Comhairle nan Eilean Siar
Ag Obair Còmhla Airson nan Eilean

NURSERY POLICIES

2026/27

COMHAIRLE NAN EILEAN SIAR

Department of Education, Skills and Children's Services

Roinn an Fhoghlam agus Seirbheisean Chloinne



CONTENTS

Policy Documents	
Child Protection Procedures	P2
Admission, Enrolment and Settling in Policy	P4
Early Learning & Childcare Policy	P8
Gaelic First Policy	P11
Food and Health Policy	P15
Infection Control Policy	P18
Health and Safety Policy	P29
Administering of Medication Policy	P33
Partnership with Parents Policy	P38
Open Door Policy	P40
Supporting Children with Additional Support Needs Policy	P41
Positive Relationship Policy	P43
Outings Policy	P47
Emergency Closure Policy	P49
Equal Opportunities Policy	P50
Nappy Changing Procedure	P51
Choking Policy	P54
Sun Safe Procedures	P56
References	P58
Appendices 1-12	P59

Intranet Links to Relevant Departmental and Comhairle Policies for Staff:
Education, Skills & Children's Services Policies Page
Comhairle Employee Information Page - **https://www.cne-siar.gov.uk/council-and-committees/strategy-performance-and-research/policy-register**

Comhairle Employee Handbook - https://www.cne-siar.gov.uk/sites/default/files/imce/Committees/Policy%20and%20Resources%20Committee/2025/November/S-19B-Employee-Health-and-Wellbeing-Strategy-2025-2030.pdf

Comhairle Complaints Policy - https://www.cne-siar.gov.uk/council-and-committees/have-your-say/complaints

Inter-Agency Child Protection Procedures – https://www.cne-siar.gov.uk/sites/default/files/2026-04/Outer_Hebrides_CPC_Inter-Agency_Procedures_March_2026.pdf

CHILD PROTECTION & SAFEGUARDING POLICY

The common responsibilities of **(enter Nursery name)** staff are to protect children from abuse and exploitation, to respond appropriately when abuse is identified and to ensure, whenever possible, that all children can exercise their right to be raised in a warm, stimulating and safe environment with the support of staff, their families and their carers. This relates to the theme of The Children Scotland Act. The welfare of children is paramount as it is the child who is the main priority.

It is the responsibility of the management team, including the Child Protection Co-ordinator, to ensure all staff members are aware of and follow the Local Child Protection Procedures (link below) if they suspect abuse has taken place. We have duties and responsibilities in relation to the protection of children as set out in the Western Isles Child Protection Committee Inter-Agency Procedures and Guidelines.

For a child to require protection, it is not required that abuse or neglect has taken place but rather a risk assessment has identified a significant likelihood of risk or abuse or neglect.

Please report any concerns you have about a child to

(Insert Nursery name) Child Protection Co-ordinator is the Head of School, (insert names) (Executive Head Teacher) (Nursery manager).

All staff carry out Child Protection Basic Awareness Training and have access to the Child Protection PowerPoint Presentation, both of which are refreshed on a yearly basis. An internal register of staff training is maintained by the Child Protection Coordinator.

Duty social work officer phone number:	**01851 822749 (Lewis & Harris)** **01870 604880 (Uist & Benbecula)** **01871 810431 (Barra)**

National Guidance for Child Protection in Scotland 2021 - updated 2023 (www.gov.scot) https://www.gov.scot/publications/national-guidance-child-protection-scotland-2021-updated-2023/

Local Child Protection Procedures are available on the Comhairle nan Eilean Siar Website at - Inter-Agency Child Protection Procedures – https://www.cne-siar.gov.uk/sites/default/files/2026-04/Outer_Hebrides_CPC_Inter-Agency_Procedures_March_2026.pdf

Please see Appendix 12 for the CnES Child Protection Flowchart



ENROLMENT AND SETTLING IN POLICY

Enrolment and settling in

How to enrol in early learning and childcare:

Enrolment opens annually online January/February for children due to start Early Learning and Childcare Centres for the August, January and April intakes for that academic year.
For enrolment, you will be required to present your child's birth certificate to confirm:

- Child's full name as it appears on the certificate
- Date of Birth
- Names of all parents recorded on the certificate

Enrolment link (open Jan/Feb) :
https://www.cne-siar.gov.uk/education-and-learning/early-years/early-learning-and-childcare-enrolment

Eligibility for ELC/Nursery Enrolment

Eligible nursery places are available for children who:

- are 4 years of age and are not currently registered with a nursery
- will be 3 years of age between 1 March and 28 February
- will be 2 years of age between 1 March and 28 February and whose parent(s)/carer(s) are in receipt of certain qualifying benefits/Care Experienced. (Further information on eligibility information is available on the MyGov.Scot website.

<table>
<tr><th colspan="2">Criteria:</th><th>Eligible From:</th></tr>
<tr><td rowspan="3">Where a child's 3rd birthday falls on or between these dates:</td><td>1st March - 31st August</td><td>August (Autumn Term) of that year</td></tr>
<tr><td>1st September - 31st December</td><td>January (Spring Term) following their birthday</td></tr>
<tr><td>1st January - last day February</td><td>April (Summer Term) following their birthday</td></tr>
<tr><td colspan="2"><u>Or</u> where a 2 year old child's parent(s)/carer(s) are receiving out of work benefits</td><td>The term following the child's 2nd birthday (for those already on benefits) <u>or</u> the term following the date when the parent(s) become eligible for out of work benefits</td></tr>
<tr><td colspan="2"><u>Or</u> where a 2 year old child is Looked After, is in a Kinship Care placement, or lives with an appointed guardian (or has been since their 2nd birthday)

<u>Or</u> Parent themselves were previously care experienced e.g. Looked After</td><td>When arrangements are agreed and recorded as part of the Child's Plan. Please contact Early Years Office for more information 01851 822655</td></tr>
</table>

All 4-year-olds are eligible for a funded place.

Once a child becomes eligible for an Early Learning and Childcare place, they remain eligible until they are eligible to start school.

Children receiving a funded place are entitled to 1140 hours over 38 weeks for up to 30 hours Term Time and 22.5 hours all year per week of Early Learning and Childcare. Nurseries providing wrap around care charge on a sessional basis. Further information on childcare fees is contained within the parent handbook. Children eligible for Early Learning and Childcare funding will have their funded hours deducted from their monthly bill

All eligible children will have the choice of a term-time place of up to 30 funded hours per week (for 38 weeks of the year) **OR** a full-year place of up to 22.5 funded hours per week (for 50 weeks of the year) dependant on availability

The Comhairle aims to ensure that the admission of children is fair and equitable and responsive to the needs of children, their parents and carers. Intakes of children take place throughout the year (August, January and April) or when space becomes available.

An advanced booking system operates for 0-3 services (non-funded children) to enable staff to make well planned provision for the service.

For larger all-day nurseries the allocations procedure below is followed.

- Eligibility for Early Learning and Childcare
- Increase in hours of children already attending.
- Siblings of children already attending
- Date of application ('first come first served basis')

Parents should be invited to come and view the nursery by appointment with the operational Manager/Playleader.

Settling in is an important stage in the transition between home and nursery. Arrangements should be made to ensure the parent/carer and child have the opportunity for a settling in period. This will include parent/carer and child visits to the group so that they familiarise themselves with the setting, staff and other children.



Registration and Consent forms

Staff should issue a parent pack when the child starts in the setting. It is essential that all forms are completed by parent/guardian prior to the child attending. Parents will also be issued with a Personal Care Plan; this should be completed alongside a member of staff from the nursery that the child will be attending. All forms are available from the Early Years Office or nursery setting.

Signing in System

Parents should be asked to sign their child in on arrival at nursery and sign out on departure. Adults, not the children, are required to sign the sheet. Parents should be informed that they should notify nursery staff if/when another adult is to collect their child. It is important that parents adhere to the set session times. Early arrival is not permitted and can result in nursery staff not having set up time, or where there are two sessions running back-to-back, early arrival and late pick up can result in more children being in attendance than the registration of the nursery allows. In this situation, the nursery may also be over the adult child ratios.

Nursery staff are responsible for children once they have been signed in by a responsible adult up until they are signed out again at the end of the session. Children eligible for Early Learning and Childcare should not be put on buses unaccompanied by their parents. If nursery staff become aware of this practice, they should inform the nursery manager immediately. The nursery manager should arrange an appointment with the parent to discuss the situation with them and to try and find alternative transport solutions. Help and support can be obtained from the Early Years Office.

Late fees

If you collect your child out with your contracted hours the nursery will charge £15.00 over and above the normal fee.

Non – collection of children

Parents/carers are asked to collect their child promptly at the end of their contracted hours that the child is booked into. If parents are going to be late collecting their child or if they have planned for someone else to collect their child, they must notify nursery staff. If parents/carers have not collected their child at their contracted finish time, nursery staff will try to contact parents/carer directly.

If this is unsuccessful nursery staff will try to contact the child's emergency contact (emergency contact details on child's enrolment form). If nursery staff have been unsuccessful in contacting any identified emergency contacts, or not heard from the child's parent/carer, after 1 hour Nursery staff will seek advice and guidance from their manager and/or may have to

seek advice from the duty social worker. Parents will be charged over and above the normal fee.

Please ensure your emergency contact details are up to date and the emergency contact is aware they may be contacted by your child's nursery which displays as a private number.



EARLY LEARNING AND CHILDCARE POLICY

The Nursery recognises the importance of delivering quality Early Learning and Childcare for young children, the importance of children's early experiences and how they are related to the quality of care that they receive. We are committed to providing a stimulating and challenging environment which will develop and broaden the learning experiences of babies and children in our care.

Recognising that children learn in a variety of different ways we believe that the following make powerful contributions to a child's learning: the opportunity to have first-hand experiences of a range of different activities and learning situations: the opportunities to play, the opportunities to talk, interact and socialise with other people.

The purpose of the curriculum at this early stage is to support children in all aspects of their emotional, social, cognitive and physical development. It should enable them to become increasingly independent, responsible and eager to progress in their learning.

Our Curriculum

Through our curriculum we aim to:

- Provide children with a variety of high-quality experiences according to their individual needs.
- Provide a good balance between activities initiated by children and those initiated by adults.
- Be responsive to children's need and interests and ensure progression in their learning and development.
- Use available space and resources imaginatively to enable children to work independently or collaboratively.
- Reflect the individual nature of our local community.

In planning our curriculum, we build on the holistic approach to curriculum design established in the Curriculum for Excellence and Quality Improvement Framework for ELC sectors.

We provide a flexible and stimulating environment to engage children in their learning through well planned interactive and challenging play. We believe that children learn best when they have scope for active involvement in a wide range of learning experiences. Curriculum for Excellence provides structure, support and direction to children's learning, enabling all children to become:

Successful Learners

Confident Individuals

Responsible citizens

Effective contributor

The experiences and outcomes at the early level will be used in suitable combinations to plan engaging, motivating and challenging activities. Taken together, as appropriate to the stage of development of each child, these activities should provide breadth of learning across the curriculum areas.

Further information is available from:

https://education.gov.scot/curriculum-for-excellence/experiences-and-outcomes/

https://education.gov.scot/inspection-and-review/inspection-frameworks/quality-improvement-framework-for-the-early-learning-and-childcare-sectors/

Realising the Ambition

Realising the ambition: Being Me (National practice guidance for early years in Scotland) was published in February 2020. This document has refreshed Building the Ambition to help support the further expansion to 1140 hours and improve the quality of our Early Learning and Childcare in Scotland.

This new guidance, Realising the Ambition: Being Me, reflects the original principles and philosophy of Building the Ambition and complements the current policy direction of ELC and early primary education. It aspires to support practitioners in delivering what babies and young children need most and how we can most effectively deliver this in Scotland to give children the best start in life.

The practice guidance aims to support anyone who works with and for babies and young children across all areas of Scotland. It has been designed to:



- build confidence and capability of those who work with children and families from pre-birth to starting school and beyond,
- make links between practice, theory and policy guidance to reinforce aspects of high-quality provision and the critical role practitioners play,
- clarify some aspects of current practice and provide a reference which practitioners can easily use,
- support improvement and quality by encouraging discussion, self- reflection and questioning about relevant practice in each setting, and,
- provide advice on achieving the highest quality of ELC and early primary provision that will enable young children to experience and to play their own part in Scotland being the best place in the world to grow up.

Planning the Curriculum

Planning, observation, record keeping and assessment are used to ensure children's best interests are being served. Planning helps staff provide breadth and balance across the curriculum as well as setting out clear goals for children's learning and development. We also follow a child led approach in which it is flexible enough to respond to starting points indicated by the children themselves, or their parents or carers.

Through observing, talking to and listening to children, we will monitor and record individual children's progress and their next steps. The information gained is used to ensure that children's needs are being met and that they are being offered activities and experiences which are relevant, meaningful and suitably challenging.

Parents/carers of the child should be encouraged to contribute to their content along with the child and staff. The information contained in the profiles should be shared with parents or carers informally during day-to-day activities, and formally at individual parent/carer meetings with a member of staff.



GAELIC FIRST POLICY

1. Introduction

Comhairle nan Eilean Siar is the lead Local Authority in Scotland in relation to the use and development of the Gaelic language. There are sound socio-economic, cultural, and educational reasons why the Comhairle should strive to ensure that it not only maintains this position but maximises the potential that this role presents. In the current economic climate, it is essential that investment of time, effort and resources is properly targeted and produces demonstrable results. This Policy sets out key aims and objectives which the Comhairle has identified and intends to implement in order to achieve this.

1.1 National Key Objectives

This Policy supports the implementation of key objectives contained within Bòrd na Gàidhlig's National Gaelic Language Plan, which aim to arrest the decline, and to plan for the growth, in the number of Gaelic speakers in Scotland. The Policy also feeds into the Scottish Government's *Faster Rate of Progress* initiative which brings together a variety of public authorities that are working across Scotland to support the increased use and learning of Gaelic, and which underpins the objectives of the National Gaelic Language Plan. It also supports the Scottish Government's National Performance Framework (NPF), with its headline purpose to create a more successful country, and informs Comhairle nan Eilean Siar's Gaelic Language Plan, prepared in terms of Section 3 of the Gaelic Language (Scotland) Act 2005, which aims to ensure that Gaelic has a sustainable future as a cultural, economic, educational and social asset for the Western Isles.

1.2 The Commitment

In order to best serve our bilingual communities, Comhairle nan Eilean Siar will make every effort to create and promote a Gaelic ethos in all areas of operation and to highlight the social, cultural, economic and educational asset, and unique selling point, that Gaelic represents to these Islands. It will do so by leading by example, increasing the number of staff who use Gaelic on an inclusive and everyday basis, and by implementing the actions set out in the Gaelic First Policy Statement and associated Action Plan.

1.3 Mission Statement

Comhairle nan Eilean Siar will strive towards achieving equity of opportunity for those who speak Gaelic and those who do not within our bilingual communities, by creating a Gaelic ethos in all areas of operations and promoting the social, cultural, economic and educational asset that Gaelic represents to the Islands.

1.4 Definition of "Gaelic First"



“Gaelic First” reflects the Comhairle’s commitment, as agreed at a meeting of the Education, Skills and Children’s Services Committee in December 2019, to work towards creating a Gaelic ethos within its operations in which use of Gaelic is the default position of Comhairle services. Staff will be actively encouraged and supported in progressing towards greater fluency and confidence in the use of the language, and all Comhairle developments, projects and policies will be scoped to take account of impact on Gaelic and for the potential to promote the language. Therefore, usage of Gaelic, at every practical opportunity, is expected to increase, and Comhairle staff will lead on this by example.

2. Policy Principles and Responsibilities

2.1 The Aims of the Gaelic First Policy

The Gaelic First Policy’s primary aim is to ensure equity of opportunity for those who have Gaelic skills and those who do not within our bilingual communities. This can only be achieved through buy-in from all stakeholders, by setting clear aims and objectives and supporting all involved in fulfilling these. This Policy explains the reasons behind this aim, sets out the other main objectives, allocates responsibilities and describes a review process to ensure targets are appropriate and met.

2.2 The Role of the Comhairle

It is the Comhairle’s duty to lead by example by focusing on encouraging the use of natural Gaelic in both formal and community settings. This means increasing the use of Gaelic in all areas of Comhairle operation, especially in the Comhairle Chamber, and ensuring that all front-line services are available bilingually. The focus will be on the use of natural Gaelic and Gaelic as a means of communication.

As a key organisation in community development, the Comhairle and its employees will promote the use of Gaelic as a socio, cultural and economic asset, and as the Islands’ unique selling point, not only within its own services, but also to highlight the benefits of Gaelic usage to partner agencies, encouraging them to commit to a similar bilingual approach. The Comhairle therefore will aim to work strategically with partner agencies and communities to ensure support services are available in Gaelic and, by providing truly immersive experiences for Gaelic speakers and learners, to ensure that Gaelic remains a living, developing language. Suitable support will be made available to ensure those wishing to improve their Gaelic skills are able to do so and cognisance given to progress made. Given the importance of Gaelic education to Gaelic development generally, and the Comhairle’s responsibility to deliver this effectively, work will continue with Government and stakeholders, such as Education Scotland, to ensure that the Gaelic Medium Education curriculum is appropriate for and relevant to the local context.



2.3 The Role of Councillors

As the public face of the Comhairle, Councillors, and in particular those chairing Committees, will lead by example in increasing the use of Gaelic in the Comhairle Chamber and ensuring that cognisance is taken of Gaelic in relation to all areas of operation and communication in the Comhairle. Every effort will be made to promote the use of Gaelic as a socio, cultural and economic asset for the Isles, and policies will be assessed for their impact on Gaelic. The Comhairle's aim is to create a Gaelic ethos within Comhairle policy, which Comhairle officers will be tasked with implementing. Councillors will be asked to attend Gaelic awareness training as part of their induction. Councillors, and in particular Comataidh na Gàidhlig, are also responsible for reviewing this Policy and the associated strategy and action plan regularly to ensure that the aims and objectives remain relevant and appropriate and are being met.

2.4 The Role of Third Parties and Our Communities

Everybody within our communities has a role to play in ensuring equity of opportunity for those who speak Gaelic and those who do not. We all must help create an environment within all community settings where the value of Gaelic is recognised and using Gaelic in a natural manner, regardless of an individual's relative ability in the language, is encouraged and becomes the norm. It is important that everyone realises the opportunities that Gaelic offers as a socio, cultural and economic asset, and makes every effort to promote and capitalise on this. The public also has an important role in holding both Comhairle and partner agencies to account with regard to implementing, reviewing and updating this Policy and ensuring its aims and objectives are appropriate and met.

3. Engaging Staff and Third Parties

In order to implement the aim and objectives of this Policy successfully, creating and implementing a Human Resource Policy that demonstrate a clear commitment to employing and developing a bilingual workforce will be critical. This section sets out the main objectives regarding future engagement of staff and third parties.

3.1 Recruitment Process

For the Comhairle's recruitment policies to reflect fully a Policy of Gaelic First, Gaelic proofing should constitute an essential part of the recruitment process to all posts. Human Resources should increasingly liaise with Sgioba na Gàidhlig to identify Gaelic linguistic requirements deemed essential to qualify for posts, and Gaelic competency, in addition to an attitudinal question, will be incorporated into all interviews. Gaelic awareness training will form part of the induction process that all members of staff must complete.



3.2 Support, Appraisal and Promotion Processes

In order to be consistent with a Policy of Gaelic First, an increased element of accountability in terms of learning and making progress in Gaelic should be built into contracts of employment and monitored in annual SDA and PRD meetings. Responsibility for staff progress in developing Gaelic skills would lie with line managers and Heads of Service. Regular language development time and programmes for staff will be agreed in order to allow them to achieve this aim.

3.3 Rights and Responsibilities of Employees

Comhairle employees will be entitled to regular Gaelic language development time and classes will be made available for free to enable everyone to learn and progress their Gaelic skills. A suitable learning programme is to be agreed with the line manager in the first instance. In return, all Comhairle employees are expected to support the Comhairle's "Gaelic First" ambition and strive towards fluency in Gaelic and assist in creating a Gaelic ethos in the workplace. This will be monitored in annual appraisal meetings, and progress in terms of learning Gaelic skills will be taken into account when employees apply for promoted posts.

3.4 Partners and Third Parties

The support of third parties is essential in ensuring equity of opportunity for those who speak Gaelic and those who do not within our bilingual communities. The Comhairle therefore strongly encourages all partners and third parties active within our Islands to adopt a similar approach regarding the recognition of the importance of Gaelic in the provision of services and recruitment of staff.

4. Monitoring and Review

A bi-annual review of progress in relation to the Action Plan will be conducted by Sgioba na Gàidhlig. Sgioba na Gàidhlig will conduct a rolling programme of reviews with individual department managers and produce brief Strength and Action Points reports. These reports will feed into progress updates to Comataidh na Gàidhlig, Scottish Government and Bòrd na Gàidhlig. Aims and targets will be revised as appropriate.



FOOD AND HEALTH POLICY

Childcare settings must provide appropriate healthy, nutritionally balanced food and drinks for babies and young children in their care. Children should also have opportunities to try a variety of different foods and food should be seen as part of the learning experience and an integral part of the caring environment. Parents have an important role to play too, and we know from good practice examples that where parents and providers work in partnership the best possible care can be provided.

The Nursery regards snack and mealtimes as an important part of our session. Eating represents a social time for children and adults and helps children to learn about healthy eating.

At mealtimes, we aim to provide food items, low in sugar and salt, and a choice of fruit and vegetables which meets the children's individual dietary needs. We aim to meet the full requirements of 'Setting the Table' Nutritional Guidance and Food Standards for Early Years Childcare Providers in Scotland.

We will do this by:

- Information about each child's dietary needs will be recorded on their Personal Care Plan. Prior to a child starting at Nursery, staff should read these forms to identify children with dietary needs. If required, further information can be obtained from parents prior to their children starting at nursery.
- Staff should regularly consult with parents/carers to ensure that records of their children's dietary needs - including any allergies - are up to date. Parents/carers also have a responsibility to keep the Nursery informed about any food allergies.
- Parents/carers of children who are on special diets should be asked to provide as much written information as possible about suitable foods, and in some cases may be asked to provide the food themselves. A photograph of any child with a special dietary requirement or allergy should be displayed in the food preparation area to ensure that permanent and relief staff are aware of each individual child's needs.
- Allergen information will be clearly identified for parents in snacks provided by the nursery.
- A weekly snack and lunch menu should be prepared and displayed in advance; this will provide children with a varied diet. Nursery recipes will be available on request.
- The weekly menu will provide children with a varied and healthy diet.
- Advice should be given to parents about suitable food to bring from home, including suitable party foods and healthy options for packed lunches.
- Milk or water will be served with morning and afternoon snacks. Water will be always available to children. Milk or water will also be served with snack and lunch.
- Children will still receive dessert if they refuse their main course.
- Parents or guardians will be advised if their child is not eating well. Uneaten food in packed lunch boxes will be returned home to let parents know what has been eaten.



- Meal and snack times are organised so that they are social occasions in which children and staff participate. Staff will sit with children while they eat and will provide a good role model for healthy eating.
- Meal and snack times are used to help children develop independence through making choices, preparing and serving food and drink and feeding themselves.
- Children should be encouraged to develop good eating skills and table manners and will be given plenty of time to eat.
- Children should be provided with utensils that are appropriate for their age and stage of development and that take account of the eating practices in their cultures.
- Withholding food should NEVER be used as a form of punishment.

Packed Lunches

- We ask that you provide healthy food items which are low in sugar and salt. Uneaten food items will be returned to lunch boxes to let you know what your child has eaten.
- Confectionery will not be given to children. Sweets, chocolates, cakes etc will be returned to their lunch boxes.

Allergen Information

There are 14 major allergens which must now be identified – celery, cereals containing gluten, crustaceans, eggs, fish, lupin, milk, molluscs, mustard, nuts, peanuts, sesame seeds, soya and sulphur dioxide. To ensure that our settings continue to be a safe environment for children with allergies staff will follow the advice below:

- Display and provide information on allergens for any food we give to children and make sure the information is accurate. Details of these allergens will have to be listed clearly in an obvious place, such as on your weekly menu, notice board or information pack.
- Keep up to date ingredients information for any ready-made foods brought in.
- When cooking, make sure you know what is in the ingredients.
- Remember to include cooking oils, dressings, toppings and sauces.
- If you change a recipe, remember to update the allergens details and make sure staff members know of any changes.
- When making food for someone with an allergy ensure your work surface and equipment are thoroughly cleaned before use.
- Always wash your hands before preparing any food.

For further information on this topic please go to the Food Standards Agency website –

Food Standards Agency - GOV.UK

allergen-chart.docx

- **Please be aware that a number of our settings are 'nut aware' please check with your provider.**

References

Setting the Table – Nutritional Guidance (2025)
https://www.gov.scot/binaries/content/documents/govscot/publications/advice-and-guidance/2024/10/setting-table-guidance/documents/setting-table-guidance/setting-table-guidance/govscot%3Adocument/setting-table-guidance.pdf

Food Matters (Care Inspectorate 2018)
https://www.careinspectorate.scot/resources-data/publications-and-statistics/library/food-matters

INFECTION CONTROL POLICY

1. Background information
2. Handwashing
3. Illness
4. Outbreaks of infection in childcare settings
5. Food handling and storage
6. Milk for babies
7. Cleaning and disinfection in the environment
8. Hygiene and disposal of nappies
9. Contact with animals
10. HIV, Hepatitis A and Hepatitis B
11. References



1. Background information

Young children under the age of six are often highly susceptible to infectious diseases because their immunity may not be fully developed. Their close contact in care and play situations, coupled with their inexperience in practising good hygiene makes it easy for germs to spread. In addition, children under school age lack prior exposure to most germs; this lack of immunity means that they can contract and transmit infections easily resulting in the rapid spread of infection.

The mainstay of infection control in early learning and childcare groups is the implementation of basic precautions outlined in this, policy, underpinned by a common sense understanding of how germs are transmitted.

The Public Health Nurse and Care Inspectorate should be consulted if the nursery has any concerns about illness or infection control issue. Children or adults suffering from an infectious disease should be excluded from the nursery. See attached information regarding the exclusion criteria.

The exclusion period will take regard of medical guidance for the illness diagnosed.

Nursery staff will provide a healthy and hygienic environment for children and will endeavour to minimise the risk of infection by endorsing basic hygiene procedures.

If a child becomes unwell during the session, they will be taken to a quiet rest area away from others where possible. The child should be closely monitored at this time and the child's parent/carer or emergency contact notified as soon as possible. Parents will be asked to collect the child.

The types of infectious illnesses that would be reported to parents are measles, chicken pox, mumps, scabies, meningitis and whooping cough. The anonymity of children and staff involved should be maintained.

Equipment within the playroom must be cleaned regularly. Homemade playdough should be changed at regular weekly intervals, or earlier if it becomes contaminated. Sand will be changed regularly i.e. monthly or earlier if required.

2. Hand washing

Hand washing is the single most important public health measure in preventing the spread of infectious illnesses. Effective hand washing is the mainstay of infection control for most germs amongst children and adults in a pre-school setting, regardless of the way germs are transmitted.



Hands should always be washed on arrival at nursery, after using the toilet, when returning from outdoor play and before and after snack/mealtimes. All children should be supervised during hand washing. Liquid soap should be used (rather than bars of soap which can actually grow germs) and hands dried with paper towels from wall mounted dispensers.

Hands should be washed vigorously using a small amount of liquid soap. Hands should be rubbed together covering all surfaces until a good lather has appeared on all skin surfaces. Allow the lather to last for at least ten seconds. Hands should be rinsed under warm running water.

After using the toilet both adults and children may unwittingly contaminate the taps while turning them on with the germs on their hands. After washing they may re-contaminate their hands by touching the taps, to avoid this, the paper towel used for drying the hands can be used to turn off the tap. A designated, lined bin that children can operate easily should be provided for disposal of towels.

Hand wipes make a useful alternative when washing facilities are inadequate, for example, when out for a walk. When the children have returned from the outing staff will ensure that good hand washing routines are followed. If staff or children have cuts or grazes on their hands they will be covered with waterproof plasters.

A national children's hand washing campaign was introduced in 2007 revised as "Handy" in 2009
www.washyourhandsofthem.com/the-campaign/childrens-pack.aspx

National documents are available for healthy eating and tooth brushing which incorporate aspects of infection prevention and control.

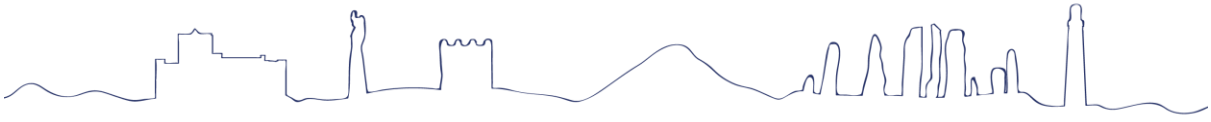
3. Illness

On occasions there may be instances when children should be excluded from the nursery setting, both in terms of the child's personal wellbeing as well as that of staff and other children.

Children or adults should not attend the nursery if suffering from any infectious or contagious illnesses as listed on the Public Health Scotland Exclusion Criteria Appendix 1

If a child contracts an infectious illness, their parent/carer should inform the nursery as soon as possible to enable precautions regarding cross infection to be taken. This is outlined within the parent handbook.

To prevent cross contamination and spread of infections the following should be adhered to:



- Disposable latex and powder-free gloves and apron should be worn when changing nappies and dealing with toilet accidents. Hands should be washed after removing disposable gloves.
- Any accidents should be cleaned immediately using appropriate cleaners and disinfectants.
- Soiled clothing should be double bagged, sealed, labelled and placed into a lidded storage container for collection by parents/carers.

4. Outbreaks of infection in childcare settings

An outbreak is defined as two or more linked cases of the same illness (for example, *E.coli* O157, scarlet fever); or more cases than expected; or a single case of a serious disease (for example, measles or diphtheria).

Staff will keep an up-to-date list of the following:

- The names of those children / staff who are ill
- The symptoms, if known (for example, vomiting and diarrhoea)
- When the children / staff became ill and when first noticed or reported (if known)
- The date they last attended the childcare setting
- When you contacted the parents
- What time the child was collected
- Who you have informed about the outbreak
- The advice you have received & the advice you give to parents/guardians

Staff should also keep the following, until you are told otherwise:

- Recent menus
- Food prepared but not eaten
- Raw food, if it is possible that those who are ill ate some cooked portions of the same food
- Samples of any other food items (labelled with the date) that the people who were ill might have eaten



- Keep sealed in bags, cling film or containers, and place all samples of bagged and sealed foods in your freezer.

Providers must notify the Care Inspectorate and Public Health of a suspected or known outbreak of infection.

We define an outbreak as the occurrence of two or more, or a higher-than-expected number of cases of confirmed or suspected infection, affecting people using the service and/or staff in the same area. Cases of suspected infection include people with diarrhoea and/or vomiting, wound or skin infections, or respiratory illnesses such as flu.

A higher-than-expected number of cases may be a single case if the confirmed or suspected infection is rare or the suspected or confirmed case poses or may pose a significant risk to public health, for example, E.coli O157, tuberculosis or those described in Appendix A of the Public Health etc. (Scotland) Act 2008, Part 2.
the most up to date guidance on NHS inform and Scottish Government website.

Please see Appendix 1 for Public Health Exclusion Guidelines

5. Food Handling and Storage

It is essential for food safety to have systems and procedures in place within the kitchen to prevent cross contamination between raw and cooked foods and to ensure that food is cooked or reheated thoroughly and stored at the correct temperatures.

Food hygiene advice will be obtained from the local Operations manager.

Hands must be thoroughly washed prior to handling or serving food. This applies to both children and adults.

Anyone requiring a plaster should ensure that a blue food handler's plaster is utilised.

Long hair should be tied back and jewellery kept to a minimum. Earrings and rings with stones should not be worn. Nail varnish should not be worn.

Raw and cooked foods should be stored separately with cooked foods stored above raw foods. Working surfaces and utensils should be identified regarding raw or cooked food use. Food items stored should be in suitable airtight containers and stored at the correct temperature. A fridge thermometer should be in place and checked and recorded daily. Fridge temperatures should be below 5 ºC.



Once food items have been opened, they should be date marked to highlight when it was opened and when it should be disposed of (follow manufacturer's recommendations).

Consumables belonging to children or staff should be labelled and dated prior to placing in the fridge or cupboard.

Checks should be carried out to ensure “use by” or 'best before' date is complied with.
Food storage areas should be cleaned weekly or after spillage/contamination.

Cooking times and temperatures should ensure that the centre or core of the product reaches the temperature of 75 ºC. If foods are to be reheated, they should be reheated to a minimum temperature of 82 ºC. Food should be checked with a probe thermometer to ensure the correct temperature has been reached. Probe wipes must be used to disinfect the probe before it is used each time.

All re-useable cups and dishes are washed in a dishwasher or with hot water and a suitable anti-bactericidal detergent. Where dish washing is being done in a sink, staff should be made aware to change the water frequently thus avoiding the build-up of germs.

Raw Shell Eggs: Should be treated as raw meat and:

- should not be used in uncooked dishes (e.g. butter icing or lightly cooked dishes e.g. scrambled eggs)
- Raw eggs or mixtures containing raw eggs such as cake mix should not be eaten. Licking the baking bowl or spoon should be prohibited in a pre-school setting.
- must be well cooked and, if being fried or boiled must be cooked until both the white and yolk are solid.
- should be disposed of safely and should not be used for play.
- eggs must be stored under refrigeration.
- used within the date code; consider using date stamped eggs.
- kept separate from other food to avoid cross contamination.

6. Milk for babies

Parents/guardians should provide breast milk or formula milk in bottle prepared for storage at the childcare setting. Just like other foods, milk, including breast milk, can become contaminated with germs.

Tips for safely preparing/storing milk foods for babies

- Milk should be labelled with the child’s name and date of preparation/expression.
- Use freshly boiled water that has been allowed to cool.
- If possible if parent/guardian has supplied the dried formula for reconstitution, staff to make each feed before using it or encourage parents to provide readymade tetra packs of formula milk
- Use formula milk within an hour of being prepared
- Milk including breast milk can be stored in a fridge before use (but not in the door of the fridge)

- Dispose of any milk left after a feed and rinse and wash bottles as described below
- Wash bottles, teats, plastic spoons and other utensils thoroughly, removing all traces of milk and detergent, before disinfecting. Use a bottlebrush to remove milk, if necessary
- Clean the bottlebrush thoroughly after use by washing it in a dishwasher or in the prepared steriliser solution, after washing in warm water with detergent
- Bottles and feeding equipment must be disinfected before use
- Check formula milk is not out of date
- Follow the manufacturer's instructions for making formula milk
- Use freshly boiled water that you have allowed to cool

7. Cleaning and Disinfection in the Environment

Good housekeeping including vacuuming (avoid sweeping) damp dusting and washing is essential in the prevention of the spread of infection. Floors are cleaned regularly and vacuumed daily, especially as children spend so much time playing on them. Food preparation areas should be cleaned thoroughly before and after food is prepared.

All food premises must comply with Regulation EC No. 852/2004, Annex II Chapters I and V and subsequent guidance relating to *E.coli* O157, and it is a requirement that a BS EN 1276 or BS EN 13697 approved sanitiser or disinfectant is used to clean down work surfaces. It is also required that sinks are cleaned down between uses. Sinks should be cleaned and disinfected thoroughly between use for food prep (preparing fruit and veg) and then cleaning dishes.

To cut down the spread of germs, the environment must be kept as clean and dry as possible. Easy steps to make sure your childcare setting is clean and safe for children

1. All childcare settings should have a cleaning schedule which:
    - lists each room in the building used to provide the care service
    - has a signed, dated record of cleaning
    - records who is responsible for the cleaning
    - says how and when the fixtures and fittings should be cleaned
    - includes areas that are cleaned less often than each day and when they are due to be cleaned

2. Do a cleanliness check every day before the children arrive

3. Encourage staff and parents to raise their concerns about cleanliness

4. Have a procedure for what to do if fixtures/fittings break or can no longer be cleaned



Routine environmental cleaning:

• Use of a general-purpose detergent and hand-hot water (prepared according to the manufacturers' instructions) is usually enough to make sure the environment is clean and safe

• Disinfectants don't usually need to be used as part of your routine cleaning (with the exception of toilets), but may be required during an outbreak of infection, as directed by your Health Protection Team

• Keep all cleaning equipment well maintained

Surfaces in the toilet, such as flush handles, taps, toilet seats and door handles are cleaned daily. Surfaces that toddlers and infants are likely to touch should be washed at least once a day.

Use of a disinfectant solution with detergent is advisable (make up according to manufacturer's guidance), will be required in the event of the following:

- during an outbreak of gastroenteritis
- when dealing with blood- or blood-stained spillages of body substances.

Granules are also available which can be applied directly to a spillage, **excluding urine.**

Carry out standard cleaning procedures followed by disinfection for small spillages.

Wear rubber gloves and a plastic apron when cleaning up small spillages/smears of blood, vomit or excreta. Soak up as much of the spillage as possible with disposable towels or add granules. Clean the area thoroughly with hot water and detergent and, finally, disinfect with a detergent solution. Wipe the disinfectant off and dry thoroughly.

If a deep clean is required following an outbreak of a contagious disease, please contact the Early Years Office.

8. Hygiene and Disposal of Nappies

It is essential that children's nappies are changed and disposed of hygienically, given that their contents may be infectious, potentially transmitting several diseases.

- Used disposable nappies will be removed and placed in a nappy sack. The sacks will be tied and placed in the lined bin specifically allocated for used nappies only, which are located in the changing cubicle.
- Nappy Bin will be emptied daily by Key Workers and placed in the outdoor bins. Outdoor bins are emptied by Refuse Collection.

When changing a child with a reusable nappy, the liner and contents will be placed in the toilet (or manufacturer's instructions will be followed). The used nappy will be double bagged tied and labelled with child's name and date on it before placing in the marked bin, for handing to parents/carer at the end of the session.

Staff will follow the Care Inspectorate Nappy Changing Guidance (July 2026)

https://www.careinspectorate.com/images/documents/4404/nappy-changing-guidance-2024.pdf

9.Contact with Animals

During visits to farms or crofts, children are often encouraged to touch livestock and to help bottle-feed calves and lambs. This presents a real risk of children acquiring infections such as E.coli O157, Campylobacter, Salmonella and Cryptosporidium which can cause severe diarrhoeal illness. These germs can be transmitted to humans by touching animals or their manure and then touching food or mouths.

Visits to these places should not be discouraged. To avoid catching an infection the following guidelines should be followed:

Before the visit:

- Check that the farm has suitable washing facilities for visitors - soap, very warm water and disposable towels. If this is not available staff should bring hand sanitizer and wipes.

- Ensure that there is an adequate number of supervising adults, taking into account the age and stage of development of any children involved.

Explain to the group that that they cannot eat or drink anything while touring the farm because of the risk of infection.

Advise that Wellington boots or sturdy outdoor shoes (not sandals) should be worn during the visit

Check that cuts and grazes on children's hands are covered with a waterproof dressing.

If anyone is in contact with or feeding farm animals, warn them not to place their faces against the animals or put their hands in their mouths afterwards.

Keep everyone especially children away from sick animals.

Everyone should be instructed to wash and dry their hands thoroughly after direct contact with animals, manure or slurry. If young children are in a group, hand washing will need to be supervised.

Everyone must wash their hands before eating any snacks or taking a meal break.
Meal breaks or snacks should be taken away from areas where animals are kept and children warned not to eat anything that has fallen onto the floor.

At the end of visit:

- Ensure that everyone washes their hands thoroughly before departure even if they have had no direct contact with animals.

- Clean your group's shoes and pushchairs and so on after visits. Wash hands after removing wellington boots and shoes worn at the time of visit.

Animals within the childcare setting:

Children's allergies will be considered prior to a visit; children with asthma may be affected by the presence of animals.

Make sure that children understand that animals may carry germs and that they need to wash their hands after touching animals.

Check that the animal's vaccinations and treatments are up to date and that they have been declared healthy by a vet.

Children should be supervised at all times when handling animals. They should be discouraged from kissing pets and allowing animals to lick their faces. Animals should not be housed or fed in the kitchen or food preparation area.

A risk assessment will be in place for any animals visiting the setting.

10. HIV, Hepatitis B and Hepatitis C

HIV (human immunodeficiency virus), Hepatitis B and Hepatitis C infection are spread by direct contact with an infected person's blood or certain body fluids. These infections are not spread by normal daily contact and activities, e.g. coughing, sneezing, kissing, hugging, holding hands, sharing bathrooms and toilets or food, cups, cutlery and crockery.

In nursery the sharing of toothbrushes (which may be contaminated with blood) may spread these infections. Toothbrushes and storage racks should therefore be clearly marked with an appropriate symbol to identify ownership, and staff should be present to ensure that children use their own toothbrushes and avoid potential cross contamination.



References:

Public Health Scotland

Keep it clean and healthy 2010
http://www.ifh-homehygiene.org/best-practice-care-guideline-training/keep-it-clean-and-healthy-infection-control-guidance-nurseries

“Infection Prevention and Control in Childcare Settings (Day Care and Childminding Settings)”. (September 2015). Health Protection Scotland and NHS National Services Scotland
https://www.hps.scot.nhs.uk/web-resources-container/infection-prevention-and-control-in-childcare-settings-day-care-and-childminding-settings/



HEALTH AND SAFETY POLICY

Introduction

The Comhairle's Early Years Nurseries are committed to ensuring that all setting practices are carried out within the requirements of the Health and Safety Act 1974 and the management of Health and Safety at Work Act 1999.

The nursery has a responsibility to provide a safe and healthy environment for your child and the Manager is responsible for health and safety matters concerning the nursery premises.

All staff are trained and aware of potential hazards within the nursery and surrounding environment and actively protect the children from hazards and potential risk. We aim to provide all staff with first aid training. All accidents and any incidents are recorded in the Accident Report Book. All accidents are accurately notified to the parent/carer as soon as possible. Hygiene rules relating to bodily fluids are followed with particular care and all staff is aware of how infections can be transmitted.

We recognise that a systematic approach to health and safety, based on systematic risk assessment procedures (see risk assessment guidance for more information – Appendix 2) can minimise injury and ill health to staff and children.

The Comhairle has a Corporate Health and Safety Policy which Nursery staff should be aware of.

Nursery staff should provide and maintain a safe and healthy environment for children. Appropriate records should be in place for maintenance and fire procedures.

Nursery staff will follow the Care Inspectorate SIMOA guidance on raising awareness to keep children safe within ELC.

Keeping children safe (SIMOA) | Care Inspectorate

Nursery staff should ensure that they enrol on appropriate training in health and safety matters. The following training for nursery staff is mandatory: Risk Assessment; Elementary Food Hygiene; Child Protection and First Aid. The Early Years Office runs a rolling programme of this training. Further information can be obtained from the Early Years Office.

It is essential that nursery staff identify potential hazards and risks and undertake written risk assessments. Staff should, introduce, so far as is reasonably practicable, measures to reduce and minimise risk and potential hazards.

All staff and visitors should be aware of the health and safety procedures that are in place.



Legal Framework
We follow all relevant legislation and associated guidance relating to health and safety within the nursery including:

- The regulations of the Health and safety at work Act 1974 and any other relevant legislation such as Control of substances Hazardous to Health Regulation (COsHH)
- Any guidance provided by the Public Health Scotland, the local health protection agency, the local authority environmental health department, fire authority or the health and safety executive.
-

Information, Instruction and Supervision

The public liability insurance and the Health and Safety at Work etc. Act 1974 Poster should be on displayed on the premises.

1. Co-operate with supervisors and managers on health and safety matters
2. Not interfere with anything provided to safeguard their health and safety
3. So far as is reasonably practicable safeguard the safety and welfare of these persons who they are supervising
4. Take reasonable care of their own health and safety and detailed in this policy

Competency for task and training
Health and Safety is covered in the Induction training will be provided for all employees by the Early Years Department staff

Job specific training will be provided by the Early Year Department staff

Specific jobs are requiring special training are:
Training Table:-

Course	Training Required	Who
First aid	In house training	All Staff
Safeguarding/child protection	In house training	All Staff
Risk Assessment	In house training	All Staff
Fire safety procedures (Fire Warden)	In house training	All Staff
Food hygiene	Educare	All Staff
Manual handling	In house training	All Staff
Allergy awareness	Health Visitor/School Nurse	All Staff

Medication Training	Health Visitor/School Nurse	All Staff

Training records are kept (enter location)
Training will be identified, arranged and monitored by (INSERT NAME)

.

1. Our first aid kit is kept on the premises and there is a poster displaying the first aiders and the location of the first aid boxes in each premise. There is a first aid box available for outings also. First aid boxes should be checked and replenished on a regular basis, and a record kept.

Our aim
We are committed to:

- Involve and motivate nursery staff in all matters concerning Health & Safety.
- To provide adequate control of the health and safety risks arising from our work activities.
- To regularly review risks and check that control measures remain adequate.
- To consult with all employees on all matters affecting their health and safety.
- Developing the appropriate setting structure and culture, that supports the concept of risk management by all members of the team.
- To consult with all employees on all matters affecting their health and safety.
- To provide and maintain safe plant and equipment.
- To ensure safe handling use and storage of any substances.
- To provide the necessary instruction, training, information and supervision for all staff, to ensure the competence of all staff.
- Achieve a high standard of occupational health, safety, welfare and hygiene.
- Provide a healthy environment.
- Eliminate hazardous situations
- To prevent accidents/ill health through good risk assessment processes and to create a culture of thinking safely where staff regularly bring forward any observations and concerns.
- To review and revise this policy as necessary at regular intervals.

General Arrangements:

1. The public liability insurance and the Health and Safety at Work etc. Act 1974 Poster should be on display.
2. All accidents or incidents should be recorded in the accident book/form and signed by the parent and member of staff and a copy issued to the parent. The report should then be filed in the child's individual file to ensure confidentiality.
   Any incidents that arise out of or be in connection with a work activity should be reported by using the Incident Reporting Portal.
3. There should be a qualified first aider on the duty for each session. The members of staff that hold a valid certificate should be displayed on the notice board.
4. A member of staff should be nominated to restock the first aid box. The first aid box should be clearly labelled and be checked and restocked weekly.

5. In accordance with the school arrangements. A planned fire drill should be carried out every term ensuring each session is included to ensure all children and staff, carry out a fire drill and this recorded.
6. All members of staff should be aware of the location of fire exits, extinguishers and fire blankets.
7. In compliance with Infection Control Standards staff should wash their hands:

- Before and after preparing and eating food
- Before and after feeding children
- After handling body fluids
- After tending children with cuts, abrasions or suspected infections.
- After changing a nappy
- After going to the toilet either with a child or by themselves.
- After any contact with an animal
- After any contact with soil, mud, sand, water outdoors

8. Staff should ensure that children wash their hands where applicable as above.
9. In compliance with Infection Control Standards all toys and equipment are cleaned on a regular basis and this should be recorded.
10. All cleaning materials should be stored in a locked cupboard.
11. Comhairle Nan Eilean Siar's Environmental Health inspector inspects the premises and the guidelines on good food hygiene issued by them should be adhered to.
12. Risk assessments should be carried out on the premises, inside, outside areas, and specific activities and a record of this is kept.
13. Individual risk assessments of children can also be carried out to ensure their health, safety and welfare.
14. In accordance with the staff ratios set by the Public services Reform (Scotland) Act 2010, the following staff ratios will be followed:

AGE	RATIO
Under 2s	1:3
2 to under 3s	1:5
3 and over	1:8*
Over 8 years	1:10

*Where children age 3 and over attend settings for fewer than 4 hours in any one day they adult to child ratio can be 1 adult to 10 children.

Please see Appendices for:
Risk Assessment Example – Appendix 2
Blank Risk Assessment Template – Appendix 3
Accident/Incident Recording Form– Appendix 4
First Aid Box Check Form – Appendix 5
Fire Evacuation Drill Form – Appendix 6

ADMINISTERING OF MEDICATION POLICY

Staff are unable to give medication without written permission from parent/carer. Consent forms are available from the nursery manager.

- Medication should be supplied to the service in its original container and be clearly identified with the child's name (either by the service or person supplying the medicine).
- Within the medicine storage area, each child's medication should be kept separate in some way from the medication of other children to prevent mix-ups. For example, storage of medication and consent forms in a container with the child's photograph and full name.
- There should be a system in place to check that the medication has not gone beyond any expiry dates or shelf life (for example liquid antibiotics usually only have a seven-to-ten-day shelf life and eye drops should be discarded 28 days after opening).
- The medication's packaging and accompanying patient information leaflet will include instructions about how to store the medicine.
- Where the service is managing and storing medicines at room temperature, except for rescue medication (see below), these should be stored securely and out of reach of children, in an area that is below the temperature limit set by the manufacturer (generally 25o C).
- If the service stores-controlled drugs like Methylphenidate, then these should be kept in a locked receptacle which can only be opened or accessed by authorised people.
- There is no requirement to store such medicines in a controlled drug cabinet.
- Some medication will need to be stored in a fridge at a temperature between 2o C - 8o C. The temperature should be checked and recorded each day using a maximum and minimum thermometer. In larger services it might be appropriate to have a dedicated lockable medicines refrigerator. In a small service where it is uncommon for medication to require refrigerated storage, it can be kept in a plastic labelled container in a domestic fridge which is out of reach of children.
- In line with safe storage principles, rescue medicines like inhalers or adrenaline injections need to be stored securely out of reach of children and any others who may gain unauthorised access. However, by their nature, they may also need to be readily accessible to staff when required. The service should consider how quickly this can be done, and, if appropriate, may need to keep these medicines in a different place, separate from non-rescue medicines.
- If medication is stored in the service overnight, all medicines, including rescue medicines, should be stored as securely as possible.
- Medicine spoons and oral syringes should be cleaned after use and stored with the child's medication.
- Adaptors for inhalers, like 'spacers', should be cleaned as described by the manufacturer's product information to ensure that they continue to work effectively. Spacers should be kept alongside inhalers.



- Non-prescribed medication can be purchased over the counter at a pharmacy or supermarket by a person with legal responsibility, and this is then given to the service to administer to their child.

- Do not administer medication if you do not know what it is or what it is for. It could be dangerous to give medication to treat a condition which the child does not have.

- A record will be kept of the time, dose and the signature of the person who administered the medication, counter signed by a second member of staff. A copy will be given to the parents/carer. Parents/carer will be asked to sign this to acknowledge that the medication has been given, when the child is collected. All medication, including long term medication should be signed for and procedures followed.

- Any member of staff giving medication to a child should check:

- name of the medicine stated on the dispensing/product label. This may be the generic name of the drug (for example, paracetamol) or brand name (for example, Calpol)

- strength of the medicine as appropriate, for example 500g or 5mg/10ml

- form of the medicine, for example capsule, tablet or liquid

- quantity of medicine, for example quantity received, quantity given

- dosage instructions, for example one tablet to be taken three times a day

- date and time of any activity (receipt, administration and disposal etc)

- record of who medicines were received from and returned to

- signature and name of the person making the record

- reasons why a regular medicine is not given as prescribed, for example child refused the medicine, medicine was not available.

- Two members of staff will always be present when administering medication.

- Staff should check that the parent/carer has previously given at least one dose of medication to ensure that the child does not have an adverse reaction to it.

- If in doubt about any of the procedures or information staff should check with the parents/carer before taking further action.

- Medication no longer needed to treat the current condition it was prescribed or purchased for, or which is out of date, should be returned to the parents/carers.



- If staff have concerns the child's GP or Health Visitor should be contacted for advice.

- If a child refuses to take medication, staff should not force them to do so and the parents/carer informed immediately.

- If too much medication is given, or medication is given to the wrong child staff would check the instructions and side effects on the medication, parents/carer would be informed immediately and medical advice sought.

- If the care service has to store Schedule 2 Controlled Drugs like Methylphenidate (Ritalin, Concerta) then these should be kept in a locked receptacle which can only be opened by authorised people. It may not be appropriate to keep emergency medicines like inhalers or adrenaline injections in a locked cupboard as these need to be readily available and accessible to staff. This must be kept well out of the reach of children. It is important that all staff (including relief workers) know which children require medication, where the medication is stored, and how to access it.

- It is good practice to review all consent at least every three months or at the start of a new term to check that the medication is still required, is in date and that the dose has not changed.

- Staff will keep an accurate, up to date record of any medication stored on the premises for the use of children who attend the service. This includes medicines received, returned or disposed of.

- Records of medication administered should be kept in the child's file for the whole time they remain in the group.

- It is our policy to apply sun cream and where appropriate to encourage children to apply their own when the children are out in the sun. Parents/carers are encouraged to supply sun cream, clearly labelled with child's name, for the child's use. If there is any reason parents/carers do not wish sun cream to be applied to their child their wishes should be put in writing and kept in the child's records and all staff to be informed.

- If a group is asked to administer Calpol or an antibiotic in a one-off situation or for a short period of time a consent form must be signed by the parent/carer detailing the name of the medication. Parents should also notify staff of the time of the last time the child received a dose of the medication.

- At all times, if written procedures are followed, nursery staff will be deemed to have acted in good faith. Nursery staff are required to act as would a caring parent and not as a medically trained professional.

- During trips and visits, essential medicines and medical forms will be taken and controlled by the member of staff leading the party



- The setting will endeavour to ensure all staff completes basic first aid training. This will include the treatment of minor ailments such as cuts, bruises, burns and stings.

- If a child has long term health care needs and medication is required daily, this will be detailed in the child's health care plan. In such cases medication may be stored in the setting overnight. Staff should always follow instructions on the medication and ensure that medication is stored safely out of reach of children. Parents/carers must be informed of each occasion medication is given. Services need to record adequate information for children with complex medication regimes (for example diabetes, epilepsy/fitting, and severe asthma). Each medication and the condition it is prescribed to treat should be recorded in the child's care record.

- Fever management - A fever is a high temperature. As a general rule, in children, a temperature of over 38°C is a fever. If a child has a fever, it's important to keep them well hydrated by giving them plenty of cool water to drink. To help reduce the child's temperature staff will also:

- If the child has a fever, it's important to keep them hydrated by giving them plenty of cool water to drink. Babies should be given plenty of liquids, such as breast milk or formula. Even if the child isn't thirsty, try to get them to drink little and often to keep their fluid levels up. If it's warm, you could help the child to stay at a comfortable temperature by covering them with a lightweight sheet or opening a window.

- However, they should still be appropriately dressed for their surroundings and sponging your child with cool water isn't recommended to reduce a fever.

- keep them in a cool room - 18°C (65°F) is about right (open a window if needed). Parents/carer will be contacted if staff are concerned about the child.

- urgent medical advice should be sought if the child is;

- Between three and six months of age and has a temperature of 39°C or above.

- Over six months and shows other signs of being unwell - for example, they are floppy and drowsy, or you are concerned about them.

- All staff with the responsibility to administer medication should be familiar with the service's administration of medication policy, and the provider should ensure that staff are competent to manage medication. This can be covered in several ways, including in-house training. However, for children with complex health needs, you may need to arrange external training, for example, administering an EpiPen.



References

Management of Medication in Day care of Children and Childminding Services –The National Care Standards - Early education and childcare up to the age of 16 – July 2025

Management of medication in daycare of children and childminding services | Care Inspectorate

Please see Appendices for:
Permission to Administer Medication – Appendix 7

Record of Medication Administered – Appendix 8

PARTNERSHIP WITH PARENTS POLICY

(*The term parent should be understood to include guardians (and generally carers) in all following text*)

Aim: To enable parents and children to participate in and feel that they can make a valuable contribution to the planning and development of the service.

Parents and children will have an opportunity to formally evaluate the service with the use of questionnaires. The views of parents and children informally will be considered and we will endeavour to adjust the service wherever practical to take into account any suggestions.

The nursery will provide the following:

- Information handbook about the service
- Information on current nursery policies
- Information on complaints
- The child's Personal Care Plan to record and assess a child's progress while at Nursery
- Informal feedback daily to parents on their child's day and activities they have participated in.
- Opportunity for parents to discuss any concerns they may have

The nursery will strive towards ensuring that parents are:

- Involved with their child's learning
- Welcomed and encouraged to take part in the life of their child's nursery
- Encouraged to express their views on early learning
- Build positive relationships with those involved in providing early learning to their child

Parents are asked to provide the following:

- Inform the child's key worker of any change of circumstance that would affect the child
- Update Care Plan with contact, consent etc. details as soon as there is a change
- Respect the healthy eating policy when providing snacks or meals
- Ensure children come dressed appropriately for active outdoor and messy activities

Together parents, children and the nursery will:

- Come to an agreement on strategies to be used to deal with issues such as behaviour, eating, change of family structure, toileting.
- Provide links for the child between the child's home and nursery
- Discuss suitable activities and learning targets which can be used in the home as well as nursery
- Review any new practice and adapt as appropriate
- These can take the form of informal chats or as a questionnaire.



References:

Engaging with Parents
Engaging parents and families - A toolkit for practitioners | Resources | Education Scotland
Me, my family and my childcare setting | Care Inspectorate

Children and Young People (Scotland) Act 2014
http://www.legislation.gov.uk/asp/2014/8/pdfs/asp_20140008_en.pdf

National Parenting Strategy
https://www.gov.scot/publications/national-parenting-strategy-making-positive-difference-children-young-people-through/

Parent Club
https://www.parentclub.scot



OPEN DOOR POLICY

The Nursery recognises and value parents as the prime carers and educators in their child's life.

Our aim is to ensure, that as parents, you are actively included/involved in all aspects of your child's care, education and learning whilst at nursery.

We ensure parents are kept up to date with their child's experiences and progress whilst at the nursery. We do this by offering informal chats with key workers and more formally through parent's evenings. In the under 2's room and 2-3 room we also provide a home link diary to share general information on your child's routines and experiences. White Boards are used throughout the nursery to inform parents/carers of the children's daily activities and play opportunities. A nursery newsletter is also distributed regularly.

We also recognise that parents have a valuable contribution to make to the life of the nursery. We welcome opportunities for parents to share their talents and skills i.e. baking, woodwork, music, with us and the children.

We also have a parent council which all parents are welcome to attend.

There may be times when staff are unable to speak to you immediately. Where this occurs, we would encourage you to either wait until staff are free or schedule a mutually agreeable time.

Access to playrooms:

We recognise the importance of minimising disruptions to the children's time with us. With this in mind we have introduced guidelines to ensure smooth transitions to each of the playrooms. It is anticipated that these guidelines will help children settle into the rooms whilst also minimising any upset/distress when they are separating from their parents/carers.

The system is as follows:

1. There is a door entry system at the front door; parents will be able to gain entry.

2. Parents are encouraged not to bring their child to nursery before their booked in time, as you will be asked to wait with your child until the correct time.

3. Where parents have important information, they want to pass on to staff, this can be shared with staff at pick up or drop off time and this information will be recorded. This will ensure that information is shared appropriately with all relevant staff.

4. Packed lunch boxes will be kept in a designated fridge or an ice pack will be added. If at any time you have any concerns or worries and want to talk more formally to the manager or your child's key worker appointments can be made by speaking to staff directly. In emergency situations please ask to speak to the manager immediately.



SUPPORTING CHILDREN WITH ADDITIONAL SUPPORT NEEDS POLICY

All children have the right to be included, to have equal access to services and to play and have fun. It is important that all children, including those with additional support needs have the opportunity to play and are equally included in games, activities and social opportunities. We are responsible for making sure this happens.

In keeping with council policy and current legislative requirements, our nursery is committed to providing an inclusive learning environment where each child can maximise their potential.

Under 'Getting it Right for Every Child' it is our responsibility to work with children, families and other professionals to put the Child at the Centre of all that we do.

Additional Support Needs

A child has additional support needs if they require extra or different help such as adapted equipment specialised teaching or emotional support to fully benefit from their time in ELC.

The Rationale

When a child with an Additional Support Need is offered a place in our Nursery we will -

1. Work in partnership with parents or carers by:

- offering a warm welcome and support
- taking account of their views
- encouraging participation in making decisions affecting the care and welfare of their child
- ensuring that confidential information about a child's situation and family is treated with sensitivity and understanding
- ensure effective transition procedures with parents/carers and receiving establishments.

2. Take the appropriate action to ensure the nursery is safe and has easy access to all areas and that children are able to participate independently by:

- ensuring the play area is accessible
- ensuring bathroom and changing facilities are suitable
- acquiring necessary specialist equipment and resources
- ensuring appropriate health and safety arrangements are in place: and
- ensuring members of staff are aware of Risk Assessment procedures.

3. Supporting our staff by:

- encouraging liaison with a range of specialist staff and ensuring that nursery practice is fully informed by their advice. e.g. therapists, health visitors, social workers, psychologists, learning support
- providing training e.g. in the use of specialist aids and equipment to support the child, signing, undertaking essential procedures such as physical handling or administering medicines etc.
- ensuring they understand the care and welfare needs, including those related to Child Protection. We operate under procedures outlined by the Local Authority Child Protection Policy.

The Curriculum

The Curriculum for Excellence provides structure for the learning, teaching and assessment for all children and young people aged 3-18

Early Years staff are responsible for the learning and teaching of **ALL** the children in their group.

In the Western Isles additional support needs are met through the process of Staged Assessment and Intervention using the GIRFEC pathway.

***See Staged Intervention GIRFEC overview at Appendix 9**

Transitions

All children go through transitions in their education. Early or timely planning is required to ensure continuity and progression between stages, breaks in education or a change in circumstance. We plan for effective transitions for our children by:

- Adhering to legislative timescales
- Effective communications between establishments and agencies
- Shared joint assessment of support requirements
- Ensuring continuity of support
- Informing and involving children and their parents/carers
- Focussing on solutions, not problems
- Specifying the least intrusive methods of support required to meet anticipated needs
- Discussing and passing on information held in files, child profiles etc.
- Follow-through



Positive Relationships Policy – CNES Early Years

The environment of relationships within an early years setting is just as important as the physical environment.
(Mortensen and Barnett, 2015)
Realising the Ambition, Page 32

Rationale:

In our Early Years settings, we believe that building positive relationships with children and their parents, carers and families is essential. All adults in our settings and visiting our settings will model positive behaviours and how to build positive relationships.

The National Performance Framework (2018) sets out a vision of the country we want to create. It aims to get everyone in Scotland to work together to achieve our national outcomes which include that all children grow up loved, safe and respected so that they realise their full potential.

GIRFEC is the national approach in Scotland to improving outcomes for children https://www.gov.scot/policies/girfec/. GIRFEC as a strength-based approach, which seeks to realise children's rights on a day-to-day basis. Promoting and supporting wellbeing is the fundamental basis of the GIRFEC approach. The importance of the contribution that we in Early Years and Early Primary can make to this process cannot be underestimated.
Realising the Ambition, Page 37

The United Nations on the Rights of the Child (UNCRC) is a convention which has 54 articles. These articles cover all aspects of a child's life and sets out the civil, political economic, social and cultural rights that all children everywhere are entitled to. It also explains how adults and governments must work together to make sure all children can enjoy all their rights.
Play Scotland, https://www.playscotland.org/uncrc/

Curriculum for Excellence states that all practitioners who work directly with children have a responsibility to support the mental, emotional, social and physical health and wellbeing of every child. Our Early Years practitioners use the eight well-being indicators SHANARRI to take a holistic view of each child, which will be recorded in each child's Personal Care Plan.

Aim:

Our Early Years practitioners are committed to developing positive relationships. Learners in our settings will feel safe, happy, confident and ready to explore, play and learn, indoors and outdoors. Learners will develop relationships with their peers and supportive, caring adults who have a clear understanding of child development.



Spaces:

Our Early years settings will create rich, nurturing play and learning environments, indoors and outdoors. Practitioners will work in partnership with children and families to build positive relationships promoting mutual respect, trust and open communication. Everyone accessing our settings will feel welcomed and valued.

Interactions:

“Babies and children are continuously learning and developing and trying out new things. Young children are learning to self-regulate so any issues a child may express over such situations as following instructions, sharing or managing conflict, are completely developmentally appropriate. What children learn from these experiences will depend on how we as adults respond.”
(Realising the Ambition, 2020)

Interactions in our settings will develop children’s self-esteem and encourage them to self-regulate, identify their emotions and establish positive relationships with their peers and practitioners. Practitioners will be guided by the six principles of nurture:

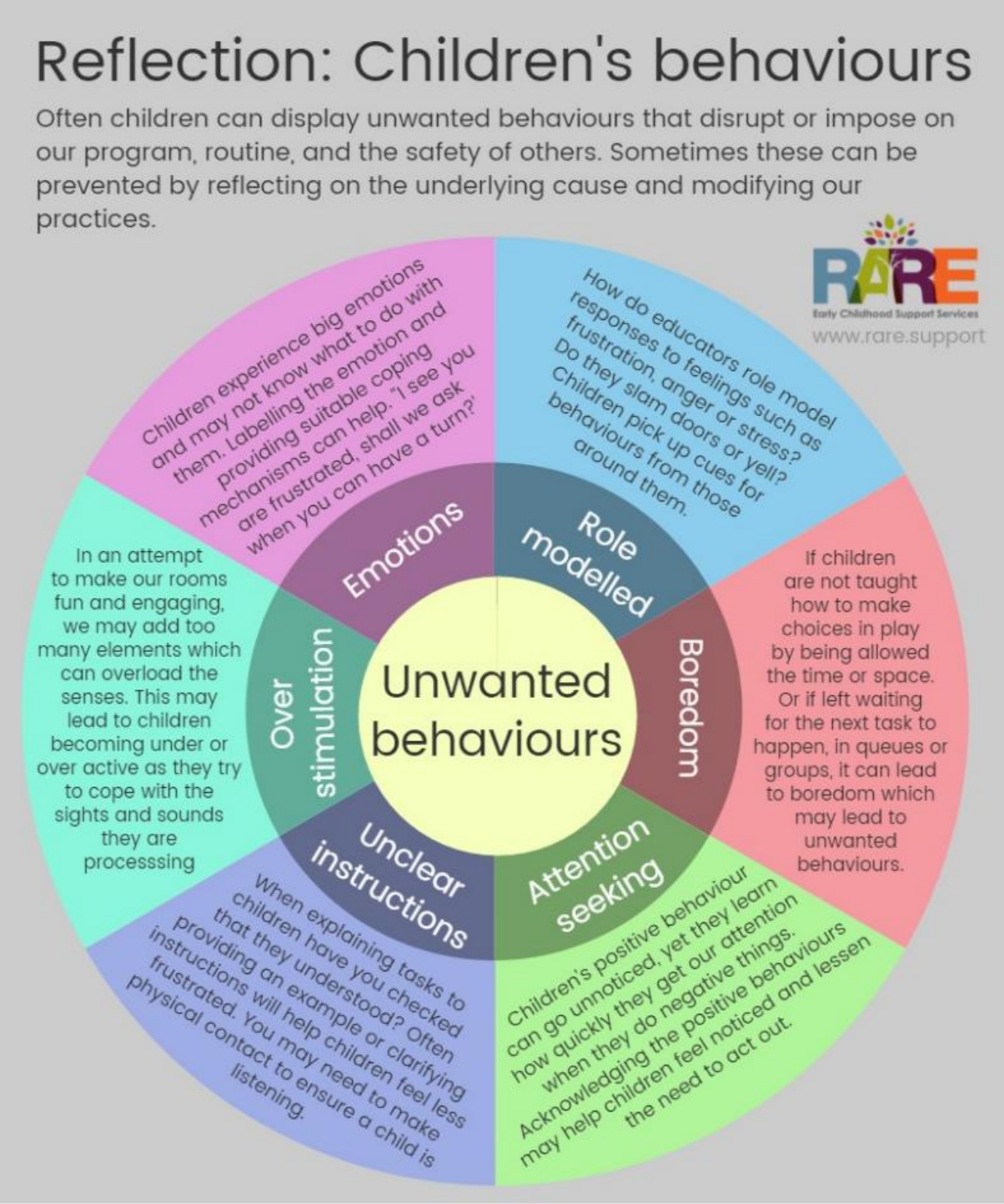
1. Children’s learning is understood developmentally.
2. The environment offers a safe base.
3. The importance of nurture for the development of wellbeing.
4. Language as a vital means of communication.
5. All behaviour is communication.
6. Transitions are important in children’s lives.

(Eva Holmes and Eve Boyd, 1999)

When unexpected behaviours occur, practitioners will support early intervention and will liaise with parents and families to share consistent approaches. If specialist advice or input is necessary, the CNES Staged Intervention process will be followed.

***Please see Appendix 9 for Staged Intervention process**





Experiences:

We know babies and children learn best in an environment of quality interactions, interesting spaces and when the experiences on offer are set in meaningful contexts. They learn best in environments that inspire them to be curious and creative.
(Realising the Ambition, 2020.)

AN EARLY YEARS ETHOS OF POSITIVE RELATIONSHIPS

The establishment of positive relationships creates a sense of belonging and connectedness, allowing our learners to feel they are valued, respected and included in the life of the Sgoil Àraich, Nursery, School and local community. Practitioners, learners, parents/carers, families and our community partners work together to ensure the health and wellbeing needs of all children are being supported.

In our Early Years settings staff will:

- Develop, maintain and model positive relationships with children, parents, carers and families.
- Model positive relationships with all adults that visit the setting, including other agencies.
- Understand child development in terms of executive function and self-regulation, communication and language, confidence, creativity and curiosity, movement and coordination, and self and social development.
- Offer a play-based curriculum with a child centred approach.
- Recognise that all behaviour is a form of communication and be responsive to the wellbeing of each child.
- Share and celebrate children's successes.
- Create inclusive, nurturing learning environments, indoors and outdoors, which are safe and secure for all.

Our Early Years parents, families and carers will:

- Support the Early Years Positive Relationships Policy
- Inform the Sgoil-Àriach/Nursery of any changes in circumstances which may affect their child's wellbeing, routines or behaviour.
- Access platforms such as Seesaw to view their child's next steps in play and learning,

Our Early Years Team (Childcare Managers, Early Years Support Officers, Early Level Curriculum Teacher, Admin staff and Early Years Deputy Manager and Early Years Services Manager) will:

- Develop, maintain and model positive relationships with children, staff, parents, carers, families and other agencies.
- Support the operation of Early Learning and Childcare Centres.
- Support Early Learning and Childcare Centres to deliver an Early Level Curriculum based in play.
- Support the Early Years Manager to take forward Early Intervention Strategies for very young children and their families.
- Promote all relevant CNES Policies.
- Deliver training as required.



OUTINGS POLICY

At Nursery we use the following procedures when taking the children on a special outing, out with the premises. This does not include day to day outings e.g. swing parks and local walks.

1. Parents/carers are told in advance
   - Where and when and the duration of the outing and expected time of return.
   - What activities will be involved
   - Names of adults that will be supervising.
   - Details of how to contact the person in charge while out on the trip.

2. Written permission is obtained from all parents/carers.

3. A Risk Assessment will be carried out prior to the outing to ensure that potential risks are identified and addressed. To ensure the health, safety and welfare of all children, individual risk assessments will also be referred to. Ideally, where reasonably practicable a risk assessment will be carried out and recorded on the location prior to visit. When this is not achievable the risk assessment will be completed on arrival at the location.

The risk assessment should include the following:

- Appropriate adult child ratio's.
- Place to be visited.
- Analysis of risk at location.
- Duration of visit
- Mode of transport
- Individual needs of the children
- Need for and ability to recruit additional staff/parent volunteers

4. Staff will discuss safety rules with children regularly to increase their awareness of dangers and the importance of following rules and instructions when on outings.
5. The person in charge will take a register of the children participating and their contact details.

6. A "head count" will be conducted prior to departing and on arriving. If the group is broken into sub groups then a member of staff will be allocated as the person in charge of the group and will be responsible for the head count for that sub group.

7. A member of staff who is trained in first aid will be present and a first aid box will be taken.

8. The person in charge will take the accident/incident sheet, a mobile phone, first aid box and emergency contact details for all children and medication if required.

9. Transport used will be fully insured and the drivers details satisfactory. All seats must be fitted with safety belts. ROSPA (Royal Society for the prevention of accidents) have issued the following guidance notes:



- Rear seats in small minibuses - Children under the age of 3 years must use an appropriate child restraint **if available**. Children aged between 3 and 11 years, under 1.35 metres tall must wear a child restraint if available, or if not available, must wear a seat belt.
- Rear seats in larger minibuses – Passengers are strongly advised to wear seat belts or the correct child seat on all journeys.
- Rear seats in coaches - Passengers are strongly advised to wear seat belts or the correct child seat on all journeys.

10. Insurance details are checked to ensure the group is covered for outings.

11. Outings Checklist to be completed see Appendix 11

elc-practice-note-trips-and-outings.pdf

USE OF VOLUNTEERS

The nursery occasionally needs parent volunteers to help within the nursery and for outings/trips. Where volunteers are used regularly and are left on their own for short periods of time with the children it is necessary for those volunteers to have a PVG check. Information on the use of voluntary helpers is included within the nursery information pack along with an application form. If parents are interested in becoming a volunteer for the nursery, they should fill in the form and return it to the Play Leader. Extra help is always appreciated.



EMERGENCY CLOSURE POLICY

If the Nursery has to close due to unplanned circumstances for example:

- Power failure.
- Water Failure.
- Bad weather – snow or severe gales.
- Staffing (unable to maintain safe staffing ratios)

1. The person in charge will contact all parents/carers or emergency contacts informing them of where and when to collect the children.

2. The children will be made comfortable and warm in a calm atmosphere until collected.

3. No child will be left alone at any time.

4. Only named persons nominated by parents in Personal Care Plan's will be permitted to collect the children.

5. Education, Skills and Children's Services staff will arrange and co-ordinate alternative emergency accommodation if required. Parents will be kept fully informed.

6. Please listen to local radio, check the Western Isles Emergency Planning Co-ordinating Group Facebook page or the Comhairle nan Eilean Siar website for information on group closure and reopening. Groupcall messages will also be issued by individual settings. In the majority of cases if the school is closed the nursery will also be closed. Faire will also be notified of school and nursery closure.

7. When the nursery is closed in these situations parental fees will be refunded.

EQUAL OPPORTUNITIES POLICY

In our Nursery we aim to create an environment that celebrates diversity and provides opportunities for all, irrespective of gender, ability and ethnicity. This will be carried out in a welcoming environment for all children where they have equal access to all the play and learning experiences.

We will do this by:

1. Providing themes and activities, which are representative of all children.

2. Providing an environment that gives positive images of all people of different races, cultures and abilities. Also showing men and women in non-traditional roles.

3. Providing resources and play experiences equally to boys and girls and not following the traditional male/female roles.

Children learn their views and attitudes from adults. Staff therefore strive to be good role models for them by:

1. Encouraging them to develop positive views of themselves and others by using praise and responding to problems sensitively.

2. Encouraging enlightening views about gender roles, levels of ability and ethnicity.

3. Having high expectations of the children's behaviour and learning.

4. Giving the children opportunity to participate in decisions that affect them.

Reference Materials

"An Equal Start" – Promoting Equal Opportunities in the Early Years – Equality Commissions for Scotland.

http://dera.ioe.ac.uk/5187/2/An_equal_start.pdf

"Gender Equal Play" – Care Inspectorate
Gender equal play in early learning and childcare | Care Inspectorate

NAPPY CHANGING PROCEDURE

We are committed to providing a safe, clean environment and appropriate equipment, while promoting privacy, dignity, and independence. We always strive to ensure that our setting and personal care provide a happy, comfortable, and dignified environment.

NAPPY CHANGING

- As part of our transition procedure, staff will be informed on any needs regarding toileting prior to children starting nursery.
- All staff will be aware of individual needs.
- When checking if a child requires changing this will be done discreetly and sensitively by taking the child to the designated changing area.
- A child's nappy should be checked on arrival at the nursery. If necessary, it should be changed immediately.
- We will ensure that children are checked regularly for wet/soiled/sweaty nappies.
- Children will be changed regularly and in a timely manner, in line with their personal care plan. Personal care plan will be reviewed in line with children's development and at least once a term.
- Parents will provide nappies for their child daily stored in their own bag/box.
- Parents will always provide spare clothing and underwear in the child's bag; however spare clothing is available if needed. Spare clothing will be washed according to manufacturer's instructions at the end of each term, whether they have been used or not. Used spare clothing will be placed in plastic bag by parents before returning them to nursery. On return, all clothes will be washed according to manufacturer's instructions.
- The setting has spare clothes in case of accidents. Spare clothes are stored in lidded boxes in the designated changing area.
- Children will be changed by a Nursery Practitioner. Changing will NEVER be carried out by anyone who is not a member of the "Protecting Vulnerable Groups" scheme.
- Children will be changed in an enclosed cubicle in the nursery toilet area, on a nappy changing unit.
- Before changing a child, staff will make sure that they have the necessary equipment to do so: clean nappy, water based disposable wipes, barrier cream (if supplied by parent), a nappy sack, disposable gloves and a disposable apron.
- Staff will put on PPE (Personal Protection Equipment, disposable gloves, and a disposable apron) before changing a child and will be don new PPE after each child.
- Used disposable nappies will be removed and placed in a nappy sack. The sacks will be tied and placed in the lined bin specifically allocated for used nappies only, which are located in the changing cubicle.
- Nappy Bin will be emptied daily by Key Workers and placed in the outdoor bins. Outdoor bins are emptied weekly by Refuse Collection.
- When changing a child with a reusable nappy, the liner and contents will be placed in the toilet (or manufacturer's instructions will be followed). The used nappy will be double bagged tied and labelled with child's name and date on it before placing in the marked bin, for handing to parents/carer at the end of the session.
- After nappy changing, remove and dispose of gloves following the "offing of PPE procedure" before dressing the child. The Practitioner and Child will wash hands before returning to the playroom. The Practitioner will then complete the cleaning of

the changing mat and other used spaces with anti-bacterial trigger spray, disposable towel and water. Practitioners will then wash their hands one final time.
- Record the nappy change/toileting in the child's book.
- Each staff member will have Infection Control training which will be updated regularly as required.

USING POTTIES or TOILET SEATS

- As far as possible, children are encouraged to use the toilet.
- If a potty/toilet seat is needed, staff will ensure there is a clean one available for children when needed.
- Staff will put on PPE (disposable gloves and a disposable apron) and when the child has used the potty, the contents of the potty will be put in the toilet, lid closed and flushed.
- Any remaining residue in the potty will be removed with tissue paper and flushed down the toilet and toilet lid closed.
- The potty/toilet seat will be cleaned with anti-bacterial trigger spray and water, then dried with paper towels.
- The clean potty/toilet seat will then be placed in a clean dry area, not stacked, and out of reach of children.
- Staff and child will then both wash their hands.

USING TOILETS

- Toilet area is cleaned and inspected by staff before, during and after each nursery session.
- Staff are aware of children who need support when using the toilet facilities and will ensure that this happens in a safe, respectful and supportive manner.
- Toilets are at a low level for children to access them.
- Staff promote and encourage the importance of hand washing after using the toilet to all children.
- When staff support children to use the toilet, they will ensure that their own hands are washed afterwards.

CHILDREN NOT IN NAPPIES

- When a child not in nappies has a toileting 'accident', staff will do their best to ensure that the child is removed from the learning situation as soon as possible, without fuss.
- Staff will escort the child to the changing cubicle or other toilet cubicle, where he/she can be changed into a clean set of clothing.
- When one staff is helping child other staff member will clean area that contains any spillages. Staff will put PPE on (disposable gloves and a disposable apron) in order to dry or collect any mess with paper towel. They will then use anti-bacterial trigger spray to clean the area. All used disposable equipment will be double bagged and placed into nappy bin. Staff must then wash their hands.
- Staff will be required to wear the necessary PPE whilst carrying out all toilet related tasks.
- Once the child is changed, staff will ensure the child's hands are washed prior to returning to the play areas.



- Soiled clothing will be double bagged, sealed, and labelled with child's name and date. The bag will then be placed in the marked lidded container for staff to hand to parents/carer at the end of the session.
- Staff will talk to parents/carers discreetly at the end of the session about the situation.

Care Inspectorate Nappy Changing Guidance
nappy-changing-guidance-2024.pdf (careinspectorate.com)



CHOKING POLICY

Statement of intent:

We believe that the health and safety of children is paramount and as such we strive to make our setting a safe and healthy place for children, parents, staff and volunteers.
Aim:
To enable the children in our settings to thrive in a healthy and safe environment and minimise the potential hazards and risks of choking for all.
For all staff to have been trained and hold a current and valid certificate for paediatric first aid.
To take all steps to minimise the risk to children/adults of choking.
These include:

- Staff having overall awareness of the children and promoting the importance of not putting objects in their mouths.
- Staff ensuring that there are no small objects that could cause choking are left unattended.
  For example:
    - coins, pins, screws, beads
    - button batteries
    - balls smaller than 1¾ inches (4.45cm)
    - deflated balloons or pieces of a burst balloon
    - plastic bags (to prevent inhalation)
    - glitter (to prevent inhalation) – if used by child ensure supervision
    - toys should be age appropriate.
- Children should be supervised when eating.
- Staff and children sitting down when eating at snack/lunchtimes and ensuring that children do not leave the table with food still in their mouths.
- Staff ensuring that all toys and equipment are age appropriate and in good condition.
- All snacks provided for children are cut up appropriately as per the recommendations of the Food Standard Agency (**See Appendix 10**) and Safe Weaning | Choking | Start for Life (www.nhs.uk), parents are requested to do likewise for fruit and vegetables provided in children's lunchboxes.

Choking
Choking happens when someone's airway suddenly gets blocked so they cannot breathe. Their airway can be partly or fully blocked.
In adults, choking is usually caused by food getting stuck.
In young children, it can be caused if they put small objects in their mouths that then get stuck.
If someone was choking, we would assess the situation quickly to see how best we can help.

Mild choking in adults and children
If the airway is only partly blocked, the person will usually be able to speak, cry, cough or breathe. If this is the case, the person will usually be able to clear the blockage themselves. Staff would encourage the person to keep coughing to try and clear the blockage. Staff would remove any obvious blockage from their mouth, using first two fingers and thumb to grasp the object. Staff would be vigilant and ready to help in case the airway became fully blocked or the choking became severe.



Severe choking in adults and children

Where choking is severe, the person will not be able to speak, cry, cough or breathe. Without help they will eventually become unconscious. Staff would stand slightly behind the person to one side, support their chest with one hand and lean the person forward so that the object blocking their airway will come out of their mouth, rather than go further down.

The member of staff would give up to five sharp blows between the shoulder blade with the heel of their hand, stopping after each blow to check if the blockage has cleared.

If the blockage has not cleared, staff will give up to five abdominal thrusts, stopping after each thrust to check if the blockage has cleared.

If the person's airway is still blocked after three cycles of back blows and abdominal thrusts, staff will send for help. A second staff member will dial 999 (or 112) for an ambulance immediately. Staff will continue with the cycles of back blows and abdominal thrusts until help arrives. If staff have any doubt that the person is breathing normally, and have been trained to do so, they will begin external chest compressions and rescue breaths (CPR).

Important

Abdominal thrusts must not be used on babies under one year old, pregnant women or people who are obese.

1. Stand behind the person who is choking.
2. Place your arms around their waist and bend them well forward.
3. Clench your fist and place it right above the person's navel (belly button).
4. Place your other hand on top, then thrust both hands backwards into their stomach with a hard, upward movement.
5. Repeat this until the object stuck in their throat comes out of their mouth.

Abdominal thrusts can cause serious injuries. Where this potentially life-saving treatment has been necessary, a health professional should always examine.

Complications

Once the person's airway is cleared, parts of the material that caused the choking can sometimes remain and can cause complications later. If the person still has a persistent cough, difficulty swallowing, or feels as though something is still stuck in their throat, the need to seek medical advice urgently.

Recommendations as identified by the Care Inspectorate see:

Good practice guidance: prevention and management of choking episodes in babies and children | Care Inspectorate

SUN SAFE PROCEDURES

We have a duty of care to protect those who use and work in our setting. The Scottish Social Services Councils Code of Practice for Social Service Workers states that we must "*Take necessary steps to reduce the risks of people who use services harming themselves or others*".

The following procedures will ensure we keep babies and children safe in the sun.

Clothing and Sun Hats:

- Parents/carers should provide wide brimmed sun hats or legionnaire style caps with neck protection. Baseball caps are not suitable as they leave skin exposed.
- Spare sun hats are available at the setting.
- Parents/carers should ensure children are dressed appropriately for warmer days and that shoulders are covered.
- Help children learn about safety by singing the "Slip, Slop, Slap" song: https://youtu.be/MfoBA3cBJSM

Sunscreen:

- Parents/carers should apply a sunscreen with a SPF factor of 30+ to their child prior to coming to the setting.
- Nursery Keyworkers to ask parent to complete the sign-in sheet "summer version", confirming they have applied sun cream and to their child prior to coming to nursery and time applied
- Parent/Carers must provide sunscreen with a SPF factor of 30+ for their child for application throughout the day.
- We have an additional sunscreen with a SPF factor of 30+ for outdoor/off site activities or if a parent/carer forgets to provide one. This sunscreen is available for parents to patch test on request.
- Sunscreens with nut/nut products are not permitted due to allergen risks. *Please be aware some lotions use the Latin names for allergens and should be avoided.*
- We ensure sunscreen is applied when UV levels reach 3 or above, before periods of outdoor play/off site activities and reapplied at least every 2 hours when required.
- Practitioners will change gloves/wash hands after each application and before applying to another child.
- Parents/carers choosing not to give consent for the application of sunscreen must sign a "risk of sun burn" waiver, and ensure they provide suitable clothing: long sleeved tops; long legged trousers/legging and wear hats**.**

Shade and Time Outdoors:

- We undertake shade assessments, identifying potential risks to areas for improving shaded spaces outdoors and off-site areas i.e. den building, pram umbrellas.
- We provide shaded areas outdoors where children can play together.
- We encourage children to play in shaded areas as much as possible when UV levels reach 3 or above, particularly between UV peak hours 11am-3pm.
- Babies are always kept in the shade where possible.
- We monitor and limit the time children spend outdoors according to UV levels reach 3 and during peak hours 11am-3pm.

- Water is available for children and keyworkers to keep hydrated throughout the day.

UV Monitoring:

- We monitor UV levels daily during warmer months using the Met Office records and record it on the sign-in sheet “summer version”.

Nursery Keyworkers and Role Modelling:

- Practitioners will model good practice when UV levels reach 3 or above by applying their own sunscreen. Practitioners should also keep shoulders covered, wear hats and sunglasses.
- All staff are actively involved in the implementation of this policy.
- UV forecasts and sun protection control measures are included in outdoor play and outings risk assessments.
- Outings checklists include sun protection control measures.

Educating Children:

- We help children understand the importance of sun safety through role modelling and reinforcing key messages during warmer months.
- We use the following resources to support and educate children:
  CBeebies Songs, Something Special “Safe in the Sun” https://youtu.be/7tjhvy19KT0
  Skcin, The Karen Clifford Skin Cancer Charity, *“George the Sun Safe Superstar”:* https://youtu.be/T7ghJsZug60



REFERENCES

Care Inspectorate, 2023, "Nappy changing facilities for early learning and childcare services: information to support improvement."

https://careinspectorate.com/images/documents/4404/nappy-changing-guidance-2024.pdf

NHS “How to wash your Hands”

https://www.nhs.uk/live-well/best-way-to-wash-your-hands/

Health Protection Scotland (NHS), 2018, “Infection Prevention and Control in Childcare Settings (Daycare and Childminder Settings)”

https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities

Education Scotland 2020, “Realising the Ambition: Being Me”

https://education.gov.scot/media/3bjpr3wa/realisingtheambition.pdf

SCSWIS ,2011, “The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations”

http://www.legislation.gov.uk/ssi/2011/210/made

United Nations Convention on the Rights of the Child, 1989 https://www.unicef.org.uk/what-we-do/un-convention-child-rights/

Scottish Government, 2017, “Supporting children and young people with healthcare needs in schools” https://www.gov.scot/binaries/content/documents/govscot/publications/consultation-paper/2017/01/supporting-children-young-people-healthcare-needs-schools-draft-guidance-nhs/documents/00513141-pdf/00513141-pdf/govscot%3Adocument

Scottish Government 2017, Health & Social Care Standards, My support, my life.

https://www.gov.scot/publications/health-social-care-standards-support-life

APPENDIX 1



Updated 240307 3/2024 1271

Should I keep my child off school or childcare?

Yes

Illness	Until...
Chickenpox	at least 5 days from the onset of the rash and until all blisters have crusted over
Diarrhoea and vomiting	48 hours after their last episode
Cold and flu-like illness (including COVID-19)	they no longer have a high temperature and feel well enough to attend. Follow the advice on NHS inform if they've tested positive for COVID-19
Impetigo	their sores have crusted and healed, or 48 hours after they started antibiotics
Measles	4 days after the rash first appeared
Mumps	5 days after the swelling started
Scabies	they've had their first treatment
Scarlet fever	24 hours after they started taking antibiotics
Whooping cough	48 hours after they started taking antibiotics

No

but make sure you let their school or childcare know about...

Hand, foot and mouth	Head lice	Threadworms
Glandular fever	Tonsillitis	Slapped cheek

Parents and carers can find further health advice on nhsinform.scot

Advice and guidance

To find out more, scan the QR code or visit publichealthscotland.scot/hpcyp

SHPN SCOTTISH HEALTH PROTECTION NETWORK Promoting and Supporting Good Practice

Public Health Scotland

1271 3/2024 ©Public Health Scotland 2024

APPENDIX 2 – Risk Assessment Example

	RISK ASSESSMENT FORM	Revision No: 2 Revision Date: 07/09/2018 Doc Owner: H&S Team

Reference No: *01*	**Date:** *6th November 2019*
Department: *Education, Skills & Children's Services*	**Review Date:** *(ongoing review)*
Assessed by (Name/Signature): **EXAMPLE RISK ASSESSMENT ONLY**	
Overall Responsible Person (Name/Signature): *Named HT/Manager*	
Description of Activity/Area: *Playground environment at (name) Nursery.*	

What are the Hazards?	Who might be harmed and how?	What are you already doing?	Risk Level	What further action is necessary?	Residual Risk	Action by whom?	Action by when?
Risk of running out of playground area towards car park and main road.	Pupils may be harmed by being hit by a moving vehicle	Close 1-1 supervision of the pupils at all times when they are outside in the playground. 4 staff on duty at break times and lunch times	Substantial	Request that the access to the playground (leading to the main Road) and exit is blocked off by gates or similar to keep pupils safe.	Moderate	HT/Manager	As soon as possible
Slip, trip and fall	Pupils have no awareness of any dangers	Close 1-1 supervision of the pupils at all times when they are in the playground alerting them to any hazards in the playground i.e. tyres, toys. staff on duty at break times and lunch times	Moderate	Establish a safe area in the playground for the pupils to play in during break times ensuring the surface area is clear from any trip hazards. The HT/Manager should be informed immediately of any potential hazards and the area will be made out of bounds until the area can be made safe.	Tolerable	1-1 and all staff supervising playground area	Ongoing Monitoring
Climbing fencing and trees in playground area.	Pupils by climbing fences and trees with risk of falling and causing injury.	Close 1-1 supervision of the pupils at all times when they are in the playground.	Moderate	Consider areas to be cordoned off to prevent pupils climbing if they continue to present this risk. Staff to be issued with 2 way radio's to summon help if required.	Tolerable	1-1 staff and Head Teacher	Ongoing Monitoring

What are the Hazards?	Who might be harmed and how?	What are you already doing?	Risk Level	What further action is necessary?	Residual Risk	Action by whom?	Action by when?
Adverse Weather	Staff and Pupils by slip, trip, fall or being struck by an object during severe weather.	• On wet days, or when there is adverse weather the current arrangements are that the pupils remain inside the building. • Ensure that any play equipment is removed to a safe location during high winds.	Tolerable	• Ensure that there are adequate resources to grit the grounds around the school during snow/ice conditions. • Individuals are alerted to ice covered areas in particular children and are made aware of the dangers.	Tolerable	HT/Manager	Ongoing Monitoring
Poorly maintained playground equipment	Pupils by injuring themselves on damaged equipment	• Ensure equipment is in a safe condition and checked on a weekly basis. • Repairs to be undertaken where necessary • Ensure that areas which become unsuitable will been to be cordoned off and placed out of bounds until repairs can be undertaken	Moderate	• Keep a record of inspection and maintenance as timely. • Keep a record of maintenance and inspection and reasons why it has been carried out. • Educate pupils that they are not to go onto equipment or use it until repairs have been carried out.	Tolerable	HT/Manager	
Planned Building works ongoing in the school grounds	Pupils by gaining access to the site and causing injury.	• The site has been cordoned off by the contractors “Stornoway Builders” • Ensure there are daily checks carried out and recorded to make sure that the site is secure.	Moderate	• Educate the pupils about the dangers of building sites by using the (Ivor Good site Presentation) resourced by Health & Safety.	Tolerable	HT/Manager	ASAP

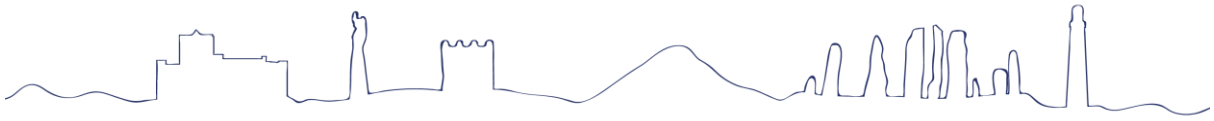
What are the Hazards?	Who might be harmed and how?	What are you already doing?	Risk Level	What further action is necessary?	Residual Risk	Action by whom?	Action by when?
Staff react negatively to situations. Frequent staff absence	Staff	**HSE define stress as "the adverse reaction people have to excessive pressures or other types of demand placed on them"** • Staff who are showing signs of work related stress- will be referred to OH for support and professional advice. • Refer staff to the CnES Employee Assistance Programme provided by (Health Assured) • Refer to the CnES Stress Prevention policy and carry out a stress risk assessment. (Example contained within the poicy)	Moderate	• Follow HSE Management Standards by following a step by step approach to identify the main risk factors in relation to work related stress and to comply with the law. • Re-examine the workload of the employee with a view of making beneficial changes • Recommend consultations with their GP • Directing the member of staff to OH	Trivial	Head Teacher	Ongoing monitoring

What are the Hazards?	Who might be harmed and how?	What are you already doing?	Risk Level	What further action is necessary?	Residual Risk	Action by whom?	Action by when?
Violence & Aggression	Staff by pupils causing injury by kicking, scratching, hitting, biting and spitting and Hair Pulling.	• Staff receives training in CALM, Autism Awareness and Nurture training. • Staff aware of the CnES Violence & Aggression Policy • Staff aware of E,S&CS "Improving behaviour policy" • All staff working 1-1 with pupils to wear protective clothing i.e. Bite Pro Jackets and Sleeves. • Staff to tie long hair back, not to wear drop style earrings, necklaces, bangles, scarfs as there is a risk of grabbing. • Staff to wear long sleeved clothing. • Weekly core group established to provide opportunity to review and reflect on any issues that arise throughout the week. • Staff have been issued with 2 way radio's to summon help if required.	Moderate	• Make sure new staff receives training depending on their role and responsibility and current staff's training is up to date. • Make sure all staff understands the Policy's. • Make sure all staff is aware of the current Incident Reporting Procedure. • Invite specialist staff to core group meetings' as required to provide targeted input e.g. PTLS, OH, EP, CALM trainer etc. • Use weekly core group too review ABCs and IR1s	Tolerable	Head Teacher Staff	Ongoing Monitoring

Identify The LIKELIHOOD that a Hazard May Occur AND The CONSEQUENCES of the Hazardous Event to establish the Risk Level.

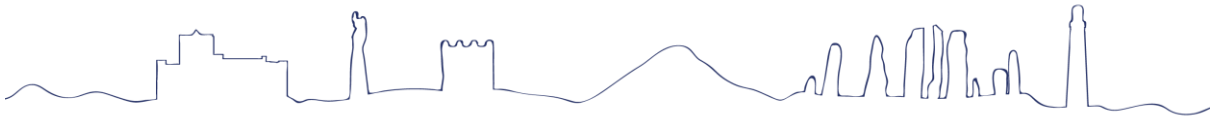
		CONSEQUENCES				
		INSIGNIFICANT (No Injury)	**MINOR (Negligible Injury requiring first aid only; no absence from work)**	**MODERATE (Minor injury requiring medical treatment)**	**SIGNIFICANT (Major injury /no Permanent Disability / lasting health effects)**	**MAJOR (Fatality or serious personal injury / permanent disability)**
LIKELIHOOD	**RARE** Conceivable but in extreme circumstances	**TRIVIAL**	**TRIVIAL**	**TRIVIAL**	**TOLERABLE**	**TOLERABLE**
	UNLIKELY to occur within a 10 year period	**TRIVIAL**	**TRIVIAL**	**TOLERABLE**	**TOLERABLE**	**MODERATE**
	POSSIBLE to happen once every 3 or more years	**TRIVIAL**	**TOLERABLE**	**TOLERABLE**	**MODERATE**	**SUBSTANTIAL**
	LIKELY to happen at some point within the next 3 months to a year	**TOLERABLE**	**TOLERABLE**	**MODERATE**	**SUBSTANTIAL**	**SUBSTANTIAL**
	ALMOST CERTAIN to occur every 3 months	**TOLERABLE**	**MODERATE**	**SUBSTANTIAL**	**SUBSTANTIAL**	**INTOLERABLE**

TRIVIAL	Adequate controls in place. No further action/records required.
TOLERABLE	Observe current controls in place. No additional controls are required unless a means of reducing the risk to trivial is possible. Record the decision making process, particularly if no action is to be taken.
MODERATE	The activity/process should not continue for a stated period of time without considering steps to lower the risk. The defined time period should take into account the level of harm. The control measures should be as low as reasonably practicable in terms of money, time or trouble.



SUBSTANTIAL	Work should not be started or continued until the risk has been reduced. Considerable effort & resources may have to be allocated to reduce the risk. When the risk involves work in progress urgent action should be taken to reduce the risk to at least a moderate level. If ANY risks are identified as Substantial; the Overall Responsible Person must be a Head of Service or above.
INTOLERABLE	Work should not be started or continued until the risk has been reduced. If the task is already in operation it should be stopped and every effort and all of the resources to hand should be applied to reduce the risk to at least a moderate level. If it is not possible to reduce the risk even with unlimited resources, work has to remain prohibited. If ANY risks are identified as intolerable; the Overall Responsible Person must be a Head of Service or above.

All risk assessments must be monitored regularly for significant changes and to ensure controls are maintained.



APPENDIX 3

	RISK ASSESSMENT FORM	Revision No: 2 Revision Date: 07/09/2018 Doc Owner: H&S Team

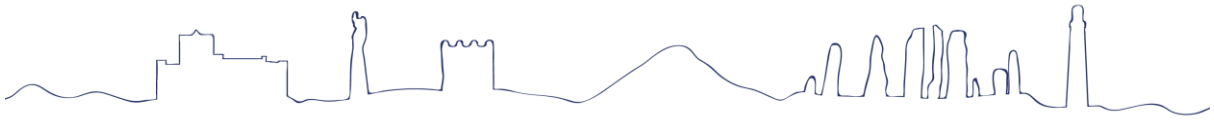
Reference No:	**Date:**
Department:	**Review Date:**
Assessed by (Name/Signature):	
Overall Responsible Person (Name/Signature):	
Description of Activity/Area:	

What are the Hazards?	Who might be harmed and how?	What are you already doing?	Risk Level	What further action is necessary?	Residual Risk	Action by whom?	Action by when?

Identify The LIKELIHOOD that a Hazard May Occur AND The CONSEQUENCES of the Hazardous Event to establish the Risk Level.

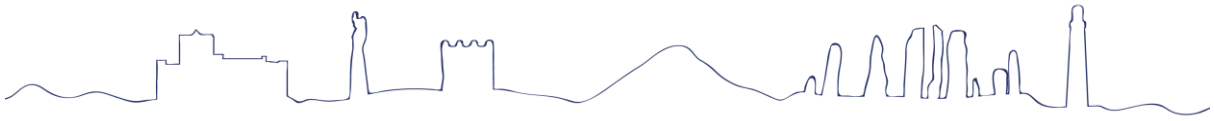
		CONSEQUENCES				
		INSIGNIFICANT (No Injury)	**MINOR (Negligible Injury requiring first aid only; no absence from work)**	**MODERATE (Minor injury requiring medical treatment)**	**SIGNIFICANT (Major injury /no Permanent Disability / lasting health effects)**	**MAJOR (Fatality or serious personal injury / permanent disability)**
LIKELIHOOD	**RARE** Conceivable but in extreme circumstances	**TRIVIAL**	**TRIVIAL**	**TRIVIAL**	**TOLERABLE**	**TOLERABLE**
	UNLIKELY to occur within a 10 year period	**TRIVIAL**	**TRIVIAL**	**TOLERABLE**	**TOLERABLE**	**MODERATE**
	POSSIBLE to happen once every 3 or more years	**TRIVIAL**	**TOLERABLE**	**TOLERABLE**	**MODERATE**	**SUBSTANTIAL**
	LIKELY to happen at some point within the next 3 months to a year	**TOLERABLE**	**TOLERABLE**	**MODERATE**	**SUBSTANTIAL**	**SUBSTANTIAL**
	ALMOST CERTAIN to occur every 3 months	**TOLERABLE**	**MODERATE**	**SUBSTANTIAL**	**SUBSTANTIAL**	**INTOLERABLE**

TRIVIAL	Adequate controls in place. No further action/records required.
TOLERABLE	Observe current controls in place. No additional controls are required unless a means of reducing the risk to trivial is possible. Record the decision making process, particularly if no action is to be taken.
MODERATE	The activity/process should not continue for a stated period of time without considering steps to lower the risk. The defined time period should take into account the level of harm. The control measures should be as low as reasonably practicable in terms of money, time or trouble.



SUBSTANTIAL	Work should not be started or continued until the risk has been reduced. Considerable effort & resources may have to be allocated to reduce the risk. When the risk involves work in progress urgent action should be taken to reduce the risk to at least a moderate level. If ANY risks are identified as Substantial; the Overall Responsible Person must be a Head of Service or above.
INTOLERABLE	Work should not be started or continued until the risk has been reduced. If the task is already in operation it should be stopped and every effort and all of the resources to hand should be applied to reduce the risk to at least a moderate level. If it is not possible to reduce the risk even with unlimited resources, work has to remain prohibited. If ANY risks are identified as intolerable; the Overall Responsible Person must be a Head of Service or above.

All risk assessments must be monitored regularly for significant changes and to ensure controls are maintained.



APPENDIX 4

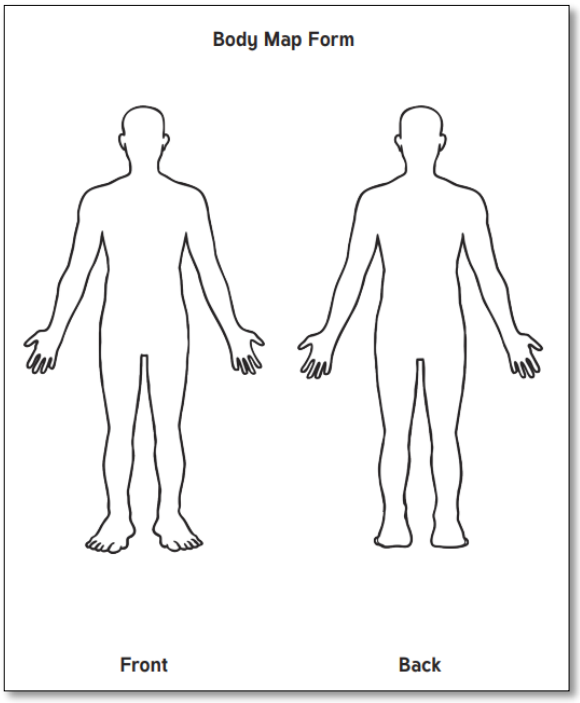
Incident Report Form

Location of incident:
Date of incident:
Time of incident:
Name of 1st Witness:
Name of 2nd Witness (if none please record why):

Injured person details

Full Name:

Highlight area of injury below:



Describe the type of injury below (include severity and location):

Description of incident:

Description of action taken:

Photo of injury (if applicable attach to form). Photograph should be obtained of any injury suspected of needing medical attention.
Did the Incident Trigger a Care Inspectorate E-Forms Report (please tick): Yes □ No □ (Please see reverse for reporting triggers) **E-Form Completed by Manager/Play Leader (within 48 hours):**_____ Did the Incident Trigger a Health and Safety Incident Report (please tick): Yes □ No □ (please see reverse of document for QR Code) Incident Report Completed by Witness/Manager/Playleader (within 24 hours):_____
Outcome of Incident:

Signature of 1st Witness: _____Date: _____

Signature of 2nd witness (if applicable): _____ Date: _____

Signature of parent/carer: _____Date: _____

Care Inspectorate Reporting Triggers:

The Care Inspectorate regards accidents requiring notification as unforeseen events
resulting in harm or injury to a child or young person using the service which results in:

- a GP visit
- a visit or referral to hospital
- an injury reportable under Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995(RIDDOR).

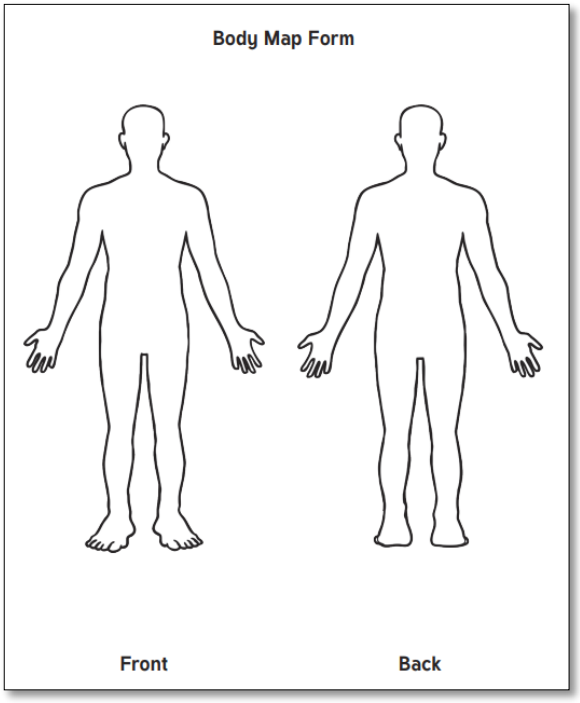
Health and Safety Incident Reporting Portal:

Scan the QR code below to report an incident.

Accident Report Form

Location of accident:
Date of accident:
Time of accident:
Name of 1st Witness:
Name of 2nd Witness (if none please record why):

Injured person details
Full Name:
Highlight area of injury below:



Describe the type of injury below (include severity and location):

Description of accident:

Description of action taken:
Photo of injury (if applicable attach to form). Photograph should be obtained of any injury suspected of needing medical attention.
Did the Incident Trigger a Care Inspectorate E-Forms Report (please tick): Yes □ No □ (Please see reverse for reporting triggers) **E-Form Completed by Manager/Play Leader (within 48 hours):**_____ Did the Incident Trigger a Health and Safety Incident Report (please tick): Yes □ No □ (please see reverse of document for QR Code) Incident Report Completed by Witness/Manager/Playleader (within 24 hours):_____
Outcome of Incident:

Signature of 1st Witness: _____Date: _____

Signature of 2nd witness (if applicable): _____ Date: _____

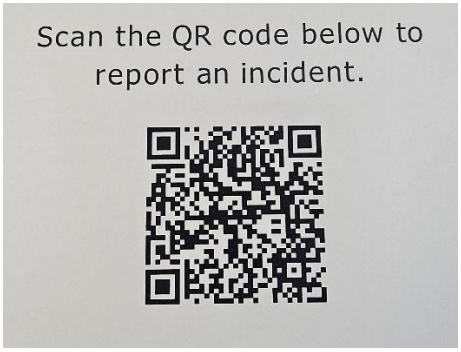
Signature of parent/carer: _____Date: _____

Care Inspectorate Reporting Triggers:

The Care Inspectorate regards accidents requiring notification as unforeseen events
resulting in harm or injury to a child or young person using the service which results in:

- a GP visit
- a visit or referral to hospital
- an injury reportable under Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995(RIDDOR).

Health and Safety Incident Reporting Portal:



Head Injury Report Form:

Location where injury occurred:
Date of injury:
Time of injury:
1st Witness:
2nd Witness (if none record this and reason why):
Staff member who called the parent:

Injured person details					
Full Name:					
Nature of injury:					
Description of incident:					
Description of action taken:					
Photograph must be obtained and attached to form					
Did the Incident Trigger a Care Inspectorate E-Forms Report (please tick): Yes □ No □ (Please see reverse for reporting triggers) E-Form Completed by Manager/Play Leader (within 48 hours):_____ Did the Incident Trigger a Health and Safety Incident Report (please tick): Yes □ No □ (please see reverse of document for QR Code) Incident Report Completed by Witness/Manager/Playleader (within 24 hours):_____					
Wellbeing Observations as a result of head injury; 10 minute intervals for first hour followed by 20 minute intervals for the second hour Please initial in each box that you have checked the child					
10min:	**10min:**	**10min:**	**10min:**	**10min:**	**10min:**
20 min:		**20 min:**		**20 min:**	
Time Child Collected:					

See Reverse for Outcome and Parent/Carer and Practitioners Signature

Outcome:

Signature of 1st Witness: _____Date: _____

Signature of 2nd witness (if applicable): _____ Date: _____

Signature of parent/carer: _____ Date: _____

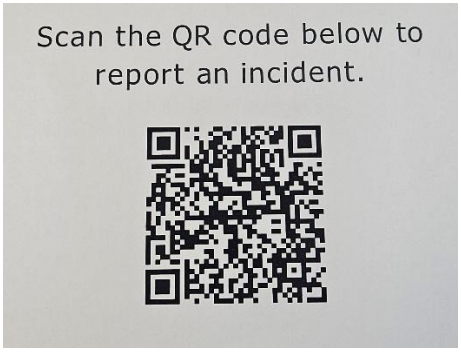
Signature of manager: _____ Date: _____

Care Inspectorate Reporting Triggers:

The Care Inspectorate regards accidents requiring notification as unforeseen events resulting in harm or injury to a child or young person using the service which results in:

- a GP visit
- a visit or referral to hospital
- an injury reportable under Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995(RIDDOR).

Health and Safety Incident Reporting Portal:



APPENDIX 5

First Aid Box Check Form.

Date	Items to be replaced	Signature



APPENDIX 6

Fire Evacuation Drill Form

Date	Number of children	Signature

APPENDIX 7
PARENTAL PERMISSION TO ADMINISTER MEDICATION

CHILD'S DETAILS:

NAME……

DATE OF BIRTH……

ADDRESS……

EMERGENCY CONTACT DETAILS:

NAME……

TELEPHONE NUMBER……

MEDICATION DETAILS:

Has treatment been administered before (A first dosage cannot be administered by staff) Yes No

Does medication have a prescription label: Yes No

Name and strength of Medicine.....Issue date…….. Expiry Date ……

Form of medicine e.g. tablet, liquid or capsule……...

Dosage (and means of administration if applicable e.g. spoon/syringe)
.....

Time(s) at which to be given.....

Date(s) on which to be given……

Where is medication to be stored Fridge Locked Cupboard In room (Epi pen/Inhaler)

Reason for Medication (asthma, seizure etc):
……

Describe child's symptoms and triggers (relief medication only) :

……

Prescribed medication with set times such as antibiotics does not require symptoms/trigger information.

WHAT TO DO IF A CHILD IS NOT RESPONDING TO MEDICATION:

……
.

……
.

WHAT TO DO IF A CHILD DOESN'T TAKE THE MEDICATION e.g. spits it out:

……

……

IN AN EMERGENCY, IF YOUR CHILD DOES NOT REPSOND TO MEDICATION THEN THE NURSERY WILL CONTACT 999 IN THE FIRST INSTANCE AND THEN CONTACT THE PARENT/CARER.

I agree that the information contained in this form may be shared with individuals involved with the care and education of my child.

Signature of Parent/Carer
.....

Name of Staff member receiving medication
……

Date.....

Medication returned/ disposed of to …….. on ……..(date and time)

APPENDIX 8

Record of Medication Administered

Name and address of child receiving medication**:**

……

Date & Time	Has medicine been administered prior to the child starting nursery **today**?	Medication & dosage administered (e.g. number of mls, puffs, tablets) *If tablets please note number before/after administration	Reason for administration * why are you administering amount of puffs/mls e.g. physical exercise or parent has identified child is chesty.	Signature of staff administering medication	Signature of staff witness	Comments/ Observations	Information shared – confirm with Parents/Carers signature

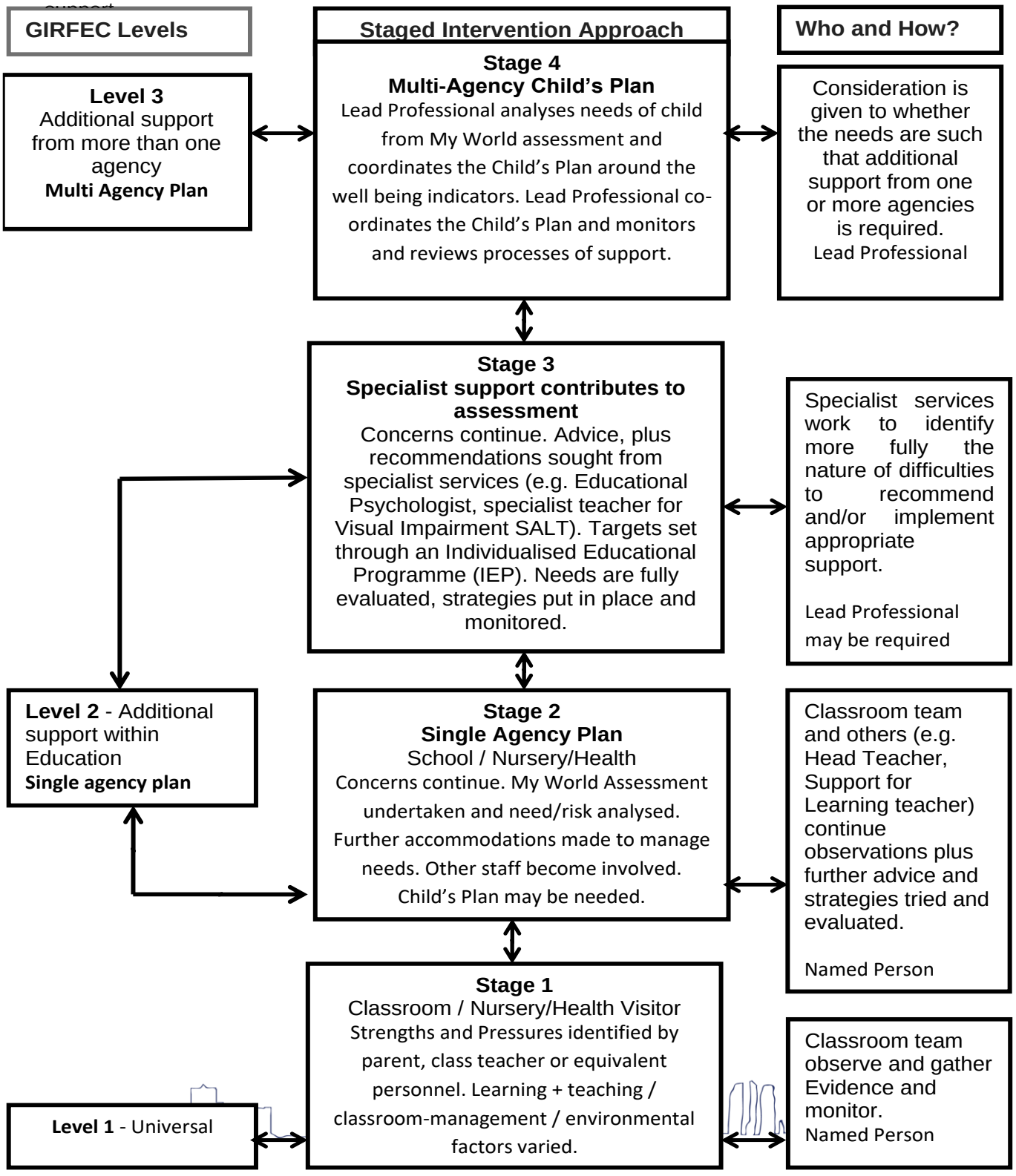
APPENDIX 9

COMHAIRLE NAN EILEAN SIAR

Roinn an Fhoghlaim is Seirbheisean Chloinne

Department of Education and Children's Services

Staged Intervention GIRFEC Overview



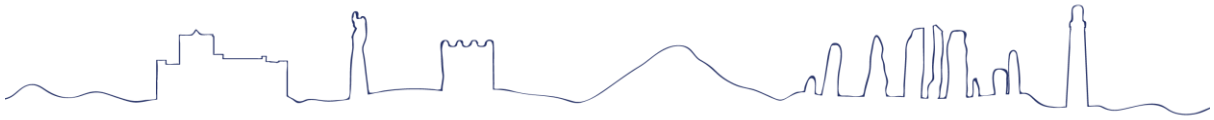
APPENDIX 10

Early years food choking hazards

Below is a table of advice on key foods for care givers who are involved with preparing and serving food for babies and young children (under 5 years old)

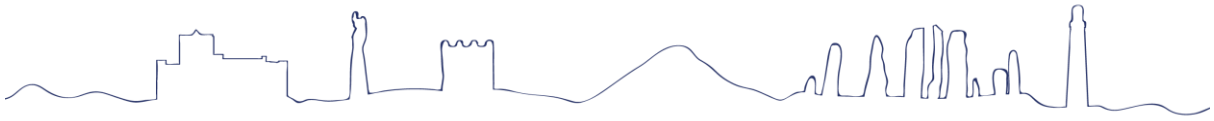
Vegetable and fruits	Advice
Pips or stones in fruit	Always check beforehand and remove hard pips or stones from fruit.
Small fruits	Cut small round fruits like grapes, cherries, berries, strawberries and cherry tomatoes, into small pieces: cut lengthways and then again cut them in halves (quarters).
Large fruits and firm fruits	Cut large fruits like melon and firm fruits like apple into slices instead of small chunks. For very young children, consider grating or mashing firm fruits, or softening them up by steaming or simmering.
Vegetables	Cut vegetables like carrots, cucumber and celery into narrow batons. For very young children consider grating or mashing firm vegetables and legumes like butter beans, chickpeas and tofu, or softening them up by steaming or simmering.

Skin on fruit and vegetables	Consider removing the skin from fruit and vegetables, especially for very young children. Peeled fruit and vegetables can be swallowed more easily.
Cooking fruit and vegetables	Consider softening firm fruit and vegetables (such as carrots, broccoli, yam and apples) by steaming or simmering until soft. Serve cut into slices or narrow batons.
Meat and fish	**Advice**
Sausages and hot dogs	Cut sausages and hot dogs into short strips. Cut them in half and then lengthways or as thinly as possible. Peeling the skin off the sausages helps them to be swallowed more easily.
Meat or fish	Remove bones from meat or fish. Cut meat into strips as thinly as possible. Remove skin and fat from meat and fish, it will help the food pass smoothly down the throat.
Cheese	**Advice**
Grate or cut cheese	Grate or cut cheese into short strips. Cut lumps of cheese as narrow as possible.
Nuts and seeds	**Advice**
Chop or flake whole nuts	Chop or flake whole nuts, peanuts and seeds. Whole nuts should not be given to children under five years old.
Bread	**Advice**



White bread and other breads	White bread can form a ball shape with a dough-like texture at the back of a child's throat, if not chewed properly. Brown bread or toasted white bread are good alternatives. Cut bread, chapatis, naan bread and other breads into narrow strips.
Snacks and other foods	**Advice**
Popcorn	Do not give babies and young children popcorn.
Chewing gum and marshmallows	Do not give babies and young children chewing gum or marshmallows.
Peanut butter	Do not give babies and young children peanut butter on its own, only use as a spread.
Jelly cubes	Do not give babies and young children raw jelly cubes.
Boiled sweets and ice cubes	Do not give babies and young children boiled, hard, gooey, sticky or cough sweets, or ice cubes.
Raisins and other dried fruits	Do not give babies under the age of 1 whole raisins or dried fruits. Cut them into small pieces.

Make sure food is prepared appropriately for children under 5 years old, see: https://www.nhs.uk/start4life/weaning/ It is also advisable that care givers are familiar with how to respond to a choking incident, see:
How to stop a child from choking: https://www.nhs.uk/conditions/baby/first-aid-and-safety/first-aid/how-to-stop-a-child-from-choking/ and How to resuscitate a child: https://www.nhs.uk/conditions/baby/first-aid-and-safety/first-aid/how-to-resuscitate-achild/



APPENDIX 11

Community Outings Policy

Date		**Head Count of Staff**	
Destination		**Head Count of Children**	
Departure Time		**Staff ratio for outing:**	
Mode of Transport		**Do you need to adjust staff ratio for individual needs of children? Refer to Individual Risk Assessments if Yes**	
Expected Time of Return			

If not returned within 15 minutes of the expected time recorded, manager/play leader will phone to establish if there are any issues. Staff member should contact the playleader/manager if return is delayed.

Staff Names	**Out**	**In**	**Children's names**	**Out**	**In**

I have the room travel bag and checked contents include	**Children's Emergency Medication**	Yes-No-N/A
	Emergency Contact List	
	First Aid Kit	
	Sunscreen	
Risk Assessment Checked	**Community Outings**	
	Local Play Park and Green Spaces	
	Castle Grounds Walks & Adventures	
	Sun Safety	



		Individual Risk Assessments	
Staff 1 Name & Mobile Number		**I confirm my phone is on, charged and volume on full.**	
Staff 2 Name & Mobile Number		**I confirm my phone is on, charged and volume on full.**	
Checklist Completed By	**Print Name:**	**Signature:**	
Checked and Authorised by Manager/Playleader	**Print Name:**	**Signature:**	

Playleaders present on outings should obtain a counter signatory from manager/staff remaining on site

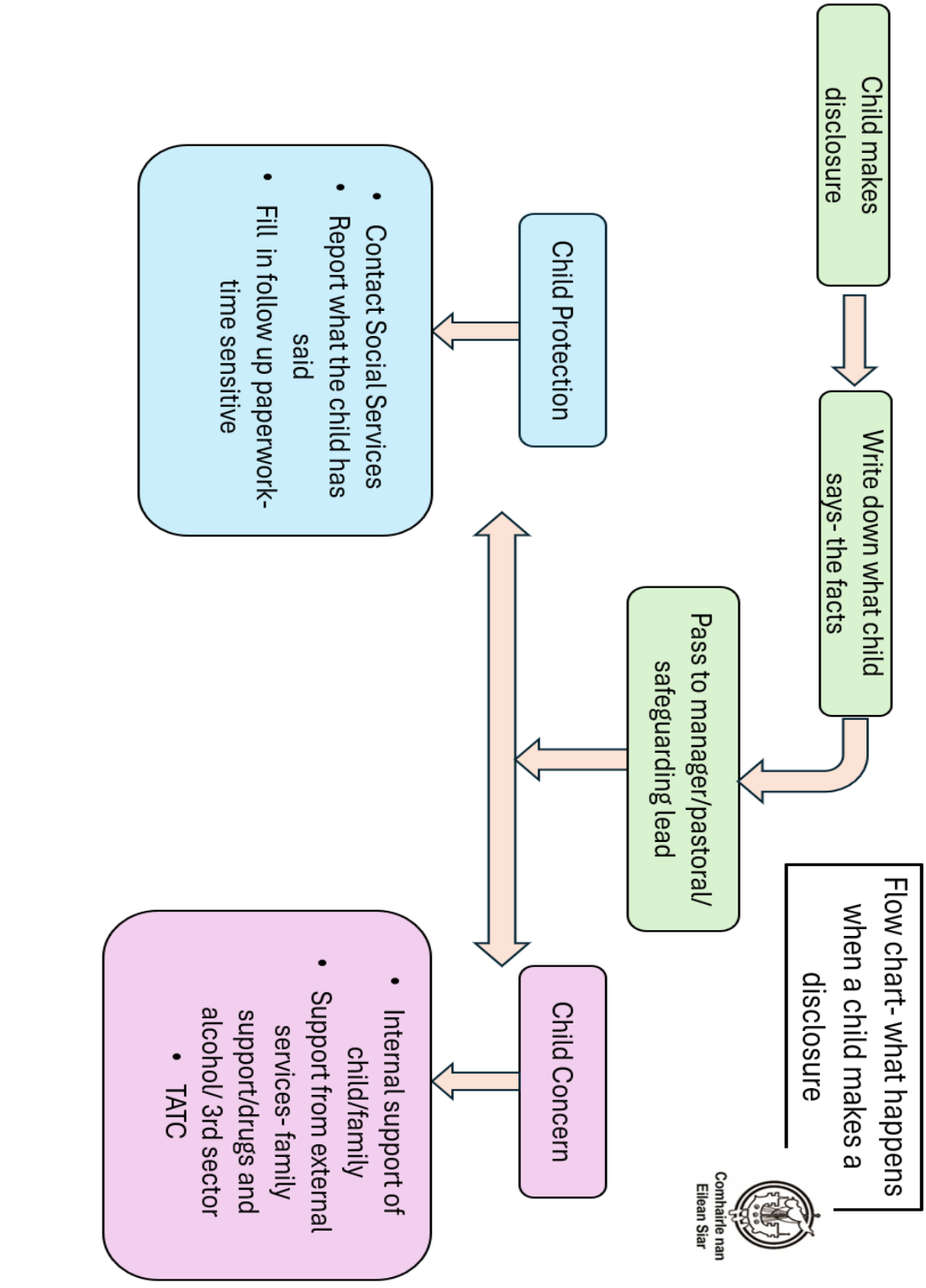
Whole Setting Outing: In the absence of manager the Early Years Office is the point of contact for authorisation and they must be informed of outing destination and expected time of return and section below completed.

EY Office Landline: 01851 822 655

EY Office Mobile: 07833 402 718

Outing Authorised by:	
Office Notified of Return: Yes/No	

APPENDIX 12


Flow chart- what happens when a child makes a disclosure
Comhairle nan Eilean Siar
Child makes disclosure
Write down what child says- the facts
Pass to manager/pastoral/ safeguarding lead
Child Protection
Child Concern
Contact Social Services
Report what the child has said
Fill in follow up paperwork- time sensitive
Internal support of child/family
Support from external services- family support/drugs and alcohol/ 3rd sector
TATC