

EYFS Health and Safety Policy

St John's College, Cardiff

EYFS HEALTH AND SAFETY POLICY

This policy applies to EYFS (Nursery and Infants).

Version: September 2021

Environmental Health

All the necessary precautions will be adhered to regarding Health and Safety.

- The majority of staff have received paediatric first aid training to cover trips and After School Care.
- The Nursery and the Infant classrooms will be clean, safe and well maintained.
- All staff are required to have regard for Health and Safety and to report any concerns to the HOD and the Director of Estates.
- All hazardous substances will be kept out of reach of small children. Cleaning chemicals should be placed on the high shelf in the staff toilet and the door locked at all times.
- All electrical equipment will be tested; safe and properly installed, testing is arranged by the Director of Estates.
- Any electrical leads should be closely supervised and secured where possible.
- The Nursery and Infant building will be well lit with all possible external ventilation.
- The Nursery and Infant rooms will have non slip floor covering. Carpets will be cleaned regularly as the children sit on the floor and food is eaten in these rooms.
- The Nursery and Infant rooms will be heated to the appropriate temperature.
- All safety and hygiene regulations will be followed. The majority of the staff have received training in Food Hygiene at level 2. All Staff are required to wash their hands before serving food and after toileting or giving personal care. Tablecloths are wiped with disposable wipes or cloths following activities.
- Arrangements are in place for the safe arrival and departure of the children.
- There is a well maintained spongy outdoor play area and the grounds are a mix of tarmac, paving and grass.
- Play areas are fenced and have a lockable gate.
- There are lockable outdoor storerooms.
- We will have a ramped entrance and an accessible toilet for staff and visitors in the other buildings.
- There is a separate staff toilet.
- The toilets and hand basins in the Nursery and Infant bathroom and classrooms are appropriate to the size and needs of the children. There is a policy for 'Toileting and Intimate Care'.
- The furniture is of an appropriate size for the children
- We have a washing machine to launder towels. Dirtyed personal items are sealed in plastic bags and returned to the child's parents.
- We have a refrigerator to store the Nursery children's milk.
- Risk assessment and health and safety checks are regularly carried out. Risk assessment forms are completed before any visits off site.
- Any medication requiring refrigeration is kept in the Cottage fridge.

School Meals

Nursery and Infant children currently eat in their classrooms and are supervised by the teaching staff and assistants. Children may bring a packed lunch from home or order a school meal. Menus are sent out to parents as a Google Form to be completed in advance. The menu includes a vegetarian option. We can cater for children with food intolerances and allergies, religious or ethical requirements. The Catering Manager is able to discuss individual needs. The Nursery children are provided with warm milk and toast mid-morning and fruit and a drink in the afternoon. Children in R5 to R7 are asked to bring in a piece of fruit for morning break. We try to encourage healthy eating with a balanced diet.

Some children like to have a small treat in the afternoon: small biscuits, cakes and chocolates are allowed, but no sweets. The school is a nut-free school. Parents are asked to cut grapes lengthwise.

In After School Care the children are provided with a drink and a buffet style afternoon tea of savoury items.

We have a water fountain in the Nursery and Infant playground. Staff will also serve extra drinks of water or squash to the children in hot weather.

Medicines

Nursery and Infant staff will only administer prescription medicines that have been prescribed for the named child. The staff are trained to check the expiry date and dosage; medicines which are out of date will not be given. Parents are asked to sign a medical form at the start of each year which grants permission for the administration of Calpol, sun cream, Piriton, antiseptic wipes and plasters. Any medication given to a child is recorded in the class medical book and is witnessed by another staff member. Permission to change a child who has had a toileting accident is also obtained. Help with personal/intimate care is logged and signed by the member of staff and a witness. A first aid kit is available in each class base, marked with a green sign. Medication is kept out of reach of children or in the Cottage fridge.

The staff must not be under the influence of alcohol, or any other substances which may affect their ability to care for children. Any member of staff who is taking medication which may affect their ability to care for children, should seek medical advice and inform the Head of Nursery or Head of Infants. We have a duty to ensure that any members of staff directly working with the children are not impaired by any medication, alcohol, legal or illegal substance. Staff medication on the premises must be securely stored, and out of reach of children, at all times.

Managing Behaviour: Physical Intervention

The use of physical punishments is not permitted at St John's College. Staff must not use any form of punishment which could have an adverse impact on the child's physical well-being. The use of physical or corporal punishment is an offence under regulations made under the Childcare Act 2006 and may lead to prosecution.

All staff within the Nursery and the Infant Department aim to help the children to understand and take responsibility for their own behaviour. This can be done through a combination of approaches which include positive role modelling, planning a range of interesting and challenging activities, setting and enforcing appropriate boundaries and expectations and providing positive feedback.

The positive use of touch is a normal part of human interaction; it may be appropriate in a range of situations:

- giving guidance to children;
- providing emotional support (for example comforting a young child on separation from a parent);
- physical care (first aid or toileting).

Our staff will exercise appropriate care when using touch and are familiar with the Safeguarding and Toileting and Intimate Care policies.

However, there are a few occasions when a child's behaviour presents particular challenges that may require physical intervention. These include when a child is injuring themselves or others, destroying property or is likely to cause harm.

Physical intervention can include mechanical and environmental means such as using stair gates or locked doors/gates to prevent a child from leaving; these are ways of ensuring a child's safety.

Restrictive physical intervention is when a member of staff uses physical force intentionally to restrict a child's movement against their will. Restrictive physical intervention will only be used in extreme circumstances within the context of a positive behaviour management approach. Firstly, staff will try to move other children and objects away from the child which are likely to result in harm. Cushions may be placed in front of an object to prevent damage to the child. Restrictive physical behaviour will only be used when our staff believe its use is in the child's best interests and safety or the safety of other children. Staff will always try to divert a child or instruct them verbally to "stop". Staff will speak calmly and try to reassure the child. When physical intervention is used it is used within the principles of reasonable minimal force. The amount of force used will be in proportion to the circumstances. A child may be guided away from danger or harm by the shoulders or above the elbows. Sometimes very young children may be picked up and carried to a place of safety. If a child is trying to leave the building, then a barrier may be used or the door locked. Staff will always talk to the child and explain what is happening. Instructions may be given to other children to evacuate the area surrounding the child. We will always try to preserve the child's dignity.

The aim in using restrictive physical intervention is to restore safety, both for the child and those around them. Restrictive physical intervention will never be used out of anger or as a punishment or as an alternative to measures which are less intrusive and which we judge would be effective.

Where possible, a member of staff who knows the child best will be involved in using the restrictive physical intervention as this person is also most likely to be able to use other effective methods to keep this child safe. In an emergency, anyone can use restrictive physical intervention as long as it follows our policy.

If we have a child with ALN whose behaviour means that there is a probable need to use restrictive physical intervention, then specialist training must be provided for the staff who will be involved. The staff and the children's physical and emotional health will be considered when such plans are made.

In an emergency, our staff will do their best within their duty of care and use minimal force. After an emergency we will review what happened and evaluate how we can respond better next time if required. This will be done by a risk assessment which will consider:

- What are the risks?
- Who is at risk and how?
- What can be done to manage the risk?

A risk assessment form must be included when writing the Individual Development Plan to support the child. If this behaviour plan includes restrictive physical intervention, it will be just one part of the whole approach to supporting a child's behaviour. Staff will pay particular attention to responsive strategies, such as humour, distraction, relocation, and offering choices which are direct alternatives to using restrictive physical intervention.

We will draw from as many different viewpoints as possible when it is known that an individual child's behaviour is likely to require some form of restrictive physical behaviour. The outcome of these meetings will be recorded and a signature required from the parent / carer to confirm all the details.

These will be reviewed at least once every term. If the child fails to modify their behaviour, then a behavioural contract will be used to determine if the child can continue with the placement.

Recording and reporting

Any use of physical intervention will be recorded and this will be completed within 24 hours of the incident. If necessary, details of the event will also be recorded in accident or incident books. The parents or carers of the child will be notified of an incident via a telephone call or in person on collection and a meeting arranged. A written copy of the incident will be placed in the child's file and a copy sent to Mrs. Emma Jones, Designated Safeguarding Lead (DSL).

Supporting and Reviewing

We realise that distress can be caused to all those involved in an incident of physical intervention whether it be the people involved or people witnessing the event. After a restrictive physical intervention, support is given to the child so that they can understand why they were held. A record will be kept of how the child felt, where this is possible. Support will also be given to adults involved in the incident where they can talk and discuss what happened.

After a restrictive physical intervention, we will review the Individual Development Plan so that the risk of needing to use restrictive physical intervention again is reduced.

Monitoring the use of restrictive physical intervention will help identify trends and therefore help develop our ability to meet the needs of the children without using restrictive physical intervention.

Any parent concerns should be dealt with through the usual Nursery and Infants complaints procedure.

Personal Property

Property will sometimes be misplaced. Whenever property is found it should be handed over to the school's care at the main reception desk or to the relevant teacher. Parents are asked to clearly label items of clothing and footwear with their child's first name and surname. Young children are sometimes comforted by bringing a familiar toy to school. The school is not responsible for any loss or damage so please do not send in expensive or breakable items. Any toys need to be small enough to fit into the child's tray during lessons. Noisy toys are not permitted.

Educational Visits

Educational visits enrich the curriculum and provide a stimulating experience for the children. They also develop confidence, social skills and the beginnings of independence. Educational visits in the Nursery and Infants help prepare the children for residential activities in the Junior School.

When taking R5 to R7 pupils on educational visits, a ratio of 1 adult to 6 children is required. However, further adults may be needed if the group contains children with ALN. Nursery children require a higher staff ratio of 1 adult to 4 children aged three or over. For under threes, we suggested a ratio of 1 adult to 2 children. On whole school occasions such as visiting church and Sports Day, all available staff will accompany the children, with a ratio of approximately 1 adult to 8 children.

The trip leader or Head of Nursery or Head of Infants will carry a copy of the children's contact details and medical forms. The Teachers and Teaching Assistants have received training in paediatric first aid. A first aid kit, inhalers, any medicines or epi-pens required and a change of clothes are carried when off site. The Staff also take tissues, sick bag/bowl, baby wipes and sun cream, if necessary. The Staff provide the school office with a mobile number. The phone number of the school may also be

stuck on the child's clothing. A copy of the medical records is available so that staff may seek advice from colleagues in school and the records are available for After School Care.

The children wear school uniform on these visits to aid identification. Waterproof clothing and the school sun hat are advisable for outdoor activities. We have a set of waterproof trousers and parents are asked to provide a jacket/coat as per uniform regulations. Hi-viz jackets are also available.

Educational visits must be approved via the Educational Visits Coordinator, Mr Bryn Evans. An application form and risk assessment should be completed two weeks prior to the visit. Once the application is approved a letter is sent out to parents to obtain consent. Transport is arranged by Mr Prendergast. A car seat is required for any children under three. Teachers are not permitted to transport children in their own vehicles.

Teachers are required to give the children a safety briefing, arrange a meeting point if splitting into groups and to check that all children are wearing their seat belts before the vehicle sets off. Teachers are responsible for the behaviour of the children and counting children on and off buses. Teaching Assistants are asked to verify the count. Whenever possible we try to avoid placing children behind the driver, on the front seats or next to the emergency door.