator is required), out of reach of the children. The kitchen is out of bounds to the children.
- The senior staff are responsible for ensuring medicine is handed back at the end of the day to the parent.
- For some conditions, medication may be kept in the setting to be administered on a regular or as-and-when-required basis. The senior staff check to ensure that any medication held in the setting, is in date and returns any out-of-date medication back to the parent.
- Life-saving medication such as an epi-pen or asthma inhalers will be kept out of reach of the children in the setting. All staff are aware where it is kept. Epi-pens are stored in a clear plastic container, with the child's name labelled and a photograph of the child on display.
- For some conditions, medication such as an inhaler may be kept overnight in the setting. Key persons check that any medication held to administer on an as and when required basis, or on a regular basis, is in date and returns any out-of-date medication back to the parent.

### **Children with Long Term Medical Conditions with On-going Medication**

- A risk assessment is carried out for each child with long term medical conditions that require on-going medication. This is the responsibility of the Manager/ Senco alongside the key worker. Other medical or social care personnel may need to be involved in the risk assessment.
- Parents will also contribute to a risk assessment. They should be shown around the setting, understand the routines and activities and point out anything which they think may be a risk factor for their child.
- For some medical conditions key staff will need to have training in a basic understanding of the condition as well as how the medication is to be administered correctly. The training needs for staff is part of the risk assessment.
- The risk assessment includes vigorous activities and any other childcare activity that may give cause for concern regarding an individual child's health needs.
- The risk assessment includes arrangements for taking medicines on outings and the child's GP's advice is sought if necessary where there are concerns.
- A health care plan for the child is drawn up with the parent; outlining the key worker's role and what information must be shared with other staff who care for the child.
- The health care plan should include the measures to be taken in an emergency.
- The health care plan is reviewed every six months or more if necessary. This includes reviewing the medication, e.g. changes to the medication or the dosage, any side effects noted etc.

### **Managing Medicines on Trips and Outings**

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

**This policy was adopted at a meeting of St. John's Childcare and the P C C of Langdon Hills held on the 19<sup>th</sup> September, 2011 . Reviewed/Updated September, 2017.**

**Signed on behalf of St. John's Childcare**

**Mrs. Michelle Ball & Mrs. Theresa Cobbing ..... Managers**

## **Equipment and resources policy**

### **Statement of intent**

We believe that high quality care and education is promoted by providing children with safe, clean, attractive, age and stage appropriate resources, toys and equipment.

### **Aim**

We aim to provide children with resources and equipment which help to consolidate and extend their knowledge, skills, interests and aptitudes.

### **Methods**

In order to achieve this aim:

- we provide play equipment and resources which are safe and - where applicable - conform to the BSEN safety standards or Toys (Safety) Regulation (1995);
- we provide a sufficient quantity of equipment and resources for the number of children;
- we provide resources which promote all areas of children's learning and development, which may be child- or adult-led;
- we select books, equipment and resources which promote positive images of people of all races, cultures and abilities, are non-discriminatory and avoid racial and gender stereotyping;
- we provide play equipment and resources which promote continuity and progression, provide sufficient challenge and meet the needs and interests of all children;
- we provide made, natural and recycled materials which are clean, in good condition and safe for the children to use;
- we provide furniture which is suitable for children and furniture which is suitable for adults;
- we store and display resources and equipment where children can independently choose and select them;
- we check all resources and equipment regularly as they are set out at the beginning of each session and put away at the end of each session. We repair and clean, or replace any unsafe, worn out, dirty or damaged equipment;
- we keep an inventory of resources and equipment. This will record the date on which each item was purchased and the price paid for it.
- we use the inventory to review the balance of resources and equipment so that they can support a range of activities across all areas of play, learning and development
- we provide adequate insurance cover for the setting's resources and equipment;
- we use the local library and toy library to introduce new books and a variety of resources to support children's interests; and
- we plan the provision of activities and appropriate resources so that a balance of familiar equipment and resources and new exciting challenges is offered.

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**Mrs. Michelle Ball & Mrs. Theresa Cobbing ..... Managers**

## Food and drink

### **Policy statement**

This setting regards snack and meal times as an important part of the setting's day. Eating represents a social time for children and adults and helps children to learn about healthy eating.

### **Aim**

At snack and meal times, we aim to provide nutritious food, which meets the children's individual dietary needs.

### **Procedures**

We follow these procedures to promote healthy eating in our setting.

- Before a child starts to attend the setting, we find out from parents their children's dietary needs and preferences, including any allergies.
- We record information about each child's dietary needs in her/his registration record and parents sign the record to signify that it is correct.
- We regularly consult with parents to ensure that our records of their children's dietary needs - including any allergies - are up-to-date. Parents sign the up-dated record to signify that it is correct.
- We display current information about individual children's dietary needs so that all staff and volunteers are fully informed about them.
- We implement systems to ensure that children receive only food and drink that is consistent with their dietary needs and preferences as well as their parents' wishes.
- We plan menus in advance, involving children and parents in the planning.
- We display the menus of meals/snacks for the information of parents.
- We provide nutritious food for all meals and snacks, avoiding large quantities of saturated fat, sugar and salt and artificial additives, preservatives and colourings.
- We include a variety of foods from the four main food groups:
  - meat, fish and protein alternatives;
  - dairy foods;
  - grains, cereals and starch vegetables; and
  - fruit and vegetables.
- We take care not to provide food containing nuts or nut products and are especially vigilant where we have a child who has a known allergy to nuts.
- Through discussion with parents and research reading by staff, we obtain information about the dietary rules of the religious groups to which children and their parents belong, and of vegetarians and vegans, and about food allergies. We take account of this information in the provision of food and drinks.
- We provide a vegetarian alternative on days when meat or fish are offered
- We require staff to show sensitivity in providing for children's diets and allergies. Staff do not use a child's diet or allergy as a label for the child or make a child feel singled out because of her/his diet or allergy.
- We organise meal and snack times so that they are social occasions in which children and staff participate.
- We use meal and snack times to help children to develop independence through making choices, serving food and drink and feeding themselves.
- We provide children with utensils that are appropriate for their ages and stages of development and that take account of the eating practices in their cultures.
- We have fresh drinking water constantly available for the children. We inform the children about how to obtain the water and that they can ask for water at any time during the day. Children can serve themselves with water whenever they wish.
- In accordance with parents' wishes, we offer children arriving early in the morning - and/or staying late - an appropriate meal or snack.
- We inform parents who provide food for their children about the storage facilities available in the setting.
- We give parents who provide food for their children information about suitable containers for food.

- In order to protect children with food allergies, we discourage children from sharing and swapping their food with one another.
- For young children who drink milk, we provide whole pasteurised milk. We also provide semi-skimmed milk for older children, if they prefer.
- For each child under two, we provide parents with daily written information about feeding routines, intake and preferences.

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**Signed on behalf of St. John's Childcare**

**Mrs. Michelle Ball & Mrs. Theresa Cobbing ..... Managers**

## Food hygiene

We provide and serve food for children on the following basis:

- Snacks (AM and PM)
- Meals (Breakfast, Lunch and Dinner)

We maintain the highest possible food hygiene standards with regards to purchase, storage, preparation and serving of food.

We are registered as a food provider with the local authority Environmental Health Department.

### **Procedure**

- The person in charge and the person responsible for food preparation understands the principles of Hazard Analysis and Critical Control Point (HACCP) as it applies to their business.
- All staff follow the guidelines of Safer Food, Better Business.
- All staff involved in the preparation and handling of food have received training in food hygiene.
- The person responsible for food preparation and serving carries out daily opening and closing checks on the kitchen to ensure standards are met consistently.
- We use reliable suppliers for the food we purchase.
- Food is stored at correct temperatures and is checked to ensure it is in-date and not subject to contamination by pests, rodents or mould.
- Packed lunches brought in from home for the children are stored in a cool place.
- Food preparation areas are cleaned before use as well as after use.
- There are separate facilities for hand-washing and for washing up.
- All surfaces are clean and non-porous.
- All utensils, crockery etc are clean and stored appropriately.
- Waste food is disposed of daily.
- Cleaning materials and other dangerous materials are stored out of children's reach.
- Children do not have unsupervised access to the kitchen.
- When children take part in cooking activities, they;
  - are supervised at all times;
  - understand the importance of handwashing and simple hygiene rules;
  - are kept away from hot surfaces and hot water; and
  - do not have unsupervised access to electrical equipment, such as blenders etc.

### **Reporting of food poisoning**

- food poisoning can occur for a number of reasons; not all cases of sickness or diarrhoea are as a result of food poisoning and not all cases of sickness or diarrhoea are reportable.
- Where children and/or adults have been diagnosed by a GP or hospital doctor to be suffering from food poisoning and where it seems possible that the source of the outbreak is within the setting, the manager will contact the Environmental Health Department to report the outbreak and will comply with any investigation.
- Any confirmed cases of food poisoning affecting two or more children looked after on the premises are notified to Ofsted as soon as reasonably practicable, and always within 14 days of the incident.

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**Mrs. Michelle Ball & Mrs. Theresa Cobbing ..... Managers**



## Managing children who are sick, infectious, or with allergies

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

### **Procedures for children who are sick or infectious**

- If children appear unwell during the day – have a temperature, sickness, diarrhoea or pains, particularly in the head or stomach, the manager calls the parents and asks them to collect the child, or send a known carer to collect the child on their behalf.
- If a child has a temperature, they are kept cool, by removing clothing, and sponging their heads with tepid water, but kept away from drafts.
- The child's temperature is taken using an under arm thermometer, kept in the first aid cupboard in the kitchen.
- In extreme cases of emergency, the child should be taken to the nearest hospital and the parent informed immediately.
- Parents are asked to take their child to their GP before returning them to the setting. The manager can refuse admittance to children who have a temperature, sickness and diarrhoea or a contagious infection or disease.
- After diarrhoea, parents are asked to keep the child home for at least 48hours after the last bout of diarrhoea before returning back to the setting.

### ***Common childhood illnesses/diseases***

Parents are asked to keep their children at home if they have any infection (please see table below), and to inform the setting as to the nature of the infection so that we can alert other parents, and make careful observations of any child who seems unwell.

<b>Disease</b>	<b>Normal period of exclusion</b>
Chest infections, sore throats & ear ache	Under Doctor's direction
Chicken Pox	5 days from onset of rash – scabs not significant
German Measles	5 days from onset of rash
Glandular Fever	Until clinically well
Impetigo	Until 24 hours after commencement of treatment
Lice (head)	Until fully treated
Measles	5 days from onset of rash
Meningitis	Until clinically well
Mumps	5 days from onset of swollen glands
Ringworm	Until commencement of treatment
Scabies	After 1 <sup>st</sup> treatment
Scarlet Fever	5 days after commencing antibiotics
Sickness & Diarrhoea	48 hours free of symptoms after resuming food
Threadworms	May return once treatment has commenced, if child is well
Whooping cough	21 days from onset of cough

Parents will be contacted if a child becomes ill on the premises, and the child will need to be taken home.

### ***Reporting of 'notifiable diseases'***

- If a child or adult is diagnosed as suffering from a notifiable disease under the Health Protection Regulations 2010, the GP will report this to the Health Protection Agency (HPA).

- When the setting becomes aware, or is formally informed of the notifiable disease, the manager informs Ofsted and acts on any advice given by the HPA.

### ***HIV/AIDS/Hepatitis Procedure***

- HIV virus, like other viruses such as Hepatitis A, B and C, are spread through bodily fluids. Hygiene precautions for dealing with bodily fluids are the same for all children and adults.
- Single-use vinyl gloves and aprons are worn when changing children's nappies, pants and clothing that are soiled with blood, urine, faeces or vomit.
- Protective rubber gloves are used for cleaning clothing after changing.
- Soiled clothing is rinsed and either bagged for parents to collect or laundered in the setting.
- Spills of blood, urine, faeces or vomit are cleaned using mild disinfectant solution and mops; any cloths used are disposed of with the waste.
- Tables and other furniture, furnishings or toys affected by blood, urine, faces or vomit are cleaned with disinfectant.

### ***Nits and Headlice***

- We do not check children's hair for Head Lice.
- Nits and headlice are not an excludable condition, however in exceptional cases a parent may be asked to keep the child away until the infestation has cleared.
- We suggest parents check their child's hair regularly at home. If Head Lice are found, parents are informed and asked to treat the hair and the family, if they are found to have lice also. Once treated, the child can then return to us. Please inform the Manager if Head Lice are found.

### **Procedures for children with allergies**

- When parents start their children at the setting they are asked if their child suffers from any known allergies. If so, this is recorded on the child's registration form, which then gets input onto our computer system when the child is registered.
- If a child has an allergy, the following details for collected from the parent:
  - What is the allergy? (i.e. the substance, material or living creature the child is allergic to such as nuts, eggs, bee stings, cats, etc.).
  - What is the nature of the allergic reaction? (i.e. anaphylactic shock, rashes, reddening of skin, swelling, breathing problems etc.).
  - What to do in the event of an allergic reaction? (any medication which needs to be used, and how it is to be used i.e. EpiPen).
  - Are there any control measures? (i.e how can the child be prevented from contact with the allergen).

If a child's allergy changes in any way (worsens or extends on to other things) the parent's notify the setting where an 'update of information form' in completed, and again is input on to our system so everyone is up to date on the child's current allergies. The child's key person is also informed of any changes. The form is kept in the child's personal file, and an updated allergy form is displayed in the childcare rooms.

- Parents train staff on how to administer special medication in the event of an allergic reaction.
- Generally, no nuts or nut products are used within the setting.
- Parents are made aware so that no nut or nut products are accidentally brought in (i.e in birthday cakes, or the child's homemade lunch etc).

### ***Insurance requirements for children with allergies and disabilities***

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

### ***Oral Medication***

- Oral medication must be prescribed by a GP or have manufacturer's instructions clearly written on them.
- The setting must be provided with clear written instructions on how to administer such medication.
- All risk assessment procedures need to be adhered to for the correct storage and administration of the medication.
- The setting obtains the parent or guardians written consent, and this is kept on the child's file.

***Lifesaving medication and invasive treatments***

Adrenaline injections (Epi pens) for anaphylactic shock reactions (caused by allergies to nuts, eggs, etc) or invasive treatments such as rectal administration of Diazepam (for epilepsy).

- The setting obtains written consent from the parent or guardian allowing staff to administer the medication, and relevant training is given to staff for the administration of such medication. Proof of training is kept on staff files.

***Children requiring assistance with tubes to help them with everyday living e.g breathing apparatus, to take nourishment, colostomy bags etc***

- Prior written consent is obtained from the child's parent or guardian to give treatment and/or medication prescribed by the child's GP.
- The key person must have the relevant medical training/experience, which may include those who have received appropriate instructions from parents or guardians, or who have qualifications.

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## Nappy Changing Policy

No child is ever excluded from participating in our setting who may, for any reason, not yet be toilet trained and who may still be wearing nappies or equivalent. We work closely with the parents towards toilet training, unless there are medical or other developmental reasons why this may not be appropriate at the time.

We make necessary adjustments to our bathroom provision and hygiene practice in order to accommodate children who are not yet toilet trained (changing unit / changing mat provided in accessible toilets. Small step stalls in all bathrooms to assist children getting on/off the toilet, and to reach the sinks/taps for hand washing. Toilet seats also provided for small children).

We see toilet training as a self-care skill that children have the opportunity to learn with the full support and non-judgemental concern of adults.

### **Procedures:**

- Key people change the children's nappies / pull up's in accordance with the needs and wishes of both the child and the parents.
- Changing areas are warm and there are safe areas to lay the children when changing their nappies / pull up's and cleaning them.
- Each child has their own box / bag to hand with their own personal cleaning wipes, nappies / pull up's, creams etc.
- Fresh gloves and aprons are put on every time before the changing procedure starts, and the changing area is prepared. After each child has been changed, the changing mat is thoroughly cleaned with anti-bacterial spray cleaner and clean paper towel, or anti-bacterial wipes.
- All staff are aware and trained of the correct changing procedures, and carry these out when changing nappies / pull up's.
- Key people ensure that the changing time is a relaxed and calm time. This is to help promote independence for the children.
- Young children are encouraged to take an interest in using the toilet; they may just want to sit on it to gain confidence to begin with; and talk to key people or familiar peers.
- The children are encouraged to wash their own hands and have hand wash and paper towels to hand. They are allowed time to explore the water and soap whilst they wash their hands.
- Key people have a soft and gentle approach when changing. They avoid making comments or facial expressions about 'nappy contents'.
- Key people do not make any inappropriate or negative comments about a young child's genitalia when changing their nappy / pull up.
- Older children access the toilet when they have the need to and are encouraged to be independent, however an adult is always supervising and present.
- Nappies and pull up's are disposed of hygienically. Cloth nappies, training pants and ordinary pants that have been wet or soiled are rinsed and bagged for the parents to take home.
- We have a 'duty of care' towards children's personal needs. If children are left in wet or soiled nappies / pull ups in the setting this may constitute neglect and will be a disciplinary matter.

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## **Recording and reporting of accidents and incidents**

We follow the guidelines of the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) for the reporting of accidents and incidents. Child protection matters or behavioral incidents between children are not regarded as incidents and there are separate procedures for this.

### **Procedures**

Our accident book:

- Is kept in a safe and secure place;
- Is accessible to staff and volunteers, who all know how to complete it; and
- Is reviewed at least half termly to identify any potential or actual hazards.

### **Reporting accidents and incidents**

Ofsted is notified as soon as possible, but at least within 14 days, of any instances which involve;

- Food poisoning affecting two or more children looked after on our premises;
- A serious accident or injury to, or serious illness of, a child in our care and the action we take in response; and
- The death of a child in our care.

Local child protection agencies are informed of any serious accident or injury to a child, or the death of any child, where in our care and we act on any advice given by those agencies.

Any food poisoning affecting two or more children or adults on our premises is reported to the local Environmental Health Department.

We meet our legal requirements in respect of the safety of our employees and the public, complying with RIDDOR. We report to the Health and Safety Executive:

- Any work related accident leading to an injury to a child or adult, for which they are taken to hospital;
- Any work related injury to a member of staff, which results in them being unable to work for seven consecutive days;
- When a member of staff suffers from a reportable work related disease or illness;
- Any death, of a child or adult, that occurs in connection with activities relating to our work; and any dangerous occurrences. This may be an event that causes injury or fatalities or an event that does not cause an accident, but could have done; such as a gas leak.

### **Our incident book:**

- We have ready access to telephone numbers for emergency services, including the local police. Where we are responsible for the premises we have contact numbers for the gas and electricity emergency services, and a carpenter and plumber.
- We keep an incident book for recording major incidents, including those that are reportable to the Health and Safety Executive as above.
- These incidents include:
  - A break in, burglary, or theft of personal or the setting's property.
  - An intruder gaining unauthorized access to the premises;
  - A fire, flood, gas leak or electrical failure;
  - An attack on member of staff or parent on the premises or nearby;
  - Any racist incident involving staff or family on the setting's premises;
  - A notifiable disease or illness, or an outbreak of food poisoning affecting two or more children looked after on the premises;
  - The death of a child or adult,
  - A terrorist attack, or threat of one.

- In the incident book we record the date and time of the incident, nature of the event, who was affected, what was done about it or if it was reported to the police, and if so a crime number. Any follow up, or insurance claim made, is also recorded.
- In the unlikely event of a terrorist attack, we follow the advice of the emergency services with regard to evacuation, medical aid and contacting children's families. Our standard Fire Safety and Emergency Evacuation Policy will be followed and staff will take charge of their key children. The incident is recorded when the threat is averted.
- In the unlikely event of a child dying on the premises, for example through cot death in the case of a baby, the emergency services are called, and the advice of these services are followed.
- The incident book is not for recording issues of concern involving a child. This is recorded in the child's own file.

**This policy was adopted at a meeting of St. John's Childcare and the P C C of Langdon Hills held on the 19<sup>th</sup> September 2011 . Reviewed/Updated September 2017.**

**Signed on behalf of St. John's Childcare**

**Mrs. Michelle Ball & Mrs. Theresa Cobbing ..... Managers**

## Sun Protection Policy

Skin cancer is one of the most common cancers in the UK and the number of cases is rising at an alarming rate, however the majority of these cases could be prevented by taking simple precautionary measures. Most skin cancers are caused by UV radiation from the sun. Children and young people are particularly vulnerable as their skin is more delicate and easily damaged but if they are protected from the sun then any associated risks will be reduced.

### **Statement of intent**

Children may spend a lot of time outdoors during the summer months. At this young age they are unable to take responsibility for their own sun protection. Our setting aims to ensure that children are protected from the harmful effects of the sun whilst they are in our care.

### **Aim**

We aim to provide an environment that enables children and staff to stay safe in the sun and to educate children about sun safety to increase knowledge and influence behaviour.

### **Methods**

- Spare hats are available for children who forget their own
- Children are encouraged to wear tops that cover their shoulders (vests and strappy tops are discouraged)
- Children are allowed to wear UV protective sunglasses
- Carers also wear suitable hats and clothing
- Parents of children take responsibility for applying sunscreen to their children themselves
- The length of time spent outdoors by children is monitored

In exceptional circumstances, staff will apply additional sunscreen to children if requested to do so. Written parental permission is required.

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