-This policy contains eight sections:

1. Section 1- First Aid, Accidents, Emergencies and Medication
2. Section 2- Incidents
3. Section 3- Fire Procedures and Equipment
4. Section 4- Smoking Guidelines
5. Section 5- Risk Assessments
6. Section 6- COSHH
7. Section 7- Substances Used
8. Section 8- RIDDOR

Aim

At Little Footsteps our policy is to provide and maintain a safe and healthy working environment, equipment, and systems of work for all our employees, and to provide such information, training and supervision as they need for this purpose. We also accept our responsibility for the health and safety of other people who may be affected by our activities e.g. visitors, contractors, parents/carers, etc.sicknessoose

Responsibilities

Overall and final responsibility for health and safety at all Little Footsteps is that of the directors of the company. Where Little Footsteps are based inside Children's Centres it is our responsibility to report health and safety issues to the individual responsible for health and safety in that building.

All employees have the responsibility to co-operate with supervisors and managers to achieve a healthy and safe workplace and to take reasonable care of themselves and others.

- Whenever an employee notices a health and safety issue, which they are not able to put right, they must tell the manager immediately.
- Health & Safety training is the responsibility of the manager of each setting.
- Carrying out health and safety inspections is the responsibility of the managers/senior team within the setting.
- Investigating accidents is the responsibility of all staff in the building and must be reported immediately to the manager.
- A maintenance person carries out general repairs on a regular basis.
- Regular staff training is provided to ensure all appropriate needs are met.
- Little Footsteps has regular access to competent Health and Safety advice through the Local authority and Citation.

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Section 1 – First Aid, Accidents, Emergencies and Medication

At Little Footsteps all staff are Paediatric First Aid trained within 3 months of joining the company. We make sure that training is up to date and encourage staff to attend courses. A suitably stocked first aid box is kept in all rooms and a travel first aid box is taken on all trips. These are in accessible places. The first aid box is checked frequently by a designated member of staff and overseen by the Health and Safety Officer.

What is our procedure for accidents and emergencies?

In the event of an accident the first priority is to take care of the persons involved, to ensure they are properly cared for and appropriate first aid is administrated. It is our intention and responsibility to ensure an accurate report of all accidents involving a child, parent/carer, student, visitor, or member of staff at the nursery is recorded on an accident form. This form is signed electronically by the parents/carers, and handwritten by the person reporting the accident and the manager. An electronic copy is also photographed and sent on Famly.

The person responsible for reporting accidents, incidents or near misses is the member of staff who witnesses the incident. They must record it on an Accident Report Form and also record it on our Famly app. This should be done as soon as the accident is dealt with, whilst the details are still clearly remembered. Parents will be sent the accident form via famly where they will sign it electronically. If this is a head/face injury the parents will be called to inform them, the child will then be monitored. A head injury advice form will also be sent to the parents/carers via Famly.

Accident Report Forms are then passed to the Deputy Manager and filed in accordance with Data Protection Laws in the Office.
The Forms are checked regularly for patterns e.g. one child having a repeated number of accidents, a particular area in the nursery or a particular time of the day when most accidents happen. Any patterns will be investigated by the manager of the setting.
The manager will investigate serious accidents to ensure that any necessary further action is taken (i.e. a full risk assessment or report under Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR)

All head injuries must be reported to the manager and parents/carers immediately and monitored every 5 minutes using a head monitoring form. If the child exhibits any serious symptoms such as sickness, drowsiness, clumsy movements, lack of eye contact, inability to focus etc the Manager must decide whether an ambulance is required. For major accidents, emergency services must be called as must the parents/carers. The managing director and Ofsted must also be informed if the following occurs.

- The death of a child whilst in your care, or later, as the result of something that happened while the child was in your care.
- Death or serious accident or serious injury to any other person on your premises (Childcare Register only)
- Serious injuries (please see the section below for the definition of serious injuries)
- Where a child in your care needs to go to an Accident and Emergency Department of a hospital (and requires hospitalisation for more than 24 hours), either directly from your provision or later, as the result of something that happened while the child was in your care.

Within the early years compliance handbook, Ofsted define serious injuries as:

- Any injury that requires resuscitation or admittance to hospital for more than 24 hours
- Broken bones, a fracture or dislocation of any major joint
- Any loss of consciousness, severe breathing difficulties or asphyxia
- Loss of sight (temporary or permanent), any penetrating injury to the eye,
- Any chemical or hot metal burn to the eye
- Any injury leading to hypothermia or heat-induced illness.
- Any injury or medical treatment arising from absorption of any substance by inhalation, ingestion or through the skin.
- Any injury or medical treatment resulting from an electric shock or electrical burn.
- Any injury or medical treatment where there is reason to believe that this resulted from exposure to harmful substance, a biological agent, or its toxins, or infected material.

You are not required to inform Ofsted of minor injuries, but you must keep a record of these, and the managing director must be informed of these.
We define minor injuries as:

- Sprains, strains, and bruising
- Cuts and grazes
- Wound infections
- Minor burns and scalds
- Minor head injuries
- Insect and animal bites
- Minor eye injuries
- Minor injuries to the back, shoulder, and chest.

ALL ACCIDENT REPORTS WILL BE KEPT FOR A MINIMUM OF 25 YEARS

LITTLE FOOTSTEPS CHILDCARE

FIRST AID BOX CHECKLIST

Item	Required amount	Expiry Date (if applicable)	Date checked	Checked by	Amount left	Date replenished	Replenished by:
Large Dressings							
Eye Pad sterile dressing Large							
Medium Sterile dressing							
Triangular bandage							
Wash proof plasters							
Medium gloves							
First Aid guidance sheet							
Microporous tape							
Scissors							
Resusci Aid							
Antiseptic wipes							
Sterile water (only in travel first aid kits)							

July 2026

LITTLE FOOTSTEPS CHILDCARE

Medication CHECKLIST

Childs Name	Medication Name	Expiry Date	Date checked	Checked by	Amount left	Date replenished	Replenished by:

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LITTLE FOOTSTEPS CHILDCARE

Child's Name – Eli Spencer	Date of Birth – 1.10.2021	Date -4.06.24	Time of accident – 11.04am
Location – Buds Garden	**Equipment -** **Climbing Frame**	**Number of staff present: 3** **Number of children present: 12**	

Nature of Accident

Eli was playing in the buds garden, playing tag with his friends. While running he collided with one of his friends. This collision caused both children to bump their heads. £2 coin raised bump appeared immediately.

Tick appropriate boxes Child comforted ( ) – tick Cold compress applied ( ) – tick Wound dressed ( ) Child observed ( ) – tick Taken to hospital ( ) Separate head monitor form ( ) – tick Received head injury advice form ( ) – tick	**Detailed action taken** **Child comforted, cold compress applied for 15mins, monitored and observed.**

Observation record of bleed needed: yes ( ) no ( ) – tick – if ticked yes example (bleeds get monitored every 5 minutes.)	**Time**	**Staff observing**
Bleeding coming from nose, light red in colour, tick and bleeding slowly.	11.05	ET
" "	11.10	DN
Bleeding stopped	11.15	ET

Staff who dealt with the accident providing First Aid _____ET _____ - You can only administer first aid if you are First Aid Trained

Staff who completed form _____ET_____

Staff who witnessed the accident_____ET_____

Witness statement/ Child's voice:

"he hurt me"
"I fell over"
As stated above
Or second witness details

Any further information/action needed?

Parent/guardian informed by: ET

Time of contact: 11.10

Follow up report: Emma will complete

Manager's signature:

Body maps will also be attached – double sided.

LITTLE FOOTSTEPS CHILDCARE

ACCIDENT REPORT FORM: STAFF/VISITORS

Accident Report Form (Staff/Visitors)		
Staff/Visitor Name:	Position:	Date: Time: Number of staff present:
Nature of Accident:		
Action Taken:		
Witness Statement: Signature of Reporting Officer_____ Signature of Witness_____ Signature of staff/visitor_____		
Follow up Report: **Nursery Manager Signature:** **Date:**	**Any further information/action needed?**	

HEAD INJURY MONITOR RECORD

This needs to be completed for every incidence of a child having a head injury and parents must always be contacted immediately when a child has a head injury. Observations are to take place every **5** minutes for the first hour. In the event of sickness, drowsiness or any other behaviour or symptoms that are out of character for the child the Manager must be informed immediately. This form must be attached to the accident report form.

Child's Name: ……DOB……DATE.....

Parent called at: ……. Spoke to: …… Person who made the call: ……..

Time	Any other symptoms/concerns	Temperature (if necessary)	Staff Member
Example 10am	e.g. – child A crying, unsettled, cold compression applied. bump raised but has allowed first aid to be administered.		John Smith

Managers Signature……Date……

LITTLE FOOTSTEPS CHILDCARE

In the case of a head injury the following information is given to the parent/carers

Name: **Date:**

Your child has had an injury to their head today. For the next few days, send your child to hospital **immediately** if they suffer from:

- confusion, such as being unaware of your surroundings, a delay in answering questions, or having a blank expression.
- A change in behaviour, e.g being more irritable or losing interest in things around you (especially in children under 5)
- headache
- dizziness
- nausea
- loss of balance
- feeling stunned or dazed
- disturbances with vision, such as double vision, blurred vision or "seeing stars" or flashing lights.
- vomited (been sick) since the injury.
- crying more than usual (especially in babies and young children)

(NHS updated October 2021)

Name: **Date:**

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- headache
- dizziness
- nausea
- loss of balance
- feeling stunned or dazed
- disturbances with vision, such as double vision, blurred vision or "seeing stars" or flashing lights.
- vomited (been sick) since the injury.
- crying more than usual (especially in babies and young children)

(NHS updated October 2021)

LITTLE FOOTSTEPS CHILDCARE

NOSEBLEED RECORD

Please attach to any addition accident/incident forms and file correctly and send via Famly.

Child's Name:

D.O.B:

Please outline how the Nosebleed began:

Time Nosebleed Started	Time Nosebleed Stopped	Location	Total Time of Bleed	Staff Signature

Practitioner Signature: **Date:**

Manager's Signature: **Date:**

What is our procedure for dealing with bodily fluids?

Disposable gloves are always worn when dealing with bodily fluids. Bodily fluids should always be cleaned with antibacterial sanitizer.

ALL first aid waste e.g. disposable gloves, dressings, etc, MUST BE PLACED INSIDE A YELLOW BAG, TIED TIGHTLY AND PLACED IN THE YELLOW REFUSE BINS OUTSIDE THE NURSERY FOR DISPOSAL.

What if a child has an accident outside of nursery?

Any accident outside of the nursery must be reported by parents/carers immediately on entry to the nursery. An accident outside our care form must be completed and signed by the parent/carer and the room leader and/or manager. How the accident happened must be recorded and reported to the manager at all times. Any concerns, suspicions or repeated accidents will be dealt with in accordance with our Safeguarding children policy.

Unacceptable Jewellery

Parents/Carers are advised that it is unacceptable for their child to wear “dangly” bracelets, necklaces, rings, and hooped earrings, whilst the child is at nursery as these can present a potential hazard. If a child arrives at Nursery wearing such jewellery it will be sensitively pointed out by the keyworker and the parent will be encouraged to remove the items and take them home. If the items are only noticed during the session time they will be removed where possible put in a safe place and given to the parent/carer when they come to collect their child.

Please note if any personal jewellery worn by a child is lost the nursery holds no responsibility.

Ethnic and Cultural Jewellery

The wearing of ethnic jewellery will be dealt with on an individual basis, through discussion with the parent and keyworker, and a solution arrived at that is acceptable to both.

LITTLE FOOTSTEPS CHILDCARE

ACCIDENTS OUTSIDE OF NURSERY FORM

Accident's OUTSIDE of nursery Form	
Child's Name	Date of Accident Time of Accident
Nature of Accident	
Injury Sustained	
Action Taken	
Acknowledged by:	
Staff member Signature:	Date:
Managers comment: Manager's signature: Date:	**Any further information/action needed?**

What happens if we think a child is unwell?

Children who are unwell are not able to benefit from the Nursery environment. It is in their best interests to be in the care of their parent's/carers this also minimises the risk of the spread of infection from the child who is unwell. Children who we think are unwell must be constantly monitored and their temperature taken every 10 minutes and recorded. The Parent/carer must be contacted as soon as we suspect a child is ill. If a child has a temperature above 37.8°c (and has not just been involved in strenuous or physical activity) we must do all we can to reduce the child's temperature. If we are unable to reduce the temperature the parents/carers must be called to collect their child. If the child's temperature increases further the manager must call emergency services. There is a 'Temperature Monitor Log' attached to this policy which must be filled in for every child with a temperature of 37.8°c and above. The nursery may also administer emergency paracetamol if they feel the child is at risk of convulsions. Parents will be contacted and asked to collect their child. Please also see "administering medication" below and our Infection and Medication Policy.

Please note that if a child is sent home from nursery with a high temperature and returns the next day, they will be monitored closely, and any signs of sickness and they will be required to go home.

TEMPERATURE MONITOR LOG

Children with temperatures of 37.8°c or over must be monitored every 10 minutes and their temperature recorded below. If symptoms persist for more than 30 minutes or if the child's temperature increases parents must be contacted immediately to collect the child. Temperature fluctuates when sleeping.

Child's Name:_____D.O.B_____Date:_____

Time	Other symptoms	Temperature (in degrees)	Staff Member

Time parent contacted:_____Name of parent contacted:_____

Person who made contact with parent:_____

Comments:

Managers signature:_____Date:_____

LITTLE FOOTSTEPS CHILDCARE

What is our procedure for administering medication?

The nursery only administers medication that has been prescribed by a doctor. However, in rare circumstances when a child's temperature is very high and is not able to be reduced naturally the nursery holds emergency paracetamol. The dose given will be based on the instructions on the back of the box. Ages and consent will be taken into account, When a child spikes a temperature of 37.8 or above - temperature monitoring will begin. Temperatures will be monitored for 30 minutes to see if they will naturally go down before any Calpol is administered. After 30 minutes, if the temperature has increased or stayed the same then parents will be contacted to request permission to administer Calpol. The child will then continue to be monitored for a further 20minutes. If after 20minutes the temperature has stayed the same or has risen. The parents will be asked to collect immediately.

In the event that a parent cannot be reached, and a temperature is dangerously high. The manager on site will make a decision as to whether emergency medication needs to be administered. PLEASE NOTE – we will not issue any medication if the child has not been within our care for a minimum of 4 hours and we are confident that they do not have existing medication within their system. This is to prevent and reduce any risk of overdose.

A label directed dose will be administered in order to reduce the temperature so that an ambulance does not need to be called and to help reduce the risk of a child having convulsions. Any child whose temperature needs to be reduced in this way will be required to go home. Parents/carers must collect their child from nursery as a high temperature usually indicates the body is trying to fight some kind of infection. Parents/Carers will give written/online consent prior to their child starting the nursery and a courtesy call will be made on the day to ensure the child is not currently taking any other form of medication.

If a child enters the nursery with prescribed medication a medication form needs to be completed.
Each medication form must have:

- The child's full name clearly written on it
- The reason for taking the medication.
- The times and dosage of medication within
- How the medication is stored (in the appropriate place out of children's reach)
- The medication is administered by a first aider (away from the other children)

Please note – we can only give children the dose that is stated on the label and follow the instruction of the prescription label or doctors note guidance. We cannot mix medication or alter the dosage amount.

On collection the parents/carers are informed about the child's welfare and medication is returned. It is the parents/carers responsibility to keep us up to date with their children's medical requirements.

Please note – we do appreciate that temperatures can be caused by mild circumstances. Such as; teething ect. At the managers discretion a decision can, be made to allow your child to stay within the setting. This will be dealt with on a case-by-case basis. However, if management feel as though it is not in the child's best interest to be subjected to the rigour routine of a nursery day. They will be asked to collect the child immediately.

The procedure for administering emergency paracetamol is as follows:

- If a child develops a temperature parents/carer will be contacted to advise them of this
- 30 minutes monitoring begins.
- The child's temperature will be monitored, and we will try and reduce it naturally.
- If the child's temperature continues to rise and the manager/senior member of staff feels it is dangerously high the parents/carers will be contacted to ask permission to administer paracetamol AND they will need to come and collect their child from nursery if after 20 minutes of the Calpol being in their system the temperature has not dropped or they are unwell in themselves. (please note – if they have been within our care for under 4 hours, they will be asked to go home).
- If the parent/carer is unable to be contacted the paracetamol will be administered anyway. Emergency contacts will be contacted as well. (please note – if they have been within our care for under 4 hours, they will be asked to go home).
- The child's temperature will be monitored until the parents/carers arrival.
- If the temperature is still not reducing an ambulance will be called.

Emergency antihistamines

In rare circumstances where a child may have a mild allergic reaction, the manager will decide whether antihistamines will be administered. Parents will be contact prior to giving the antihistamine. If verbal permission given. A label directed dose will be administered. Parents/Carers will give written/online consent prior to their child starting the nursery and a courtesy call will be made on the day to ensure the child is not currently taking any other form of medication. This form of emergency medication will only be administered in the child has been in our care for a minimum of 4 hours. This is to avoid/reduce the risk of an overdose.

As per label instruction dose will be administered for children over 1 (**Piriton the antihistamine of choice at** Little Footsteps **is not suitable for children under the age of 1 year**). Any child who receives antihistamines will need to be collected immediately. Parents/Carers will give written consent prior to their child starting the nursery and a courtesy call will be made on the day to ensure the child is not currently taking any other form of medication. If we are unable to contact the parent/carer we will still administer the medication if we feel the child's symptoms are worsening. (As long as the child has been within our setting for a minimum of 4 hours). Please be aware antihistamines are not suitable for children with asthma or bronchitis and medical advice needs to be sought before administering.

The procedure for administering emergency antihistamines is as follows:

- If a child has an allergic reaction *(sneezing and an itchy, runny or blocked nose, itchy, red, watering eyes, wheezing, chest tightness, shortness of breath and a cough ,a raised, itchy, red rash (hives), swollen lips, tongue, eyes or face tummy pain, feeling sick, vomiting or diarrhoea dry, red and cracked skin).* The child's parents will be contacted immediately to advise them of this
- The child's symptoms will be monitored
- If the child's symptoms worsen the manager/senior member of staff will contact the parents to ask for permission to administer the antihistamines AND they will need to collect their child from nursery
- If the parent/carer is unable to be contacted the antihistamine will be administered anyway. Emergency contacts will be contacted as well. This needs to be recorded on an emergency medication form.
- The child's symptoms will be monitored until the parents/carer's arrival.
- If the child's symptoms continue to worsen and the child's is suffering from anaphylaxis an ambulance will be called

We do understand that Piriton can often be prescribed, or a child may need a care plan due to an allergen, which may result in Piriton being administered as part of this plan. Please speak to a manager to discuss or receive the care plan policy.

The storage of medication

At Little Footsteps we ensure that all medication and other substances, including that of staffs, are securely stored and out of the reach of children at all times.

EMERGENCY MEDICATION

Child's Name .....DOB.....

Medication .....

Dosage .....

Lot Number .....

Date	Time	Given by	Witnessed by	Manager's Signature	Parent/Carer Signature

Please attach the temperature log form to this form before filing away

Manager on site Signature:…… **Date:……**

LITTLE FOOTSTEPS CHILDCARE

What is Anaphylaxis?
There are children who have allergies or intolerances to specifics foods or substances. These range from mild intolerances to severe allergies and anaphylaxis. Anaphylaxis is a life-threatening condition. Anaphylaxis is a severe allergic reaction - the extreme end of the allergic spectrum. The whole body is affected, often within minutes of exposure to the 'Trigger substance', but sometimes it can be hours after the exposure.

Who does this policy apply to?
This Policy applies to all members of the nursery community, parents/carers and students. Staff must understand this policy. Anaphylaxis is a life-threatening condition; therefore, breach of this policy is a disciplinary matter.

What are the most common causes of Anaphylactic Shock?
The most common allergens which cause a person to go into anaphylactic shock are nuts or seeds; these include peanuts, almonds, walnuts, cashews, brazil nuts and sesame. Research is finding Kiwi to be a major concern. Other foods include fish, shellfish, stones in fruit such as peaches or nectarines, dairy products and eggs. Non-food causes include wasp or bee stings, rubber, penicillin, and some other medications. On rare occasions there will be no obvious cause.

What can cause problems?
Young children and babies can have an anaphylactic reaction to inoculations up to 78 hours after administered. This is a relatively new phenomenon. All children must be monitored carefully after inoculations are given. We will request full information from a Doctor or consultant for any child who may have an Anaphylactic Allergy. For children suffering from a severe allergy a care plan will be drawn up. In some cases, the smallest trace of nut, or other allergen, touching the child's skin can cause a reaction.

How can we avoid allergy problems in the Nursery?
- Minimise the risk by checking and remembering children's dietary requirements and allergies each month. This is displayed in the kitchen, office, classrooms and/or on the child's individual placemat.
- Follow any individual children's menus.
- The Kitchen are supplied with weekly/daily dietary requirements to ensure individual dietary requirements are met.
- Be alert to all symptoms of Anaphylaxis and observe children carefully whilst children are eating.
- If you suspect an allergic reaction inform a senior member of staff and follow ***The Care Plan***.
- Take extra special care of cakes that are brought in at Party/Festival times.
- Checking the junk modelling boxes and container which are brought into nursery.

What are the symptoms of Anaphylactic Shock?
- Generalised flushing of the skin
- Nettle rash anywhere on the body
- Sense of impending doom
- Swelling of the mouth, lips, or throat
- Difficult in swallowing or speaking.
- Alterations in heart rate,
- Severe asthma
- Abdominal pain, nausea, or vomiting
- Sudden feeling of weakness (drop in blood pressure)
- Collapse or unconsciousness

ONE OR MORE OF ANY OF THESE SYMPTOMS MAY BE A SIGN OF ANAPHALAXIS. CHILDREN MAY NOT BE ABLE TO DESCRIBE HOW THEY ARE FEELING.

What are the mild allergy symptoms?
In some cases, people experience a mild allergy symptom. This may be a mild tingling of the mouth or throat. It may be an itching or localised rash. If this happens all foods eaten at nursery must be noted and parents must be informed. As these symptoms may increase each time a child has a particular food, parents should be advised to seek medical advice from a specialist through their G.P.

What is the treatment for a severe reaction?
Pre-loaded adrenaline kits or Epi-pen must be kept in the Nursery for any child at risk. The nursery requires 2 epi-pens to be on site at all times Follow *The Care Plan* if there is a reaction.

What must happen if a child who suffers from Anaphylaxis comes into contact with an allergen?

1. IF THERE IS ANY REACTION THE CARE PLAN MUST BE FOLLOWED
2. The senior member of staff and first aid qualified staff on duty must be informed.
3. The child must be constantly monitored by a senior member of staff.
4. The parents must be contacted.
5. Investigations & further action will be considered by the Nursery Manager,
6. Disciplinary action will be considered by Nursery Manager

What is the procedure for accepting a child who has an Anaphylactic Allergy, and what is the procedure for a child who develops an anaphylactic allergy to a foodstuff whilst attending the Nursery?

1. Before children start at the Nursery parents/guardians complete an admission form. This includes a comprehensive section on medical conditions allergies, intolerances, and dietary requirements.
2. If a child does have or develops, a severe allergy to certain food item further information must be requested from the parent including administration of medication and a Care Plan must be completed. It may be necessary to have information from the child's doctor or consultant.
3. The child's medication must be kept on the premises at all times, if the child requires an epi-pen then 2 epi pens must remain on site at all times in the medicine cupboard. The child's name must be clearly on the medication in permanent pen.
4. At the time of starting the Nursery all first aid qualified staff must be trained on how to administer the child's medication.
5. The parent must provide a signed letter giving consent for staff to administer medication to the child.
6. Copies of the care plan must be photocopied and put into the child's file. This is to be marked emergency Medical Hospital information. This is to be taken to the hospital with the child in the event of an anaphylactic crisis.
7. Staff must be aware through the Dietary Requirements print out of all children dietary requirements, allergies and intolerances. Students, Agency staff, Visitors and new staff must not serve children any food or drink.
8. Dietary requirement must be sent to the Catering Company.
9. All staff must understand that Anaphylaxis is a life-threatening condition. All staff must understand this Policy and THE CARE PLAN.

What must I do if I suspect a child is having an Anaphylactic reaction?

FOLLOW THE CARE PLAN

1. Inform the senior member of staff on duty what you have observed **immediately**.
2. Senior member of staff assess the situation immediately to assess whether there are any signs of Anaphylaxis. *SIGNS AND SYMPTOMS CAN BE FOUND IN THIS POLICY.* If not continue to monitor the child carefully over the rest of the day and contact the parent to determine if they have ever had any concerns.
3. If there are any signs of Anaphylaxis follow the care plan. Constantly monitor the child for breathing and increase or decrease of symptoms.
4. Whilst doing this instruct a member of staff to call an ambulance **immediately** by dialling 999. Inform the operator that a child is suffering from anaphylaxis and ask for an ambulance **immediately**. Make a note of the time. Member of staff to wait outside the Nursery to enable Paramedic or ambulance crew to locate the building and enter quickly.
5. Whilst this is happening all other children must quietly and calmly be removed from the area or room that the child having the anaphylactic reaction is in. Constantly monitor the child.
6. The manager to contact parents/carers and explain what has happened, and what procedures have been undertaken. If parents/carers are unavailable contact the next person on the child's emergency contact list.
7. The manager to get the child's file. This must accompany the child to hospital.
8. If an ambulance has not arrived within 5 minutes call back and demand priority for children.
9. The child's key person, where possible, to accompany the child to hospital if the parent/carer does not arrive.
10. Mobile phones cannot always be used in hospitals. However, the nursery mobile phone **SHOULD** be taken.
11. Managing director must be contacted.
12. Nursery and parent/staff at hospital/Nursery Directors to be kept informed.
13. Staff/Parents/carer/Managing director to be kept informed/liaise.
14. Nursery Manager to conduct full investigation as soon as practicable. Further action to be considered including staff disciplinary.
15. Policy must be reviewed by Nursery Directors and Nursery Managers and perhaps child's Doctor or Consultant.

Section 2 – Incidents

We aim to ensure an accurate report of all incidents involving a child; parent/carer, student, visitor, or member of staff at the nursery is completed.
In the event of an incident the first priority is to take care of the person(s) involved, to ensure they are properly cared for and where appropriate first aid administered. On being informed or becoming aware of an incident, which needs to be recorded, the member of staff should immediately gain as much information as possible. The incident form should be completed as soon as possible. When completing an incident report, it is essential to ensure the record contains full and accurate factual details which took place.
At all times parents/carers must always be informed of any incident involving their child and the report should be signed.
Nursery managers must inform senior management of all major incidents and Ofsted if necessary.

ALL INCIDENT REPORTS WILL BE KEPT FOR A MINIMUM OF 3 YEARS

LITTLE FOOTSTEPS CHILDCARE

Incident Form

Childs Name:	Date: Time: Number of staff present: Number of children present: Time form completed:
Nature of incident:	
Action Taken:	**Tick appropriate boxes** Child comforted ( ) Cold compress applied ( ) Wound dressed ( ) Child observed ( ) Taken to hospital ( ) Separate head monitor form ( ) Received head injury advice form ( ) Record of separate physical log ( )
Witness Statement (if applicable): Signature of Parent (if applicable)_____ Signature of Reporting Officer_____ Signature of Witness_____ Signature of staff _____	
Follow up Report: Nursery Manager Signature: Date:	**Any further information/action needed?**

Section 3 – Fire Procedures And Equipment

What do we do in the event of a fire?
Each setting has their own fire evacuation procedure. We also have a policy solely dedicated to Fire Safety written by our Fire Inspector.

Fire is a threat to life, property, equipment and the environment. It has the potential to disrupt business operations, which could include closures if the fire is severe. Therefore, Little Footsteps Childcare takes fire safety extremely seriously and recognises that it has responsibilities to protect all relevant persons from harm so far as is reasonably practicable. Donna Nevill will endeavour to control associated risks and will comply with legislation relating to fire safety, such as:

- The Regulatory Reform (Fire Safety) Order (RRFSO) 2005.
- Other health and safety legislation, such as the Health and Safety at Work, etc. Act 1974 and the Management of Health and Safety at Work Regulations 1999.
- UK Government Guidance – fire safety risk assessment CLG Guides.

FIRE EMERGENCY EVACUATION PROCEDURE

IF YOU DISCOVER A FIRE:

1. Raise the alarm by breaking the glass at the nearest FIRE ALARM call point.
2. Inform the manager(s) on duty of the exact location; the manager will then telephone 999
3. Commence Evacuation Procedures

EVACUATION PROCEDURE:

1. When the alarm is activated, or you suspect a fire, ensure the immediate safety of the children, students, visitors and employees most at risk.
2. Evacuate the building from the nearest safe exit.
3. Senior staff will direct you to the designated safe assembly point (this changes depending on the reason for the evacuation)
4. On leaving the building, designated staff will collect daily attendance records for children, staff, students and visitors, to ensure that all personnel can be accounted for.
5. There are evacuation instruction posters in each room.
6. Fire assembly point is located outside the building in a designated area.

STAFF ROLES:

Role 1- Manager/Person in Charge
- Will collect the registers, contact details, staff and visitors signing in sheets.
- Will check the toilets, kitchen area, staff room, milk kitchen, laundry room and nappy changing area.
- Will be the last person to exit the building and hand over the registers to the manager on duty.
- Will call the emergency services.

Role 2- Deputy/Senior Member of Staff
- Will help with the evacuation, being the first person to exit the building, and direct all children/staff/visitors to the assembly point.
- Will receive the registers and call roll to ensure all parties are present.

If either one of the above are not present the next senior member of staff will fulfil the role.

DO NOT PUT YOURSELF AT RISK AND NEVER RE-ENTER THE BUILDING
ALWAYS WAIT FOR THE ARRIVAL OF THE FIRE SERVICES

Using Firefighting equipment

No one should attempt to use firefighting equipment unless trained to do so. Wrong use can spread the fire or even cause an explosion or electric shock.
The main sorts of fire equipment at the nursery are:

- Fire extinguishers
- Fire blankets
- Fire alarms
- Heat detectors

At Little Footsteps our extinguishers are serviced once a year and are safely stored on view and clearly labelled.

Section 4 – Smoking/Vaping Guidelines

Little Footsteps operates a strict non-smoking policy.

Those who smoke are required to:

- Not smoke whilst on Little Footsteps premises including the garden area
- Not smoke in a place which is clearly visible to parents or other visitors arriving at the nursery.
- Not smoke whilst uniform is on display.
- Not smoke in a place from which smoke can drift into the nursery building.
- Not dispose of cigarette butts in an inappropriate way or place
- Not smell of cigarettes or have breath smelling of cigarettes when working with the children
- Staff must not smoke with in 20 minute time frame of being with the children. This is because smell and fumes can linger and we want to keep our children healthy.

Section 5 – Risk Assessments

Who is responsible for risk assessment?
The following staff have responsibilities:

- The senior member of staff on duty in the morning is responsible for checking the premises.
- The Nursery Managers are responsible for risk assessments and that they are carried out and reviewed and cover everything that the child may come into contact with within the nursery environment.
- The Nursery Managers and Senior management are responsible for monitoring accidents in the Nursery to assess and reduce risk.
- The person carrying out the risk assessment must log the date and sign.

What action is required in response to a risk assessment with an identified risk?
Following a risk assessment where actions are required or where a risk is identified, action must be taken and recorded. A review date must also be recorded and logged into the diary. The manager is responsible for communicating relevant changes to children's parents/carers and staff as appropriate and ensuring that any changes are consolidated within the nursery.

Risk assessments are carried out before any outing and for those with specific needs e.g., expectant mothers, those with a disability.

What is the policy for electrical equipment and the electrical system of the nursery?
Adapters to overload sockets must not be used and wires must not trail so that children can reach them. Portable and kitchen electrical equipment must be checked by a qualified electrician annually. New equipment must be purchased from a high street supplier. Broken or damaged equipment must be repaired or disposed of and replaced immediately, please confirm with the Nursery Manager before disposing of any equipment. Electrical cables in the Nursery rooms should be placed in conduits. All electrical equipment is PAT tested and labelled annually by a reputable company.

What is the policy for gas checks?
Appliances and boilers have an annual service and are under contract. Carbon monoxide detectors are fitted where recommended.

How do we manage visitors/contractors

All visitors/contractors entering the building follow our signing in procedure. They will also be asked to provide DBS and general work permits. If needed a 'hot works permit' will also be requested. A hot work permit is required to ensure the safety of workers and the surrounding environment when performing tasks that involve an open flames, sparks or other sources of heat.

What are the safe procedures for using the garden?
Children are well supervised in the gardens at all times. Ratios remain the same. The gate must be checked for security and the garden must be checked for rubbish, unhygienic or dangerous items each time the children go out. Equipment and boundary fences must be monitored by all staff to ensure they present no hazards. The garden gates must be locked when children are outside. We ensure that parents/carers supply appropriate clothing and creams which must be used at the appropriate time of year. The garden must be checked in person to ensure no child is left outside when transitioning from the outdoor space to another space or inside.

Is water and sand play safe in the Nursery?
Children have water and sand trays in the nursery that are professionally manufactured. When in use the tray must be constantly observed by staff. When not in use the tray must be covered at all times. The tray must be hygienically cleaned between uses.

Are we insured?
The Nursery has Buildings Insurance and Public Liability Insurance as required by law. This covers Nursery Outings. The registered person is responsible for these policies. The managers must display the certificate of Public Liability Insurance on the Parent's Notice Board and in the Office.

What do we need to know about lifting children?
Annual manual handling training is provided at a staff meeting. New staff must be inducted through the correct procedures. A poster is displayed by the nappy changing area as a constant reminder. We also have relevant policies.

What are our cleaning procedures?

Please see infection control and medication policy

Section 6 – Control Of Substances Hazardous To Health (COSHH) Regulations 2002

At Little Footsteps we control exposure to hazardous substances to prevent ill health by complying with the Control of Substances Hazardous to Health Regulations 2002.
We assess risks, using Safety Data Sheets, to decide what precautions are needed and implement any measures needed to control exposure.
We ensure that control measures are used and maintained properly and that safety procedures are followed.
We ensure employees are properly informed, trained and supervised. All employees make proper use of control measures and report defects

Hazardous substances include:

- Substances used directly in work activities (adhesives, paint, cleaning agents)
- Naturally occurring substances (dust)

Examples of the effects of Hazardous Substances:

- Skin irritation or dermatitis as a result of skin contact
- Asthma as a result of developing allergy to substances used at work
- Losing consciousness as a result of being overcome by toxic fumes
- Cancer, which may appear long after the exposure to the chemical that caused it
- Infection from bacteria and other micro-organisms
- Poisoning as a result of swallowing a hazardous substance

At Little Footsteps we assess the risks by making a judgement on how likely it is that hazardous substances will affect someone's health.
Where there is a risk then a non-hazardous substance is substituted if one is available.
We use children's glue and paint which is non-hazardous. Parents/carers are asked to report any known skin allergies or medical conditions brought on by certain substances on their child before starting the nursery.
There is a possibility that substances could be absorbed through the skin and/or swallowed by children. Therefore hazardous substances are kept out of children's reach or locked in a secure area. All are stored upright, and a list of any hazardous substances is kept to inform staff. All employees are required to wear gloves when using cleaning substances and to wash their hands after use.
Staff are trained to know what to do in the case of an accident or spillage etc.

Section 7 – Example of Substances Used At Little Footsteps Childcare

Substance	Hazards identification	Preventative measures	First aid measures
Professional Fairy Liquid	Not classified	Always wear gloves when using Always store away from children	**Eye contact:** Rinse thoroughly with plenty of water for several minutes. If symptoms persist, seek medical advice **Skin contact:** Rinse affected area with water. If needed apply cold compress to relieve irritation. If symptoms persist, discontinue use of product and seek medical advice. **Ingestion:** Drink a glass of water to dilute product. DO NOT induce vomiting. Act immediately in order to prevent further irritation of mouth, throat and stomach mucosa. If symptoms persist, if persistent vomiting occurs or if blood tinged vomit is present, seek medical advice. **Inhalation:** Go into open air and ventilate suspected area. If irritation is experienced, mouth and throat may be rinsed with water. If irritation or asthma- like symptoms persist, seek medical advice.
Finish Classic Dishwashing detergent	Preparation is classified	Always wear gloves when using Always store away from children	**Eye contact:** Rinse thoroughly with plenty of water for at least 15 minutes AND seek medical advice **Skin contact:** Wash off immediately with plenty of water. **Inhalation:** Move to fresh air. If symptoms persist, seek medical advice. **Ingestion:** Rinse mouth, drink plenty of water, DO NOT induce vomiting, seek medical advise
Dettol Anti-Bacterial surface Cleaner	Not classified	Always wear gloves when using Always store away from children	**Eye contact:** Rinse thoroughly with plenty of water for at least 15 minutes. If symptoms persist seek medical advice. **Skin contact:** Wash off immediately with plenty of water. If symptoms persist seek medical advice. **Inhalation:** Move to fresh air. If symptoms persist, seek medical advice. **Ingestion:** Rinse mouth, drink plenty of water, DO NOT induce vomiting, seek medical advice.
Dr Johnsons Sterilising Fluid	Not classified	Always wear gloves when using Always store away from children Do not mix with any other cleaning agent	**Eye contact:** Irrigate with copious amounts of water **Skin contact:** Wash concentrate from skin with copious amounts of tepid water. **Inhalation:** Inhalation of this product is unlikely **Ingestion:** Rinse mouth thoroughly

Certex antibacterial hand wash	Not classified	Always raise hand well after use	**Eye contact:** Irrigate with copious amounts of water for 10 minutes. If irritation persists seek medical advice **Skin contact:** No hazard **Inhalation:** Inhalation of this product is unlikely **Ingestion:** Rinse mouth thoroughly with water, DO NOT induce vomiting, seek medical attention
Glade silver-Lavender and Violet air freshener	Classified-Extremely flammable	Always store away from children In the event of a fire there is a severe risk of explosion and flash Do not store in direct sunlight Do not expose to temperatures exceeding 50 C Do not spray on a naked flame Do not puncture	**Eye contact:** Irrigate with copious amounts of water for 10 minutes AND seek medical advice **Skin contact:** Wash thoroughly with soap and water. **Inhalation:** Remove from source of exposure, seek medical advice if effects persist **Ingestion:** Give a small quantity of water, DO NOT induce vomiting, seek medical attention

Section 8 – Reporting Of Injuries, Diseases And Dangerous Occurrences Regulations 2013 (RIDDOR)

At Little Footsteps the following injuries are reportable under RIDDOR when they result from a work-related accident:

- The death of any person (Regulation 6)
- Specified Injuries to workers (Regulation 4)
- Injuries to workers which result in their incapacitation for more than 7 days (Regulation 4)
- Injuries to non-workers which result in them being taken directly to hospital for treatment, or specified injuries to non-workers which occur on hospital premises. (Regulation 5)

The list of 'specified injuries' in RIDDOR 2013 (regulation 4) includes:

- a fracture, other than to fingers, thumbs and toes;
- amputation of an arm, hand, finger, thumb, leg, foot or toe;
- permanent loss of sight or reduction of sight;
- crush injuries leading to internal organ damage;
- serious burns (covering more than 10% of the body, or damaging the eyes, respiratory system or other vital organs);
- scalpings (separation of skin from the head) which require hospital treatment;
- unconsciousness caused by head injury or asphyxia;
- any other injury arising from working in an enclosed space, which leads to hypothermia, heat-induced illness or requires resuscitation or admittance to hospital for more than 24 hours.

Reportable diseases

Regulation 8 requires employers and self-employed people to report cases of certain diagnosed reportable diseases which are linked with occupational exposure to specified hazards. The reportable diseases and associated hazards are set out below.

- Carpal Tunnel Syndrome: where the person's work involves regular use of percussive or vibrating tools
- Cramp of the hand or forearm: where the person's work involves prolonged periods of repetitive movement of the fingers, hand or arm
- Occupational dermatitis: where the person's work involves significant or regular exposure to a known skin sensitiser or irritant
- Hand Arm Vibration Syndrome: where the person's work involves regular use of percussive or vibrating tools, or holding materials subject to percussive processes, or processes causing vibration
- Occupational asthma: where the person's work involves significant or regular exposure to a known respiratory sensitiser
- Tendonitis or tenosynovitis: in the hand or forearm, where the person's work is physically demanding and involves frequent, repetitive movements
- any occupational cancer.
- any disease attributed to an occupational exposure to a biological agent.

Incidents can be reported online **www.hse.gov.uk/riddor** and complete the appropriate online report form.

For Fatal and Specified injuries only. Call the Incident Contact Centre on **0345 300 9923** (opening hours Monday to Friday 8.30 am to 5 pm).