

SAFETY, HEALTH & HYGIENE POLICY & PROCEDURES

POLICY

Our pre-school aims to provide a safe, healthy and hygienic environment for children and adults.

SAFETY

In order to avoid the risk of accidents we maintain safety by following these safety procedures:

- Children will always be supervised by a responsible member of staff and will be kept out of kitchens or areas where hazardous materials are kept.
- The beginning and end of sessions will be closely monitored and children will be marked at the time they arrive and leave; children will only leave with a known authorised adult whose name has been provided by the parents.
- Adults and visitors will also be entered on the register.
- Safety checks will be carried out on the premises, both indoors and outdoors before and at the end of every session.
- We aim to provide an attractive, stimulating and interesting environment indoors and outdoors.
- We aim to provide opportunities for learning in all areas of the curriculum in and outdoors, where links with the indoors are as an equal value as a learning environment.
- We aim for our environment to be safe but challenging and freely available.
- Fire extinguishers will be checked annually and adults will know how to use them.
- Procedures for fire/evacuations drills will be known by the adults in the setting.
- Fire drills will be carried out at least once per term and a record of date, time taken and people involved kept.
- Procedures for entrances and exits will be known by the adults involved and agreed procedures will always be followed.
- Fire doors will never be obstructed.

SAFETY (cont)

- Windows, sockets, stairs, heaters, potentially dangerous materials and layout of activities and equipment (indoors and outdoors) will be closely supervised to remove or minimise hazards.
- A minimum of two adults will be present at all times to supervise children.
- Trips will use an adult child ratio of 1:4.
- Sufficient adults will be left in the setting if a small group of children leave the premises.
- Equipment and activities available to children will take account of safety and the children's age and stage of development.
- At least one member of staff at each session will have First Aid Training for children and babies (minimum Appointed Person).
- Every adult will know where the First Aid Box and Accident Book is kept; a notice stating where it is will be displayed.
- A named person will be responsible for checking the contents of the First Aid Box once a week.
- The First Aid Box will contain all items as specified in the guidance in The Health and Safety (First Aid) Regulations 1981. Please refer to the contents list in the First Aid Box.

HEALTH

In order to avoid risks to health we always follow these health procedures:

- Activities will take account of children's health needs, including dietary and physical exercise.
- No smoking will be allowed on the premises.
- Animals in the setting will be fed and watered daily and cages cleaned weekly.
- Children will be encouraged to handle animals and help care for them, protective clothing will be worn and hands washed after handling.

HEALTH (cont)

- Parents will be required to keep children at home if they have an infectious disease or vomiting and diarrhoea -this includes children of workers and volunteers. Please see next page for examples of Incubation and Exclusion Periods of some Infectious Diseases.
- Cuts and open sores will be covered with a hypoallergenic plaster.
- Parents will be informed if there is any infection such as head lice, scabies, worms, impetigo or childhood infectious diseases which may affect other children or their parents.

POLICY ON MEDICINES

Prescribed medicines will be administered by parents where possible. When the setting is to administer medicines the following procedures will be followed:

PROCEDURES

- Only management and/ or qualified staff e.g. First Aider will administer medicine.
- All medication will be stored in its original container, clearly labelled and inaccessible to children.
- Medication will only be administered if it has been prescribed 48 hours previously by a doctor and treatment started at home.
- A prior consent form must be completed and signed by parents.
- When medication is administered records will be kept which include dosage, name of medication, time of administration, person administering, and witness to procedure. Parent to sign the medication form when the child is collected.

POLICY ON ILL CHILDREN

When a child becomes ill at our setting our policy is to send the child home to ensure the child has his/ her needs met in the most appropriate setting and to protect other children and adults from the risk of infection.

PROCEDURES

- Any member of staff suspecting a child is unwell or contagious must report this to a senior member of staff.
- A member of staff will make sure the child is as comfortable as possible away from other children.
- The person in charge will telephone the parents first; if no answer other emergency contact numbers will be tried.

- If parents or emergency contact numbers did not answer the child will be cared for by one member of staff until the end of the session. .Parents will always be advised to seek the advice of a medical practitioner.
- When staff are concerned about a child's condition deteriorating e.g. suspected meningitis, they will take the child directly to hospital and seek medical guidance.

HYGIENE

In order to avoid the spread of infection we maintain personal hygiene by following these hygiene procedures:

- All surfaces will be cleaned with an antibacterial cleaner.
- Everyone washes their hands after using the toilet.
- Individual hand towels or paper towels will be available and disposed of hygienically.
- Encouraging children by example and word to put their hands over their mouths when coughing.
- Tissues are available and used to blow noses; tissues will be disposed of hygienically.
- Open cuts and sores will be covered with hypoallergenic dressings.
- Always wash hands before preparing food.
- Wash raw fruit or vegetables which are to be eaten.
- Not coughing or sneezing near food.
- Store food appropriately -raw and cooked separate; kept covered and refrigerated.
- Use different cleaning cloths for kitchen and toilet areas.
- Ensure cloths for drying crockery and hands are clean and hygienic.
- Keep utensils, crockery and pots clean and undamaged, ready for use.

If a child has an accident which results in bleeding or vomiting, the following procedure will be followed:

- Wear disposable gloves.
- Wash the wound with water.

HYGIENE (cont)

- Apply a suitable dressing.
- Wrap blood stained tissues or waste paper in a separate plastic bag and dispose of it separately to other waste.
- Wash blood splashes off the skin with warm water or out of eyes with water.
- Clean area affected by blood, vomit, urine, or faeces with antibacterial cleaner.
- Waste cleaning materials will be put in a separate bag and disposed of separately to other waste.
- Clothes, soft toys or soft furnishings stained by body fluids will be washed by hand using hot water and detergent or in the hot wash cycle in a washing machine, or disposed of if appropriate.

SPECIAL NOTE REGARDING HIV / AIDS

All settings should follow the hygiene policy when dealing with accidents resulting in bleeding or vomiting or in cases of diarrhoea and changing nappies.

No one has the right to know if another person is HIV positive or has AIDS. The Proprietor and appropriate staff members should be advised if a child or adult has HIV/AIDS.

This information should not be shared with anyone else without the permission of the person concerned.

OTHER PARENTS DO NOT NEED TO BE TOLD.

Any failure by an employee to keep this information confidential may result in immediate dismissal and will always result in disciplinary proceedings.

INCUBATION & EXCLUSION PERIODS OF SOME INFECTIOUS DISEASES

DISEASE AND INCUBATION PERIOD	PERIOD WHEN INFECTIOUS	PERIOD OF EXCLUSION OF INFECTED PERSON	EXCLUSION OF CONTACTS AND SPECIFIC RISKS
Athlete's Foot Unknown	As long as skin has not fully healed	None	None
Bronchiolitis 2-8 days	Few days prior to onset of symptoms and up to 1 week after symptoms	Until the child is well	None
Chickenpox* and shingles 15-18days	5 days before to 5 days after spots develop (7 days for shingles)	Until spots have crusted over and child feels well	None If contact is pregnant, newborn or has a compromised immune system, seek medical advice
Conjunctivitis 12 hours to 3 days after contact with infected individual	While symptoms persist	Until treatment commenced	None
Diarrhoea and vomiting / gastro-enteritis "food poisoning": Campylobacter, Cryptosporidium, Dysentery ▲, E.coli 0157▲, viral gastroenteritis, Giardia, Cholera ▲, Salmonella ▲ Varies few hours to few days	While having symptoms of diarrhoea	Until 48 hours symptom free and the child feels well. In the under 5's or persons with doubtful hygiene 2 negative stool specimens are required for all diseases marked ▲ before return to nursery or play school (3 for S.typhi or paratyphi)	None except Salmonella typhi or S. paratyphi, when strict exclusion of certain groups is required. E.coli 0157 food handlers excluded until 2 negative specimens are obtained after index case negative. Pay particular attention to personal hygiene (eg. handwashing) In some instances advice may need to be sought from Consultant in Public Health Medicine (CPHM) at Health Board.
Fifth disease (Parvovirus / Slapped cheek syndrome) Variable 4-20 days	Infectious before onset of rash	Until child feels well	None If contact is pregnant. Seek advice from GP
Glandular Fever Probably 4-6 weeks	While virus present in saliva	Until child feels well	None
Hand foot and Mouth Disease (Coxsackie) 3-5 days	During acute stages of illness	Until child feels well	None
Head and body lice (Pediculosis) Eggs hatch in week 1	As long as eggs or lice remain alive	None if treated	None Check all contacts and if infected treat

INCUBATION & EXCLUSION PERIODS OF SOME INFECTIOUS DISEASES (cont)

DISEASE AND INCUBATION PERIOD	PERIOD WHEN INFECTIOUS	PERIOD OF EXCLUSION OF INFECTED PERSON	EXCLUSION OF CONTACTS AND SPECIFIC RISKS
Hepatitis A* 2-6 weeks	2 weeks before first symptoms until 7 days after onset of jaundice or symptoms	Until 7 days after onset of jaundice or symptoms and the child feels well	None Household contacts should seek advice from their GP. Can cause outbreaks
Hepatitis B and C* 2 weeks 6 months	Not infectious under normal school conditions	None	None
Herpes simplex (cold sores) 2-12 days	Until lesions are healed	None	None
HIV Infection Variable	Not infectious under normal school conditions	None	None
Impetigo Commonly 4-10 days for Staphylococcus and 1-3 days for Streptococcus	As long as septic spots are discharging pus.	Until spots have crusted over	None
Influenza 1-3 days	3-5 days after beginning of symptoms, up to 9 days in children	Until the child feels well.	None
Measles* 7-14 days	1 day before the first symptoms until 4 days after onset of rash	Until 4 days after the onset of rash and the child feels well	None
Meningitis* 2-10 days depending on causative organism	Not infectious under normal school conditions	Until the child feels well	None Advice from CPHM essential. Only household and very close contacts may be given antibiotics on advice of CPHM
Molluscum contagiosum 7 days – 6 months	As long as rash persists	None	None
Mumps* 2-3 weeks commonly 18 days	7 days before and up to 9 days after the onset of swelling	Until the child feels well	None
Ringworm on body (Tinea Corporis) 4-10 days	As long as rash is present	None once under treatment	None
Roseola 5-15 days	As long as rash persists	Until the child feels well	None
Rubella* (German Measles) 16-18 days	1 week before and at least 4 days after onset of rash	Until the child feels well	None If contact is pregnant, seek advice from GP
Scabies 2-6 weeks on initial infection. 1-4 days after re-exposure.	Until mites and egg are destroyed by treatment	Until the day after treatment	None Household and close contacts should be treated at the same time

INCUBATION & EXCLUSION PERIODS OF SOME INFECTIOUS DISEASES (cont)

DISEASE AND INCUBATION PERIOD	PERIOD WHEN INFECTIOUS	PERIOD OF EXCLUSION OF INFECTED PERSON	EXCLUSION OF CONTACTS AND SPECIFIC RISKS
Scarlet Fever and Streptococcal Infection* 1-3 days	Dry sore throat starts until 24 hours after antibiotics started	Until the child feels well	None
Threadworm 2-6 weeks or life cycle to be complete	When eggs are shed in the faeces (stools)	None once treated	None Household contacts should be treated at the same time.
Tuberculosis (TB)* Usually 4-6 weeks	Depending on site of infection	Until the child feels well	None Prolonged, close contacts will need screening
Verrucae (Plantar Warts) 2-3 months	As long as wart is present. Cover verrucae if swimming, showering or bathing.	None	None
Whooping Cough* (Pertussis) 7-10 days	For 7 days before until 21 days after start of coughing. If treated with antibiotics, 5 days after starting course	21 days from onset of paroxysmal coughing	None

* These diseases are required to be notified by the GP or doctor treating the patient to the **Consultant in Public Health Medicine (CPHM)**.

If in doubt or if you suspect there is an outbreak involving a number of cases of a notifiable disease, please contact the **Consultant in Public Health Medicine (CPHM)** responsible for control of communicable disease (at the NHS Board). Tel 0141 842 7200

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