

Green S (2002) BTEC National Early Years
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Professional Practice

- Early years staff need to consider the feelings and views of the parents as well as the children.
- As an early years worker, you have responsibility for a parent's most precious possession – their child.

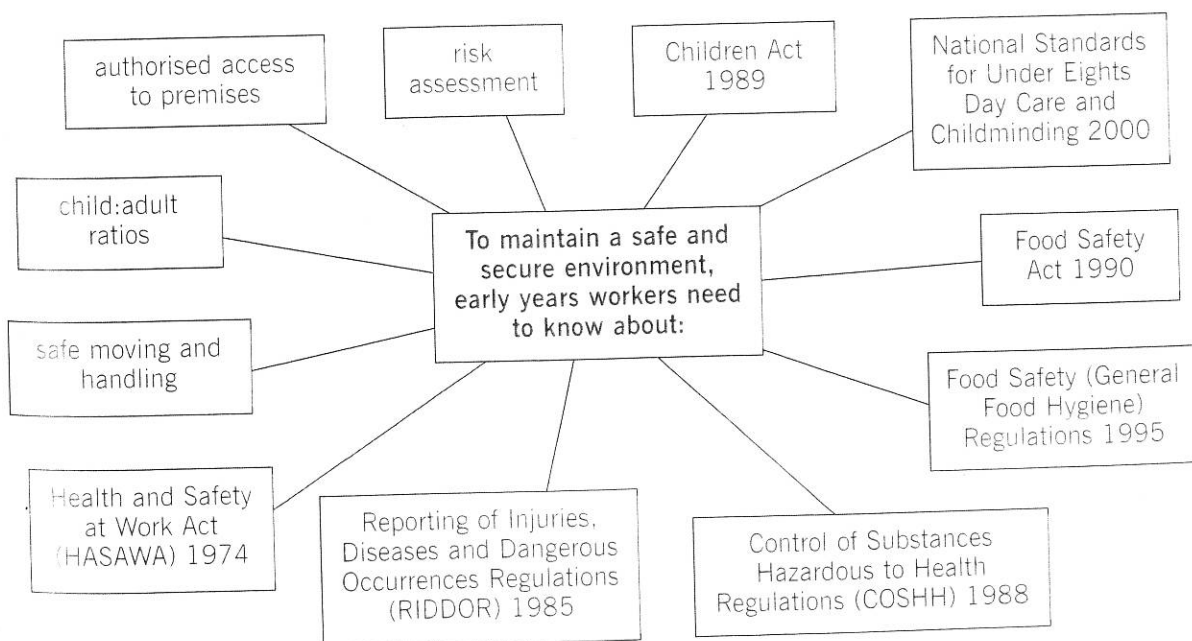
Test Yourself



- 1 Why is it necessary to have a specific person responsible for the first aid box?
- 2 Give three important points regarding emergency exits.
- 3 Where should emergency evacuation procedures be displayed?
- 4 When should children's attendance be registered?
- 5 Why might children refuse to move or to co-operate in an emergency?

Maintaining a safe and secure environment

Each early years setting must be registered with its local authority and has to meet certain criteria in order to retain its registration. This involves adhering to a range of regulations, Acts, guidelines and care standards regarding the setting up and maintenance of safe and healthy practice in all provisions, including those in the diagram below. The regulations are overseen by statutory authorities such as Social Services Inspection and Registration Units (joined with OfSTED from September 2001), environmental health officers, local education authorities and the Health and Safety Executive.





The Children Act 1989 includes statements on the safety of premises. To read these in detail, see Annex D of Volume 2, *Family Support, Day Care and Educational Provision for Young Children*.



The publication *Guidance to the National Standards For Under Eights Care* (2000) also sets out guidelines for safety, including fire safety (reference criterion 6.9–6.11). The guidelines cover the following five types of setting and each can be downloaded from the Ofsted website (www.ofsted.gov.uk):

- full day care
- sessional day care
- childminding
- creches
- out of school care.

Settings should refer to the most appropriate *Guidance* document for the provision they are registered as. The main standards from the *Guidance* linked to safety are standards 5, 6, 7 and 8. It will be useful to compare the difference between each type of provision. They each follow the same order for subject referencing.

Under the Fire Precautions Act 1971 some, but not all, premises require a fire certificate. This does not as yet automatically apply to day-care provision. However, advice from the fire services is available on request by a local authority or an individual provider, particularly when setting up a new facility, and fire safety information is usually available. In general, the main points of concern regarding fire safety in day-care settings, including childminders' homes, are:

- accessibility of the register
- the presence of smoke alarms in suitable places
- the means of escape from the building
- the heating and any fire/heating guards used
- safety of electrical systems and electrical equipment
- storage of any flammable materials
- the means of preventing unsupervised access to the kitchen
- ensuring that fire exits remain unobstructed
- who is responsible for checking fire exits regularly.

Children Act 1989 and National Standards

Guidance and regulations under the Children Act and the National Standards also cover:

- adult:child ratios
- minimum space requirements
- maximum number of places in a setting
- toilets and handbasins.

Adult:child ratios

Standard recommended staff:child ratios for the under fives in day care and education settings

Type of setting/Age range	Ratio	Comments
<i>Under 5 years' full day care</i>		
0 to 2 years	1:3	Because of management and administration duties, managers or officers-in-charge should not be included in these ratios where more than 20 children are being cared for
2 to 3 years	1:4	
3 to 5 years	1:8	
<i>Nursery schools and nursery classes</i>	2:20 (minimum)	One adult should be a qualified teacher and one a qualified nursery assistant
<i>Reception classes in primary schools</i>		Where 4-year-olds are attending Reception classes in primary schools, the staffing levels should be determined by the schools and local education authorities
<i>Childminding</i>		
Under 5 years	1:3	All these ratios include the childminder's own children and apply to nannies employed by more than two sets of parents to look after their children
5 to 7 years	1:6	
Under 8 (no more than three being under 5) years	1:6	
<i>Day care services for school age children</i>		
Where 5- and 7-year-olds are cared for on a daily or sessional basis (i.e. care at the end of the school day and full care in school holidays)	1:8	A higher ratio may be necessary if children with special needs are being cared for. A lower ratio may be appropriate for some short sessional facilities not lasting the full day
Where facilities are used by children aged over 8 years as well as under 8 years		Providers should ensure that there are sufficient staff in total to maintain the 1:8 ratio for the under eights.

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A higher ratio of staff to children will be required if staff are not all qualified or trained to the required level. The inclusion of children with a special need may also necessitate a higher staff ratio, depending on the children's level of individual need.

Minimum space requirements

Minimum space requirements in an early years setting

Age of child	Square feet	Square metres
0-2 years	37.7	3.5
2 years	26.9	2.5
3-7 years	24.8	2.3

Maximum numbers of places

No setting is allowed to place more than 26 children in one room except for special occasions. This is regardless of the size of the room. A separate room is always needed for babies and toddlers, adjacent to changing and food preparation facilities.

Toilets and handbasins

- Hot and cold running water should be available.
- Water temperatures in children's hand basins should not exceed 39°C (102°F).
- There should be a minimum of one toilet and one hand basin for every ten children in the setting.
- Staff should have separate toilet and hand washing facilities



FORWARD to page 181, *Physical environment*, and page 185, *Potential hazards*.



Food Safety Act 1990 and Food Safety (General Food Hygiene) Regulations 1995

This legislation includes guidelines on both personal and general kitchen hygiene. It can be summarised as follows.

Personal hygiene

This involves:

- regular hand washing throughout the day
- washing hands before all food preparation
- washing hands after any activity with the potential for bacteria:
 - nappy changing
 - using the toilet
 - coughing
 - sneezing
 - nose blowing
- use of antibacterial soaps
- nails kept clean and short
- cuts and sores covered
- use of disposable gloves.

Also:

- Hair should be kept tied back to reduce the risk of infestation, **cross-infection** and general untidiness.
- Clean clothing and overalls should be worn at all times, changing as necessary for food preparation and cooking activities.
- Covering the nose and mouth when coughing and sneezing should be automatic, and needs to be encouraged in all children too.

Kitchen hygiene

This involves:

- keeping surfaces cleaned and free from bacteria
- ensuring all surfaces used are unblemished and unchipped
- using separate boards for cooked and uncooked foods
- using separate knives for cooked and uncooked foods
- keeping floors cleaned thoroughly
- washing up as dirty utensils occur to eliminate additional bacteria growth (where possible use a dishwasher as this is the most effective method)
- all waste being wrapped securely and bins emptied regularly
- regular cleaning and defrosting of refrigerators and freezers
- ensuring the temperature of a refrigerator is kept at $4-5^{\circ}\text{C}$ ($39-41^{\circ}\text{F}$)
- storing cooked foods at the top of the refrigerator, raw foods below
- minimal handling of all foods
- keeping food well covered
- ensuring use-by dates are adhered to
- any reheated food being served piping hot
- not keeping food warm for more than a few minutes.

Activity

- 1 Check the temperature of the refrigerator at your home (if it has a thermometer).
- 2 Is the food in the refrigerator stored properly? Are all raw meats stored at the bottom?
- 3 Is there anything 'lurking' at the back? If yes, check its use-by date and discard if necessary.
- 4 Ask at your placement how often the refrigerator and freezer are defrosted and who is responsible. These procedures should be recorded.
- 5 How often and who checks the temperature of the refrigerator at your placement?
- 6 Is the food in the refrigerator at your placement stored properly?

Professional Practice

- Some colleges include a certificated Food Hygiene course in their training for early years students.
- An opportunity to obtain this additional certificate will enable you to consolidate and evidence your knowledge and understanding of food hygiene issues.
- Obtaining the certificate during your training may help you in gaining future employment.

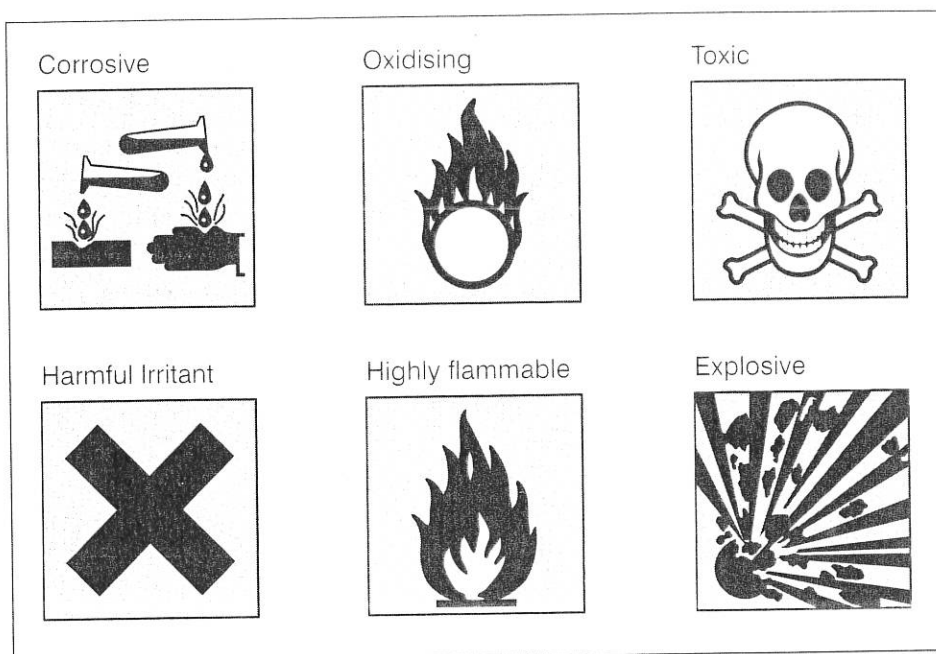
Control of Substances Hazardous to Health Regulations (COSHH) 1988

Health problems such as skin irritation and asthma can occur due to the presence of certain chemicals in some substances. The symbols drawn up by COSHH have been devised to warn people in advance of potential hazards. Most of these substances covered by the regulations will not be used in early years settings. However, bleach and some other common cleaning products are used and can cause irritation and respiratory reactions.

In schools, chemicals may be used within the context of design technology or art. Although many products are now 'safe', potentially harmful substances include some marbelling inks and spirits for cleaning, and some spray paints and glues. These would usually only be handled by adults, but children may be present during their use.

Professional Practice

- Always read instructions for the use and dilution of any product, and the importance of ventilation when using them.
- A risk assessment is a systematic check of any potential 'risks' in a setting. An assessment should be carried out by all settings and any potentially hazardous products identified. Relevant information on the storage, use and treatment following spills should be noted.
- Cleaning products should not *at any time* be left where they can be reached by children.

Activity

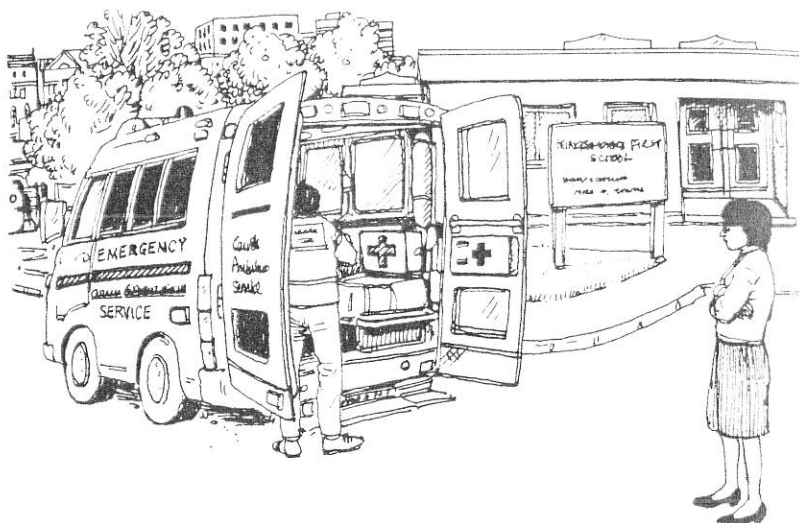
- Match each symbol above to the appropriate hazard it is used for, from this list:
 - Corrosive
 - Explosive
 - Flammable
 - Harmful
 - Irritant
 - Toxic.
- Ask permission to look around your current work placement to identify how many potentially hazardous substances there are. Make a note of what you find.
- Were they all stored appropriately?
- Were they all recorded on the register following the setting's risk assessment?
- Have a look around your home. How many potentially hazardous substances can you find there?
- Are they stored out of reach of children and pets?
- How well do family members read instructions before use?
- If you wanted to work as a childminder from your home, would you need to alter anything regarding the storage of these substances?

Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 1985

These regulations require a setting to report by telephone to the local authority all deaths, and any serious injuries that result in a child, a parent, a visitor or a member of staff being taken to hospital from the setting.

If a member of staff is injured (but not seriously) or becomes ill due to their work, the local authority should be informed in writing, using a specified form.

There are regulations concerning the reporting of serious injuries



Professional Practice

All settings should have an accident book in which they report all accidents and incidents, both large and small.

Health and Safety at Work Act (HASAWA) 1974

This Act protects employees and anyone else who could be affected by the procedures of a setting. It requires settings to have a safety policy and to assess, and reduce accordingly, the risk of accident or injury.

There should be a written health and safety policy and a named person with responsibility for health and safety in any setting which employs more than five people.

Local authorities can (under the Children Act 1989) ask early years settings to produce health and safety policies irrespective of how many people are employed by the setting.

Activity

What would you include in a health and safety policy? Draw up a list of ideas.

Professional Practice

- It is good practice to have a health and safety policy, whether or not it is required.
- All staff and students should be asked to read the health and safety policy.
 - The policy should be available for parents to read if they so wish.
 - Ask to read the policy at your work placement if you have not seen it already.
 - Make a note of all areas of safety and health that it covers. How does it compare with your own ideas?



Examples of health and safety policies can be found in Dare and O'Donovan (2000) and in Sadek and Sadek (1996) – see *Bibliography and suggested further reading*, page 192.

Physical environment

Ensuring that the **physical environment** of an early years setting is safe and secure includes giving consideration to the:

- layout of the setting
- space available
- furniture and fixtures and their positioning
- mobility of the children, taking into account any specific physical needs
- safety of all toys, activities and equipment.

It also means considering the heating, lighting, ventilation and ease of cleaning of the equipment and the setting itself.



FORWARD to Chapter 6, page 227, for information about securing access to the premises.

Layout and space

The design of every setting is different, determined by practicalities and the personal choice of the staff and management. The shape of rooms, levels of equipment and furnishings, and whether the setting has sole use of the building will all have an impact on how it is arranged and how flexible the arrangements can be.

The layout of the setting needs to allow sufficient space for:

- children to play in groups
- children to use the floor
- differentiated use of the rooms for quiet activities, messy activities, active play, and so on
- displaying children's creativity, both two-dimensional and three-dimensional
- storing equipment and activities, allowing access to some items by the children
- moving safely between activities
- safe evacuation of the building in an emergency
- rearranging activities and equipment without undue disruption to the setting
- staff to oversee activities in general whilst involved in other areas of the room.

Furniture and fixtures

- All cupboards, shelving and any other permanent storage must be securely held in place, and any doors should close firmly and remain closed when not in use.
- Access to storage should not interrupt play or be hazardous to children playing.
- Mobile storage needs to be stocked carefully, avoiding overloading or the risk of items falling.
- Furniture should be child-sized.
- Ideally tables that can combine to extend or alter shape should be used.
- Furniture should be sturdy and be kept in good condition.
- Wooden chairs should be checked regularly for splinters and plastic moulded chairs examined for cracks.
- All surfaces used by the children should be hygienic and in good condition.

Cleaning the environment

This includes both the setting itself and the equipment and furnishings within it.

- Cleaning should take place at the end of each session, or day, and as necessary throughout the day.
- Carpeted floor surfaces should be easily cleaned with a vacuum cleaner and washable non-slip surfaces with a mop (disinfected daily).
- Suitable anti-bacterial products should be used regularly to clean all surfaces.
- Toys and activities should be cleaned with anti-bacterial products regularly.

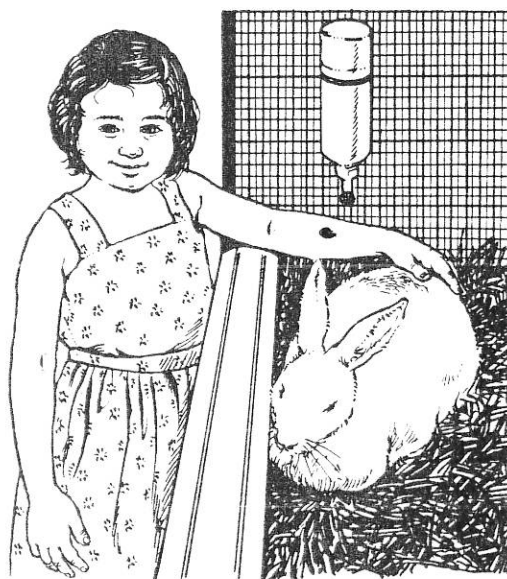
Professional Practice

- It is particularly important to clean surfaces before any food preparation, cooking activities and before snack time.
- If early years staff are responsible for cleaning the setting, there should be a rota to ensure that it is kept clean and hygienic at all times.
- Staff should not carry out cleaning duties while still responsible for supervising children.

Cleaning messy-play materials

- Sand should be sieved daily to remove any bits and cleaned regularly. Any sand that has been spilt on the floor should be sieved and cleaned before returning to the sand tray or discarded.
- Outdoor sand pits should be kept securely covered when not in use to prevent fouling by animals, and to prevent rubbish and garden debris settling there.
- Water should be replenished daily, and water trays cleaned and disinfected regularly.
- Any pets should be kept scrupulously clean, following normal petcare routines.
- Dough should be renewed regularly and stored in a refrigerator.
- Dough should be discarded and replaced following any infectious illness in the setting to avoid cross-infection.

Pets should be kept scrupulously clean



Mobility of children

- The layout of a setting needs to take into account the mobility needs of the children it caters for. Baby rooms will need a significant area of floor space to encourage mobility and floor play with staff.
- A child with a physical disability may benefit from a more spacious layout, enabling easier access between activities, particularly if they use a wheelchair or walking frame, or need support from an adult.
- If a setting is supporting a child who is blind or has significant vision impairment, keeping a familiar layout will allow the child a degree of autonomy and independence.

Safety of toys, activities and equipment

All equipment used in early years settings should be made to a recognised safety standard. A range of **safety marks** are used by manufacturers as required by legislation and these are shown on page 184. These are changed and updated from time to time, and it is worth checking for the most recent recommendations.

Safety of outdoors surfaces

Outdoors, concrete, gravel and similar surfaces are not suitable because they do not absorb impacts. This can result in serious injury if a child should fall on them. A more suitable surface for general play is grass, but in dry summer months, this will also become hard and unyielding.

It is particularly important that surfaces under and around play equipment from which a child may fall a distance of 60 cm (2 feet) or more should be able to absorb some of the impact of the fall, reducing the risk of serious injury. **Impact-absorbing playground surfaces (IAPS)** include:

- loose-fill substances such as tree bark or sand (at least 30 cm [1 foot] deep)
- 'wet pour' rubber which sets to form a spongy surface
- thick rubber tiles.

Surfaces should meet the BSEN 1177 safety standard. They should be kept in good condition, repairing any damage and regularly raking tree bark or sand for debris and animal excrement.

Heating, lighting and ventilation

Heating

- Room temperatures must be 18–20°C (65–68°F).
- A wall thermometer should be on display and checked regularly.
- Whenever possible, radiators should be controlled by individual thermostats.
- Fire guards or heater guards should be fitted where necessary.







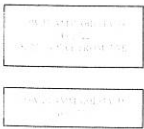

Lighting

- Natural light is important to avoid headaches and eye strain.
- Lighting must be adequate for safe working practice.
- Accidents are more likely to occur in poorly lit settings.

Ventilation

- Children and staff work best within a well-ventilated environment.
- Good ventilation reduces the risk of cross-infection.
- Ventilation points need to be kept clean, as they can easily attract dirt and a build-up of bacteria.

Safety marks

Mark	Name	Meaning
	BSI Kitemark	Indicates a product has met a British safety standard and has been independently tested
	Lion Mark	Indicates adherence to the British Toy and Hobby Association Code of Practice and ensures a product is safe and conforms to all relevant safety information
	Age Warning	Indicates: 'Warning – do not give the toy to children less than 3 years, nor allow them to play with it Details of the hazard, e.g. small parts, will be near the symbol or with the instructions
	BEAB Mark of the British Electrotechnical Approvals Board	Indicates that electrical appliances carrying this mark meet a national safety standard
	BSI Safety Mark on gas appliances, light fittings and power tools	Indicates the product has been made and tested to a specific safety standard in accordance with the British Standards Institute
	Safety Mark on upholstered furniture	Indicates upholstery materials and fillings have passed the furniture cigarette and match tests – a lighted cigarette or match applied to the material will not cause the article to burst into flames
	Low Flammability labels	Children's pyjamas, bathrobes made from 100% Terry towelling and clothes for babies up to 3 months old must carry a label showing whether or not the garment has passed the Low Flammability Test. Either of these two labels is acceptable. Always look for these labels when choosing such garments.
	Keep Away From Fire label	Indicates the garment is not slow burning and has probably not passed the Low Flammability Test. Great care must be taken anywhere near a fire or flame

Applying health and safety procedures

In order to prevent cross-infection, every setting needs to plan how its staff should deal with any potentially infective material, including all body fluids (urine, faeces, blood and vomit) and associated waste materials. This is important when caring for children with any infectious condition, particularly HIV, Aids or hepatitis.

Handling and disposal of body fluids

Policies and procedures need to be set out regarding both the handling and the disposal of infective material and staff should assume the need for a high standard of protection and prevention of cross-infection at *all* times, including when:

- changing nappies
- clearing up after accidents, nose bleeds and vomiting
- storing and disposing of waste materials.

Professional Practice

- You will not always know whether a child is potentially infectious, so sensible precautions at all times will protect both yourself and others.
- Having a standard policy for potential infection will prevent the labelling of any one child, where a known potential hazard such as HIV has been disclosed to the setting.

Activity

Ask to see the policy for your setting if you have not already been shown it. If anything is unclear, ask for clarification.

General points for dealing with body fluids

- Disposable latex gloves and aprons should be worn during nappy changing and when clearing up any body fluids.
- Gloves and aprons should only ever be used once.
- For staff with an allergy to latex, alternative disposable gloves must be provided.
- After use, gloves and aprons should be placed in sealed disposal bags along with the disposable nappy or other waste material, and disposed of safely.
- Blood soaked items should be immersed in cold water to release the staining before washing in the normal way.
- Sluice facilities should be used to rinse off vomit, or solid matter from towelling nappies. These should be securely bagged (two layers) and labelled with the child's name if not being washed in the setting.
- Wet or soiled nappies should never be left around the setting.
- Following accidents or vomiting, the affected area should be cleaned thoroughly with disinfectant or bleach (diluted according to directions on container).
- Soft furnishings should be cleaned with hot soapy water (bleach will discolour them).

Cross-infection

Cross-infection is the passing of infection from one person to another. It can happen very quickly and can be an on-going headache for early years settings, as parents do not always put their child's needs first due to pressures from work. Most settings and schools have experienced an obviously ill child arriving for the day with a parent reassuring them that the child is just 'a bit off-colour' but still wanted to come. Others will claim that their child was 'sick in the night, but fine now'. Clearly this is unacceptable and is an example of how infections spread around the classroom or setting.

Policies to deal with this are necessary, and most settings refuse to take a child who has been sick or had diarrhoea, asking for them to be clear from their symptoms for 48 hours before attending again.

The most common infectious conditions that affect early years settings on a regular basis are:

- diarrhoea and/or vomiting – children should be kept away from the setting for at least 48 hours after suffering these symptoms
- conjunctivitis – this condition is highly infectious and parents should be asked to get appropriate treatment and keep their child away until the infection has passed
- threadworm, scabies and headlice.



FORWARD to Chapter 10, page 456–7, for information about conjunctivitis, threadworm, scabies and headlice.

Staff, students and parents should all be informed about the occurrence of these infections in the setting, so that they can be alert to signs or symptoms in themselves, their child or other children and get appropriate treatment. Most settings do not exclude children with these conditions.

Administration and recording of medication

Although children who are ill will not normally be attending school or an early years setting, there are occasions where a child has a chronic (on-going) condition which allows them to attend as usual, but may need medication to be administered at certain times during the day. When this occurs, it is important that the following guidelines are adhered to.

Guidelines for administering medication in early years settings

- Parents' consent to give the medication should be in writing, and signed by them.
- Parents should give exact doses, timings and any other information for administering the medication, again in writing.
- If more than one medication is to be given, check with a pharmacist that the proposed items are safe to be given together.
- A trained member of staff must take responsibility for administering the child's medication.

- A second member of staff should check that the dose given is correct, and administered to the correct child.
- Medication should be administered quietly and without drawing undue attention to the child.
- Written records of when medication has been given must be kept by the setting.
- Parents should be informed of any reluctance or failure to administer the medication, and the incidence should be recorded.

Professional Practice

- Children should *never* be given medication that is not their own.
- Hands should be thoroughly washed before handling medicines.
- An explanation should be given to the child as to what will take place, for example, that you will lay them back to administer eye drops, or lay them to one side to administer ear drops, and so on.
- Rewarding the child with a small treat if they have been reluctant or very 'brave' can be appropriate.
- Recording the time and the dose of medication administered should take place immediately afterwards.
- Hands should be washed afterwards.
- Medicines should not be dissolved into food or drinks.

Sharing health and safety information with parents

Case Study

Learn Through Play Nursery

When a parent takes up a place for their child at the Learn Through Play Nursery, they are given a contract setting out all the general aspects of nursery administration and nursery-parent agreements, together with a range of health and safety points. These points are as follows.

- An emergency telephone contact number is required for all parents.
- Parents have a responsibility to notify staff of alternative numbers in advance.
- A health record and details of GP are needed for each child.
- A list should be given to parents of exclusion periods following communicable or common illnesses.
- Details regarding the administering of medicines, including consent forms, are given.
- A statement regarding the handling of body fluids and washing responsibilities should be made.
- Notification of the whereabouts of evacuation procedure details and the assembly point should be given.
- Attention should be drawn to the nursery noticeboard where general health and safety information is placed.

- 1 How comprehensive do you consider these points to be?
- 2 How else could the nursery keep parents up-to-date on relevant health issues?
- 3 Consider the following scenario: a child at the Learn Through Play Nursery has contracted meningitis. The nursery staff have been contacted and have informed all other parents in writing of the incident. What else could they do to dispel the fears of parents?

Professional Practice

- Staff need to deal with any incident calmly and in an informed manner.
- It is important to refer only to facts, and not to speculation or hearsay.

Appropriate reporting procedures

Whenever possible, parents should be informed immediately that their child has had an accident, although in emergency situations you will dial 999 for an ambulance in the first instance. The parent consent form regarding emergency treatment should always go with the child to hospital to ensure that the wishes of the parents are acknowledged.

Every setting must have an accident book, in which the details of all accidents and incidents, however large or small, must be recorded. It is never sufficient to simply tell a parent or carer what has happened. A written account must be made, which must include:

- the child's name
- the date and time the accident occurred
- where the accident occurred
- a description of what happened
- any injuries sustained by the child (however slight)
- what first aid treatment was administered and by whom
- any further relevant information, for example:
 - Was it necessary to get outside help?
 - Were the child's parents contacted, and at what time?

Following a serious accident, a written account of what happened should be drawn up, giving as much detail as possible, as soon as is practicable. This should then be signed, and then countersigned by another member of staff. Most settings give copies of accident records to the parent or carer of the child and keep a copy filed with the child's records.



FORWARD to Chapter 6, page 214. *Case Study: Kieron* for an example of how the accident book can also help safeguard both children and staff in a setting.

Professional Practice

- Records are an important part of any setting.
- Sometimes a seemingly minor injury can result in complications.
- A child should be closely monitored by staff following an accident.
- Any change in a child's well-being should be assessed and treated accordingly.

Test Yourself

- 1 Why is it important that all staff in a setting follow the same procedure when handling body fluids?
- 2 How does a settings policy contribute to a child's right to confidentiality?
- 3 What is meant by cross-infection?
- 4 How can settings insist that children are kept away until clear of infectious symptoms?
- 5 What is needed before a setting can give medication to a child in its care?
- 6 What approach should you take before administering medication to a child?
- 7 What should be recorded following an accident?
- 8 At what point should parents be informed?
- 9 Why should a child be closely monitored following an accident?

