



Health Safety & Medication Policy



The
Little Green Frog
Nursery & Pre-School

1 General statement of policy

Our policy is to provide and maintain safe and healthy working conditions, equipment and systems of work for all our employees, and to provide such information, training and supervision as they need for this purpose. We wish to develop and promote a strong health and safety culture within the nursery for the benefit of all staff, children and parents/carers. We also accept our responsibility for the health and safety of other people who may be affected by our activities.

This policy will be kept up to date, in line with legislation and business changes, and will be revised when necessary and communicated with the nursery employees and families. We welcome any useful comments from members of staff, parents/carers and visitors regarding this policy.

Aims and objectives

The aim of this policy statement is to ensure that all reasonably practical steps are taken to ensure the health, safety and welfare of all persons using the premises. Relevant documents include (but are not limited to):

Statutory Framework for the Early Years Foundation Stage

Health & Safety at Work Act 1974

The Management of Health and Safety at Work Act 1999

Children's Act 1989

Contents of this policy:

2) Accidents and incidents

3) Illness and infections

4) Medication

5) Immunisation

6) Allergies, allergic reactions and intolerances.

7) Self-protection when dealing with health and safety incidents





8) Supervision of children and visitors

9) Risk benefit assessments

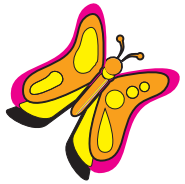
10) Manual handling

11) Office working

12) Healthy work place

13) Animals

14) Waste management



Related documents, policies and procedures:

Alcohol and substance misuse

Allergies and allergic reactions

Arrivals and departures

Children sleeping

Emergency lockdown procedure

Employee handbook

Fire safety and emergency evacuation

Lone working

Managing extreme weather

Missing child

Potty and toilet training.

Safeguarding children and child protection

Special educational needs and disabilities

Smoking and vaping

Visits and outings



Responsibility for Health and Safety in the nursery is that of nursery owner, Ruth Johnson.

The nursery manager or deputy manager will be responsible in her absence.

All employees have the responsibility to co-operate with senior staff and the manager to achieve





a healthy and safe workplace and to take reasonable care of themselves and others. Neglect of health and safety regulations will be regarded as a disciplinary matter.

Whenever a member of staff notices a health or safety problem, which they are not able to put right, they must immediately report to the appropriate person named above.

Daily contact, monthly staff/planning meetings and senior team/office meetings provide consultation between management and employees.

Other health and safety areas are managed by:

- safety training
- safety inspections
- investigating accidents
- monitoring the maintenance of equipment
- risk assessments
- maintenance inspections

2 Accidents and incidents

First aid

First aid box is located in the cleaning cupboard, in the outings bag. Additional blue plasters are available in the kitchen.

Emergency first aid procedures are displayed in each room of the nursery

The appointed person responsible for first aid is Ruth Johnson.

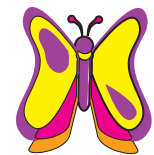
We hold first aid certification training (consistent with criteria set out in statutory EYFS) regularly and all staff are encouraged to take part. Our aim is that all staff should hold current first aid paediatric first aid certificates.

We provide first aid refresher training through staff meetings and on line training.

At least one person who has a current paediatric first aid (PFA) certificate must be on the nursery premises and available at all times when children are present and must accompany children on outings.

List of paediatric first aiders is displayed in nursery hallway (on cleaning cupboard door) and in the office.

Reporting Accidents and Incidents.





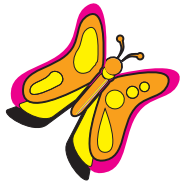
Accidents requiring first aid (or would require first aid in the case of near misses) will be recorded in writing

Blank Accident records for children's accidents are kept in the small black files in each room

Staff accidents are to be recorded in the book in the office.



- The person responsible for reporting accidents, incidents or near misses is the member of staff who witnesses the accident. This should be done as soon as the accident is dealt with, while the details are still clearly remembered. The parents/carers must be shown the accident Report and asked to sign it as soon as they collect their child. The accident records are then kept in the children's individual files in the office.



- Serious accidents must be reported to the nursery manager or registered person for investigation for further action to be taken (i.e. a full risk assessment or report under Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR)
- Accident/incident records will be kept for at least 21 years and 3 months

Serious accidents and medical or health incidents must be reported to Ofsted.

<https://www.gov.uk/guidance/report-a-serious-childcare-incident>

Always check for the most up-to-date information at this address: [Childcare: reporting children's accidents and injuries - GOV.UK](#)



Transporting children to hospital procedure

1. If the sickness/injury is severe, an ambulance will be called for immediately. Sick or injured children must not be driven anywhere in a vehicle belonging to a member of staff.
2. Whilst waiting for the ambulance, parent/guardians will be contacted and arrangements made for meeting at nursery or hospital.
3. The child's parents or a senior member of staff must accompany the child and collect together registration forms, relevant medication sheets, medication and the child's comforter. A member of the management team must also be informed immediately
4. Staff will remain calm at all times. Children who witness an accident may well be affected by it and may need lots of cuddles and reassurance.



Emergency information

Emergency information must be kept for every child and should be kept up to date. To ensure information held is up to date parents will be sent regular reminders to check the information that we hold about their child/ren and update as necessary.





3 Illness and infections

This policy relates to children's health in connection to illness and infections. Please see our separate policy for information about children's health in relation to special education needs and disabilities.

Nursery has a responsibility to minimise the risk of children contracting an illness or infection at nursery and therefore the nursery team are trained in illness and infection control, and strict hygiene measures are observed.

Children's wellbeing is our priority and signs of reduced wellbeing in young children may include:

- Showing signs of more tiredness than usual (but sometimes not able to sleep)
- Indicating pain by rubbing or touching an area of their body or by redness of the affected area.
- Crying
- Difficulty in settling to play activities
- Need for more adult support than usual.

If signs/symptoms of an infection are present or a child's well-being is reduced the nursery requires that children are not brought to nursery or if these signs/symptoms develop during the nursery day the staff team will contact parents/carers so that the child can be collected and cared for at home.

When making decisions as to whether to ask parents/carers to collect their child or keep their child at home we use NHS England literature to inform us, but our decisions also draw on the breadth and depth of our professional experience and are reflective of our knowledge of individual children.

Common illnesses/infections

Medical advice and a diagnosis may be sought if a child is unwell, but nursery reserves the right to require a child to be cared for at home due to their wellbeing and regardless of diagnosis.

Coughs and colds: The staff team will endeavour to keep children comfortable when they have minor coughs and colds. If a child is unwell due to a cough or cold they should be cared for at home.





Sickness and diarrhoea: If a child has one occasion of vomiting or three loose bowel movements within 8 hours, we regard this as a case of sickness/diarrhoea and request for the child to be collected from nursery.

If a child has sickness and/or diarrhoea they should not return to nursery until they have been clear of symptoms for 48 hours.



Eye infections and ear infections: Discharge from a child's eyes or ears is a sign of infection and we recommend parents seek medical advice.

If a child indicates that they are in pain, if the discharge is affecting their ability to engage in normal activities at nursery or if they are otherwise unwell then we will require them to be taken home to recover.

If the child is well within themselves, they may remain at nursery.

The nursery staff will perform hygiene measures such as cleaning the child's eyes or ears using cotton wool and cooled, boiled water.



Hand foot and mouth disease: Hand, foot and mouth disease is a common and very infectious illness among young children. To prevent the spread of infection and to minimise the disruption to nursery activities we require that all children showing the characteristic signs/symptoms of hand foot and mouth disease, i.e. blisters on the hands, feet and mouth, should be collected from nursery and only return when the blisters have scabbed over.

Headlice: Children may remain in nursery but we request that parents seek a treatment from a pharmacist and treat the lice as soon as they are discovered.

Ring worm: Parents should seek treatment from a pharmacist and the child should stay at home until treatment has started.

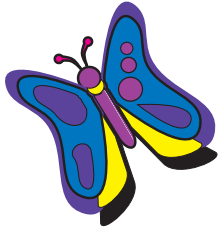
Scabies: Parents should seek treatment from a pharmacist and the child should stay at home for the first 24 hours after treatment has started.

Threadworm: Children may remain in nursery but we request that parents seek a treatment from a pharmacist and treat the worms as soon as they are discovered.





Infections requiring antibiotics: The nursery staff will administer oral antibiotics or antibiotic creams (with a completed medical record) after the first 24 hours of the course. Antibiotic allergies are rare but can be very serious and can arise even if the antibiotic has been taken without incident previously. Therefore, we require that children are monitored at home for the first 24 hours of a course of antibiotics.



Meningitis and other notifiable diseases procedure

If a parent informs the nursery that their child has meningitis or a notifiable disease, the nursery manager should contact their area Health Protection Team on;

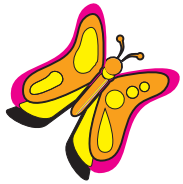
Phone: [0113 386 0300](tel:01133860300)

Or

Infection Prevention and Control Team (LCH)

0113 843 4511

They will give guidance and support in each individual case. If parents/carers do not inform the nursery, we will be contacted directly by the Health Protection Team and the appropriate support will be given.



Transporting children to hospital procedure

See section 3 Accidents and incidents



4 Medication policy

The Little Green Frog Nursery works in partnership with families when considering medicines for children. The aim is to understand the reasons and need for medications and to work together for the benefit of the child's wellbeing.

The nursery DOES NOT administer medication unless there is written consent from parents/carers. This can be through the medication form at the beginning of the day, or via an ongoing consent form signed by parents/carers.

All medication for children must have the child's name clearly written on the container and be kept in the locked cupboard in child's room, out of the children's sight and reach.

Any antibiotics requiring refrigeration will be kept in the fridge in the staff room or in the fridge in raindrops room (which has a safety lock).

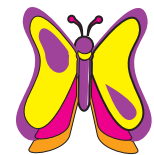




Some types of medication, such as those given by injection or via a feeding tube, or that require more specialised administration, will need to be discussed with the nursery manager in advance. These may require additional guidance, medical oversight, or specific training for staff. If this is required an agreed care plan will be put in place, and in some circumstances, it may not be possible for nursery staff to administer the medication. In these cases, parents/carers may be asked to come into nursery to administer the medication themselves or to do so at home.

Prescribed medication for specific short term cases (for example antibiotics for an ear infection)

- Children taking a course of antibiotics will only be able to attend nursery 24 hours after the course has started
- prescribed medicine can only be given to the person named on the bottle for the dosage stated
- the parent/carer of any child requiring prescribed medication should allow the child's key worker to have sight of the bottle. The key worker should note the details on the nursery medication record.
- By signing the medication record at the start of the day, the parent/carer gives consent for nursery to administer the medication to the child in the dose and at the time(s) stated on the medication record.
- Child's key worker to use the room white board to record a visual reminder that the child needs medication and the time that this is required.
- When the child is picked up, the nursery team will show the completed medication record with the parent/carer. The parent/carer must sign the form to acknowledge that they have been given the information.
- Medication record is filed in the child's records.
- At the time of administering the medicine the child's key worker will ask the child to take the medicine or offer it in a manner acceptable to the child at the prescribed time and in the prescribed form. This will be witnessed by a member of staff.
- if the child refuses to take the medication, then a note should be made on the form and discussion with parents/carers will take place to establish an appropriate response in the future.
- Dose and time of medication to be recorded on the medication form at the time that it is given.





Prescribed medicine for longer term medical conditions

(for example allergies, asthma and eczema)

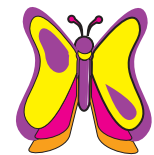
- When a child has a condition that requires regular medication this should be recorded at the time of registration or when the medication is prescribed
- Staff will be given appropriate training in administering the medication
- Parents/carers should complete a hard copy of nursery form "Ongoing Medication consent form for existing medical conditions". Hard copy to be kept in "Medication file". Digital copy to be kept in child's log on Nursery in a Box, hard copy to be kept in child's records.
- All medicines kept in nursery must have an appropriate consent form. This form is for use for both daily medications (e.g. Movicol) and medication that is administered when required (e.g. asthma medication).
- To keep a record of medicines for which consent has been given an ongoing medication record is required. This form will be kept on the children's register in the room and will be signed by the parent at the end of every day that the medication is administered.
- Prescribed medicine can only be given to the person named on the packaging and for the dosage stated

Non-prescribed medication

Non-prescribed medicine must be brought to nursery in the original container with a commercially printed label and must be used only for the purpose stated on the label.

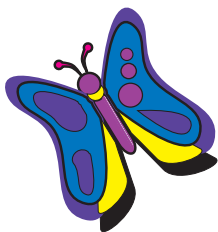
1) Nappy rash and sun creams

- Nursery staff will accept nappy rash creams and sun creams that are clearly labelled with product ingredients and intended use
- Nappy rash creams should be provided by parents/carers and staff will let parents/carers know if the cream needs replacing because it has run out
- Staff will apply nappy rash creams as directed by parents/carers or at every nappy change if the child's bottom becomes sore during the nursery day.
- Nursery will supply factor 50 suncream, suitable for children and sensitive skin, to be made available to all children.
- Staff check UV levels during warmer weather and apply suncream to the children when necessary.





- Staff will apply suncream when the children are preparing to go outside and reapply at regular intervals
- Parents/carers may supply their own choice of suncream and staff will apply this instead if required.
- Consent for nappy creams and sun cream is given by parents/carers at first acclimatisation visit on the general nursery consent form



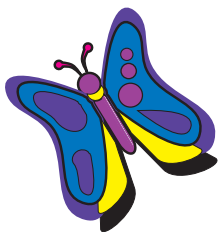
2) Liquid paracetamol

- At first acclimatisation visit parents/carers may sign a hard copy of “Paracetamol consent form” to give ongoing consent for the nursery to administer liquid paracetamol if the child develops a temperature, pain or fever during the day.
- This form will be kept in “Paracetamol file” in a locked medicine cupboard in each room.
- A record of this consent will also be shown on the child’s profile on the nursery software system.
- If ongoing consent for liquid paracetamol is given the parents/carers will supply this medicine for the exclusive use of their child.
- Nursery staff will use their professional judgement to decide if medication is required.
- When liquid paracetamol is given nursery staff must complete a medication record and parents/carers will sign this at the end of the day to acknowledge that the medicine has been given.
- To safeguard against overdosing; parents/carers must be contacted to check if liquid paracetamol has been given at home if the child has been at nursery for less than four hours. If the child has been at nursery for over four hours there is no need to contact parents/carers before giving liquid paracetamol, providing a consent form has been completed.
- If liquid paracetamol is given during the nursery day the member of staff administering the medication will demonstrate parental consent by writing “See file” on the section “Parent/carer signature (start of day)” on the medication record.
- The person who administers the liquid paracetamol should use the room white board to record a visual reminder that the child has been given this medication and the time that this was given.
- If the child’s symptoms are not alleviated by a dose of liquid paracetamol parents/carers will be informed and required to take their child home to recover.
- In the event that parents/carers have given consent for their child to have liquid





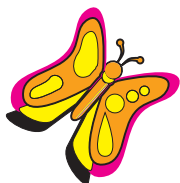
paracetamol and the child requires this medicine but has run out of the medicine at nursery then nursery will supply a dose of the medicine.



3) Other non-prescribed medication (for example piriton)

Any other non-prescribed medicines or products should be supplied in a container with commercially printed labelling explaining what the medicine is, what it is to be used for and recommended doses.

The same paperwork and procedures should then be completed and followed as for prescription medicines.



5 Immunisation

We recommend, where possible, that children are vaccinated in accordance with their age. If children are not vaccinated, it is the responsibility of the parents/carers to inform the nursery to ensure that children/staff/parents/carers are not exposed to any unnecessary risks of any sort. The nursery manager must be aware of any children within the nursery who are not vaccinated in accordance with their age.

Information regarding immunisations should be recorded on children's registration documents and updated as and when necessary. When a child has been for vaccination, it is necessary for them to stay at home 2 hours after in case of a reaction. Once this time has lapsed, and if the child seems well in themselves, they are welcome back into the setting.



Staff vaccinations policy

It is the responsibility of all staff to ensure they keep up to date with their vaccinations for:

Tetanus, Tuberculosis, Rubella, Hepatitis, Polio, Measles

If a member of staff is unsure as to whether they are up to date, then we recommend that they visit their GP or practice nurse.

6 Allergies, allergic reaction and intolerances

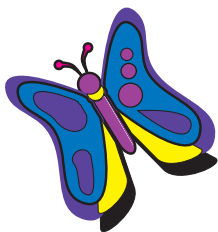
As part of staff induction at The Little Green Frog Nursery staff will complete "Food Allergy Awareness" online training.

- information will be requested from parents/carers regarding allergies at registration and on the child entry form. The child's care bear is responsible to making sure this information is displayed appropriately in the room so that all staff are aware.

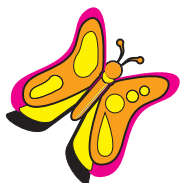




- The care bear will request copies of any doctor's letters or information that the parents/carers may have relating to the child's allergy/intolerance. Copies to be kept in the child's files.



- The care bear and a member of the senior team will complete an allergy risk assessment for any child that has an allergy or intolerance. Copies will be kept in the child's files and copies will be shared with the nursery kitchen (if appropriate) and given to the child's parents/carers.



- if a child has an allergic reaction to food, a bee sting, plant etc, a First Aid trained member of staff will administer the appropriate treatment and parents/carers will be informed.

- A record will be made on an incident form, this will be shown to parents and they will be required to sign the form.



- if the allergic reaction is severe a member of staff will prepare to have the child taken to hospital.

- For transporting children to hospital procedure See section 3 Accidents and incidents

- staff must remain calm at all times; children who witness an allergic reaction/accident may be affected by it and may need lots of cuddles and reassurance.

7 Self-protection when dealing with health and safety incidents

Personal protective equipment (PPE)



The nursery provides staff with PPE according to the need of the task or activity. Staff must wear PPE to protect themselves and the children during care tasks that involve contact with bodily fluids. PPE is also provided for the handling of chemicals and other tasks. This is chosen according to need and will be regularly reviewed to ensure it is suitable and effective.

Dealing with blood

Always take precautions when cleaning wounds as some conditions such as Hepatitis or the HIV Virus can be transmitted via blood.

Wear disposable gloves and wipe up any blood spillage with disposable cloths, neat Milton, disinfectant or freshly diluted bleach (one part diluted with ten parts water). Dispose of gloves and cloths immediately after use.

The nursery will not necessarily be aware if there is a child carrying Hepatitis or is HIV Positive on their register so all blood will be managed as though it carries infection.





Needle puncture and sharps injury

Blood-borne infections may be transmitted to people who injure themselves with needles, broken glass etc. For this reason, great care must be taken in the collection and disposal of this type of material.

ALL NEEDLES, BROKEN GLASS, ETC, SHOULD BE TREATED AS CONTAMINATED. If a needle is found the local authority must be contacted to deal with its disposal.

8 Supervision of children and visitors

Supervision of children

- Whether children are in or out of the building, they must be within sight **and/or** hearing of staff.

When children are eating/drinking, they must be within sight **and** sound of staff **AT ALL TIMES**.

- We are aware that a child who is choking makes no noise and so children are closely supervised when they are eating and drinking.
- We are aware that children can drown in only a few centimetres of water
- Staff communicate throughout the nursery day so that staff deployment allows for constant and appropriate levels of supervision.

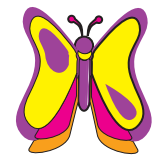
Visitors

All visitors must fill in the Visitor's Board on arrival and departure. If a visitor is spending a considerable part of the day within the nursery, the manager must point out fire procedures. A member of staff must supervise visitors in the nursery at all times whilst in the building.

The manager is responsible for all students and relief staff receiving information on Health and Safety in the nursery.

Security

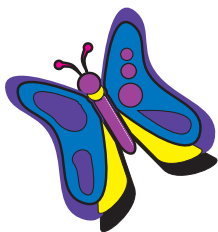
- No child should be given into the care of any person we DO NOT know. If in doubt check the child's password, if this is not known check the person's identity by phoning one of the child's contacts who is known to us.
- Password identification is required if a person other than the child's parent/guardian or





named emergency contact is to pick up the child from nursery

- Staff must check the identity of any visitors they do not recognise before allowing them into the main nursery. Visitors to the nursery must be recorded in the visitor book and accompanied by a member of staff at all times whilst in the building
- All external doors, external gates and internal doors must be kept closed (and locked where appropriate)



9 Risk benefit assessments

The Little Green Frog Nursery takes all reasonable steps to ensure that staff and children are protected from serious harm.

Daily Risk assessment checklists are in place for each area of the nursery and these identify aspects environment that need to be checked and how any risks should be removed or minimised before children, families or staff use the area.

The UK Health and Safety Executive (HSE) working with the Play Safety Forum recommends a balanced approach to risk in children's play. The 2012 document **HSE: Children's Play and Leisure – Promoting a Balanced Approach** explains what is meant by this.

At The Little Green Frog we aim for the right balance as described by HSE.

We recognise that play is vital for children's wellbeing and development. When planning and providing play opportunities our aim is to weigh up risks and benefits, recognising that minor mistakes and accidents do and will continue to happen.

We focus on and strive to control the most serious risks, and those that are not beneficial to play activities or foreseeable by the user

Our aim is not to eliminate the most trivial of risks. We aim to take sensible and proportionate steps to ensure of good level of safety for the children and staff team while ensuring the benefits of an enriching play environment.

Our staff team are trained in dynamic risk assessment as part of their induction program and make constant risk assessments throughout each day, acting responsibly and sensibly to maintain children's safety and wellbeing.

Serious accidents are rare but if an occasion occurs when something does go wrong we will take appropriate action and conduct a balanced and transparent review.

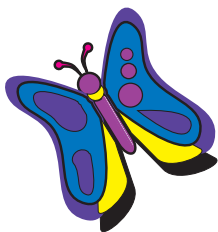
Safety checks

- Checks must be carried out on a daily basis on the premises including the outside areas and all equipment.
- All staff are responsible for this.





- All staff should be constantly aware of the nursery environment and monitor safety at all times.
- All staff should be aware of the number of children at nursery during the session, this must be recorded on the separate sheet of paper on top of the register.



Dangerous substances

All dangerous substances including chemicals must be kept in a locked area or out of children's reach. Safety Data Sheets (COSHH) must be kept for all substances and the appropriate personal protection taken e.g. gloves, apron, and goggles.



Transport and outings

The arrangements for transporting and the supervision of children when away from the nursery needs to be carefully planned. The nursery has a comprehensive documented policy relating to outings, which incorporates all aspects of health and safety procedures.



Room temperatures

Staff should be aware of room temperatures in the nursery and should ensure that they are suitable at all times. Staff must always be aware of the dangers of babies and young children being too warm or too cold.

Air conditioning units are used to cool the children's rooms during warm weather.

Where fans are being used to cool rooms, for example in the sleep room, care is taken with regard to their positioning so that children cannot touch or move them.



10 Manual handling

As it is not possible to eliminate manual handling altogether, correct handling techniques must be followed to minimise the risks of injury. A variety of injuries may result from poor manual handling and staff are given manual handling training as part of induction.



Preventing injuries

As with other health and safety issues, the most effective method of prevention is to eliminate the hazard – in this case, to remove the need to carry out hazardous manual handling. For example, the nursery environment is designed so that children can be as independent as





possible and thus should not need to be carried or lifted.

Where manual-handling tasks cannot be avoided, they must be assessed as part of a dynamic risk assessment. This involves examining the tasks and deciding what the risks associated with them are, and how these can be removed or reduced by adding control measures.

As part of a manual handling assessment the following should be considered:

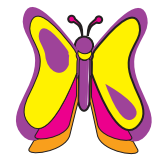
- the tasks to be carried out
- the load to be moved
- the environment in which handling takes place
- the capability of the individual involved in the manual handling.

A number of factors increase the risk of manual handling injuries, and these should be considered and controlled. The following paragraphs offer a number of suggestions.

Correct lifting procedure

Planning and procedure

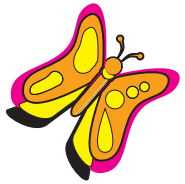
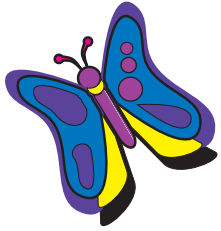
- think about the task to be performed and plan the lift
- consider what you will be lifting, where you will put it, how far you are going to move it and how you are going to get there
- never attempt manual handling unless you have read the correct techniques and understood how to use them
- ensure that you are capable of undertaking the task – people with health problems and pregnant people may be particularly at risk of injury
- assess the size, weight and centre of gravity of the load to make sure that you can maintain a firm grip and see where you are going
- remove any unnecessary packaging, if this will make the task safer
- reduce the size and weight of loads to make handling easier. This could involve suppliers packing items into smaller consignments before delivery or unpacking packages before moving them
- assess whether you can lift the load safely without help. If not, get help or use specialist moving equipment e.g. a trolley. Bear in mind that it may be too dangerous to attempt





to lift some loads

- if more than one person is involved, plan the lift first and agree who will lead and give instructions
- plan your route and remove any obstructions. Check for any hazards such as uneven/ slippery flooring
- lighting should be adequate
- control harmful loads – for instance, by covering sharp edges or by insulating hot containers
- avoid lifting unsafe loads, such as damaged glass or badly packed chemicals
- check whether you need any personal protective equipment (PPE) and obtain the necessary items, if appropriate. Check the equipment before use and check that it fits you
- ensure that you are wearing the suitable clothing and footwear
- consider a resting point before moving a heavy load or carrying something any distance.



Position

- stand in front of the load with your feet apart and your leading leg forward. Your weight should be even over both feet. Position yourself (or turn the load around) so that the heaviest part is next to you. If the load is too far away, move toward it or bring it nearer before starting the lift. Do not twist your body to pick it up.

Lifting

always lift using the correct posture:

- bend the knees slowly, keeping the back straight
- tuck the chin in on the way down
- lean slightly forward if necessary and get a good grip
- keep the shoulders level, without twisting or turning from the hips
- try to grip with the hands around the base of the load
- bring the load to waist height, keeping the lift as smooth as possible.



Moving the load

- move the feet, keeping the load close to the body
- proceed carefully, making sure that you can see where you are going
- lower the load, reversing the procedure for lifting





- avoid crushing fingers or toes as you put the load down
- position and secure the load after putting it down. Make sure that it is rested on a stable base
- report any problems immediately, for example, strains and sprains. Where there are changes, for example to the activity or the load, the task must be reassessed.

The task

- carry loads close to the body, lifting and carrying the load at arm's length increases the risk of injury
- avoid awkward movements such as stooping, reaching or twisting
- ensure that the task is well designed and that procedures are followed
- try never to lift from the floor or to above shoulder height. Limit the distances for carrying
- minimise repetitive actions by re-designing and rotating tasks
- ensure that there are adequate rest periods and breaks between tasks
- plan ahead – use teamwork where the load is too heavy for one person.

The environment

- ensure that the surroundings are safe. Flooring should be even and not slippery, lighting should be adequate, and the temperature and humidity should be suitable
- remove obstructions and ensure that the correct equipment is available.

The individual

- never attempt manual handling unless you have been trained and given permission to do so
- ensure that you are capable of undertaking the task – people with health problems and pregnant people may be particularly at risk of injury.

11 Office working

Staff can help to prevent health problems by:

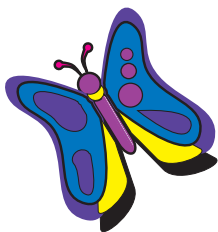
- sitting comfortably at the correct height with forearms parallel to the surface of the desktop and eyes level with the top of the screen
- maintaining a good posture
- avoiding repetitive and awkward movements by using a copyholder and keeping





frequently used items within easy reach

- changing position regularly
- using a good keyboard and mouse technique with wrists straight and not using excessive force
- making sure there are no reflections or glare on screens by carefully positioning them in relation to sources of light
- adjusting the screen controls to prevent eyestrain
- keeping the screen clean
- reporting to their manager any problems associated with use of the equipment
- planning work so that there are breaks away from the workstation.



Seating and posture for typical office tasks:

- good lumbar support
- seat height adjustability
- no excess pressure on underside of thighs and backs of knees
- foot support if needed
- space for postural change, no obstacles under desk
- forearms approximately horizontal
- minimal extensions, flexion or straining of wrists
- screen height and angle should allow for comfortable head position
- space in front of keyboard to support hand/wrists during pauses in typing
- seat back adjustability.



12 Healthy work place

The nursery is committed to providing a workplace, which supports and encourages a healthy staff team through sharing information, training and family friendly issues.

Staff breaks

It is the responsibility of the nursery manager to ensure that all staff working more than six hours take a break of 30 minutes or 60 minutes dependant on hours worked and ensuring that ratios





are maintained.

Cleaning

The nursery will be cleaned every evening and regular checks will be made in the bathrooms. The nappy changing facility and children's potties are cleaned after every use. Any mess caused throughout the day will be cleaned up as necessary to ensure that a hygienic environment is provided for the children in our care.

Kitchen

Staff who work regularly in the kitchen complete online training in basic food hygiene standards

At The Little Green Frog Nursery we work to the food hygiene standards as described in the Food Standards Agency document **Safer Food, Better Business**.

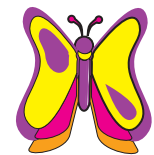
The nursery chef and manager work together to ensure all documentation described in the above FSA document are followed.

Nursery

- staff must be aware of general hygiene in the nursery and ensure that high standards are kept at all times
- regular toy washing rotas must be established in all rooms and recorded. Toys should be washed with sanitising fluid
- floors should be cleaned during the day when necessary. Hoover bags should be changed frequently and mop heads should be washed in a separate wash
- face clothes are washed in a hot cycle, after every use
- high chairs are be cleaned thoroughly after each use.
- all surfaces should be kept clean and clutter free
- each child has their own cot sheet and blanket which is washed at the end of each week.
- children must always be reminded to wash their hands after using the bathroom and before meals. Staff should always encourage good hygiene standards, for example, not eating food that has fallen on the floor.

Staff rooms

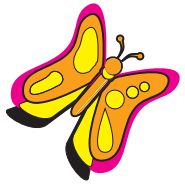
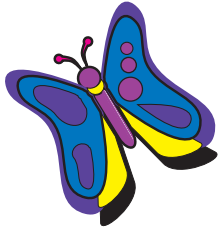
- it is the responsibility of each member of staff to ensure that their staff room is kept clean and tidy
- all implements used for lunch or break to be washed and tidied away.





13 Animals

- When a child registers at nursery parents/carers are asked to give consent for their child to have supervised contact with animals. Written records are kept and should be referred to in the case of any animals being brought into nursery (eg children's pets)
- We recognise that caring for and observing animals is a valuable learning experience for children and so we promote opportunities for children to have contact with animals. We ensure that appropriate parental consent is given and keep records of allergies to safeguard individual children as necessary.
- animals should not be allowed near food, dishes, worktops or food preparation areas. Children should wash their hands with soap and water after handling animals



14 Waste management

The nursery monitors closely the management of waste and disposes of it in accordance with local authority requirements. Staff are made aware of the need to minimise energy waste and the nursery uses appropriate measures to save energy, such as energy saving lighting etc. At the nursery we are committed to recycling when possible, to reduce the effect of waste on the environment.

