

1.2 Safeguarding Children and Child Protection

Staff working in the nursery have a duty of care towards the children attending and this duty brings with it the responsibility to ensure that all efforts are made to safeguard children from suspected and actual harm. Children attending the nursery have a right to feel safe and staff, in partnership with parents/carers, have a responsibility to act on any concerns, they may have regarding a child's welfare and well-being

The legal framework for this policy is

- Children act 2004
- Working together to Safeguard Children 2006
- Safeguarding vulnerable groups Act 2006

Practitioners have a duty to safeguard and promote the welfare of children. Due to the many hours of care we provide, staff will often be the first people who sense that there is a problem. They may be the first point of contact in whom children confide. The nursery has a duty to be aware that abuse does occur in our society. This statement lays out the procedures that will be followed if we have any reason to believe that a child in our care is subject to welfare issues including physical, sexual, emotional abuse or neglect.

Our prime responsibility is the welfare and well being of children in our care. As such we believe that we have a duty to the children, parents/carers and staff to act quickly and responsibly in any instance that may come to our attention. All staff will work as part of a multi agency team where needed in the best interest of the child.

All staff will be familiar with their own responsibilities to act swiftly upon any suspicions or concerns they may have about any child or member of staff at the nursery. The nursery will follow the procedures set out in the Early Years Foundation Stage statutory framework and Essex Safeguarding Partners and as such will seek advice on all steps taken. The nursery has a duty to report any suspicions around abuse.

Staff must not comment either publicly or in private about a parent's supposed or actual behaviour, strict confidentiality will be observed at all times. Staff must raise any concerns initially with one of the safeguarding leads. Staff responsibilities do not include investigating the suspected abuse and all related information must be kept in a locked filing cabinet. Parents and families will be treated with respect in a non-judgemental manner whilst investigations by the appropriate authorities are being carried out in the best interest of the child.

It is the policy of the nursery to provide a secure and safe environment for all children from abuse. The nursery will therefore not allow an adult to be left alone who has not received their enhanced CRB check clearance and all our staff will receive safeguarding training. We know how important staff ratios are and ensure that we follow the legal requirements for the minimum numbers of staff present with the children at any time as set out in the Early Years Foundation Stage Statutory Framework

Silver Steps Daycare will strive to

- **Ensure that the children are never placed at risk while in the care of the nursery staff**
- **Ensure that confidentiality is maintained at all times**
- **Ensure that all staff are alert to the signs and understand what is meant by safeguarding and are aware of the different ways in which children can be harmed, including by other children i.e. bullying**
- **Ensure that all staff are familiar with safeguarding issues and procedures when working at the nursery and are kept informed of all updates when they occur**
- **Regularly review and update this policy**

Staff are aware of the types and signs of abuse and the behaviour that may be associated with these signs. In the event that staff notice these signs the following procedure will take place

- **The concern will be discussed with the parent/carer**
- **Such discussions will be recorded fully**
- **All signs marks/injuries to a child when they enter the setting will be recorded as soon as noticed by a member of staff**
- **The incident will be discussed with the parent/carer at the earliest opportunity**
- **Such discussions will be recorded and a signature obtained from the parent/carer who will have access to such records**
- **If there appears to be any queries regarding the injury, the Safeguarding Partners will be informed**
- **Observations will be detailed in a confidential report**

Parents are normally the first point of contact if suspicion of abuse is recorded unless we consider that this will not be in the best interest of the child.

CONFIDENTIALITY

All suspicions and investigations are kept confidential and only shared with those who need to know. Any information is shared under the guidance of our Safeguarding Partners or LADO

If an allegation is made against a member of staff the Safeguarding lead will immediately inform the relevant parties. It is important that the name of the person spoken to is recorded and they will advise the next steps to be taken. OFSTED will also need to be informed and updated as this is investigated

- **Staff will cooperate with the investigating authority**
- **the nursery reserves the right to suspend any member of staff on full pay during an investigation**
- **All investigations/interviews will be documented and kept in a locked file. Records on the alleged perpetrator will be kept as required.**
- **Unfounded allegations will result in all rights being reinstated**
- **OFSTED will be notified.**
- **Counselling will be available for any member of the nursery who is affected by the allegation, their colleagues in the nursery and the parents.**
- **If an allegation of abuse is made about the nursery manager/registered person the person making the complaint is likely to contact OFSTED, SAFEGUARDING SERVICES OR THE POLICE DIRECTLY**

USEFUL NUMBERS

OFSTED COMPLAINTS INVESTIGATION AND ENFORCEMENT TEAM 0300 123 1231

LADO 0330 139797

CHILDRENS AND FAMILY HUB 0345 6037627

1.3 Uncollected child

Policy statement

In the event that a child is not collected by an authorised adult at the contracted time, we put into practice agreed procedures. The child will receive a high standard of care in order to cause as little distress as possible.

Procedures

On occasions when parents or the authorised person are unable to collect the child, we ask that parents inform us and provide us with details of the name and address and telephone number of the person who will be collecting their child. We will agree with parents the steps to be taken to verify the identity of the person who is to collect their child. (Personal Passwords will be used)

If a child is not collected at their expected collection time the following procedure will apply

- Parents will be contacted initially, If necessary a message, voicemail or text will be sent. If no one can be contacted within 30 minutes of their expected collection time, we will use the details of the emergency contacts. We will then apply the procedures for uncollected children
 - We contact the local authority children's social care team
 - If the children's social care team is unavailable [or if their advice is] we will contact the police.
 - After an additional 15 minutes if the child has not been collected, we will contact the statutory agencies outlined below again.

Children and Families Hub

0345 603 7627

Or the out of hours duty officer

0345 606 7627

The child stays in the setting in the care of two team members until they are safely collected either by the parents or by a Social Care Worker.

We ensure that the child is not anxious and we do not discuss our concerns in front of them.

A full written report of the incident is recorded in the child's file.

We reserve the right to charge parents for the additional hours worked (as per our fee policy)

Ofsted will be informed – 0300 123 1231

6.1 Administering medicines

We believe that in the interest of the child it is best that they remain at home when they are sick to enable them to return to the setting when they are well enough. We will, however, agree to administer medication as part of maintaining the health and well-being of the child, or when they are recovering from an illness. We ensure that where medicines are necessary to maintain the health of the child, they are given correctly and in accordance with legal requirements.

In many cases, it is possible for children's GPs to prescribe medicine that can be taken at home in the morning and evening. As far as possible, administering medicines will only be undertaken where it would be detrimental to the child's health if not given in the setting. If a child has not had a medication before it is advisable for the parent to keep the child at home for the first 48 hours to ensure there are no adverse reactions, as well as to give time for the medication to take effect.

Our qualified staff are responsible for the correct administration of medication to children that attend our setting. This includes ensuring that parent consent forms have been completed, that medicines are stored correctly and that records are kept according to procedures. The child's key person is usually responsible for administering medication and another team member for the overseeing of administering that medication.

Procedures

Please keep your child at home if you have administered a child suspension to help them through the day. we consider that if this is the case, then your child would not be well enough to attend and to fully participate in all our activities. If during the course of the session we consider your child to be unwell then we will contact you to arrange collection as per our policy

- Children taking prescribed medication must be well enough to attend the setting.
- We only administer medication when it has been prescribed for a child by a doctor. It must be in-date, showing the child's name, in its original packaging either box or bottle and prescribed for the current condition.

- Non-prescription medication, such as pain or fever relief (e.g. Calpol) will not be administered except in the case of an emergency (see below). Children under the age of 16 years are never given medicines containing aspirin unless prescribed specifically for that child by a doctor. The administering of non-prescribed medication is recorded in the same way as any other medication.
- We may administer children's paracetamol (non-prescribed) with the prior written consent of the parents in the case of a sudden high temperature and where a parent or named person is on their way to collect the child.
- An explanation and details will be given when parents fill in the Registration form with signed, written consent.
 - Children's prescribed medicines are stored in their original containers, are clearly labelled and are inaccessible to the children. On receiving the medication, the member of staff checks that it is in date and prescribed specifically for the current condition.-
- Parents must give signed permission for the administration of medication. No medication may be given without the following details being provided:
 - The Full Name of child and Date of Birth;
 - The name of medication and strength;
 - Who prescribed it;
 - The dosage and times to be given in the setting;
 - The method of administration;
 - How the medication should be stored and its expiry date;
 - Any possible side effects that may be expected; and
 - The signature of the parent, their printed name and the date.
 - The administration of medicine is recorded accurately on a medication record form each time it is given and is signed by the person administering the medication. Parents are shown the record at the end of the day and asked to sign the form to acknowledge the administration of the medicine.

- The parents will be responsible for checking all details are correct before signing the medication form.
- If the administration of prescribed medication requires medical knowledge, we will obtain individual training for the relevant member of staff by a health professional.
- No child may self-administer. Where children are capable of understanding when they need medication, for example with asthma, they should be encouraged to tell their key person what they need. However, this does not replace staff vigilance in knowing and responding when a child requires medication.

Storage of medicines

- All medication is stored safely inaccessible to children or refrigerated as required. Where the refrigerator is not used solely for storing medicines, they will be kept in a named ziplock bag or in a secure box.
- The child's key person is responsible for ensuring prescribed medicine is handed back at the end of the day to the parent.
- For some conditions, medication may be kept in the setting to be administered on a regular or as-and-when- required basis. Key persons check that any medication held in the setting is in date and return any out-of-date medication back to the parent at the end of the child's last session of the week.
- A care plan will be introduced for each child with a long term medical condition that requires ongoing medication. This is the responsibility of our manager alongside the key person. Other medical or social care personnel may need to be involved in the care plan, They should be shown around the setting, understand the routines and activities and point out anything which they think may be a risk factor for their child.
- For some medical conditions, key staff will need to have training in a basic understanding of the condition, as well as how the medication is to be administered correctly.
- The Care Plan includes detailed activities and any other issue that may give cause for concern regarding an individual child's health needs.
- The Care Plan includes arrangements for taking medicines on outings and advice is sought from the child's GP if necessary where there are concerns.

- An individual health care plan for the child is drawn up with the parent outlining the key person's role and what information must be shared with other adults who care for the child.
- The individual health care plan should include the measures to be taken in an emergency.
- We review the individual health care plan regularly and make changes if necessary. This includes reviewing the medication, e.g. changes to the medication or the dosage, any side effects noted etc.
- Parents receive a copy of the individual health care plan and a signature obtained

Managing medicines on trips and outings

- If children are going on outings the key person or another member of staff who is fully informed about the child's needs and/or medication will accompany them.
- Medication for a child is taken in their individual ziplock bags. These bags will be transported in our medication outings bag. Inside the individual bags there will be a copy of the consent form to record when it has been administered, including all the details that need to be recorded on the medication record form as stated above.
- If a child on medication has to be taken to hospital, the child's medication is taken in their individual ziplock bag clearly labelled with the child's name and the name of the medication. Inside the bag is a copy of the consent form signed by the parent.

6.2 MANAGING CHILDREN WHO ARE SICK, INFECTIOUS OR WITH ALLERGIES

POLICY STATEMENT

We aim to provide care for children through taking steps to prevent infection of viruses and bacterial infections and promote health through identifying allergies and avoiding contact with the allergenic trigger. We are unable to accommodate requests from parents to refrain from taking children outside during sessions on a temporary basis (for instance if a child has a cold) unless there is a risk to their physical or mental wellbeing.

- If children appear unwell during the day- for example, if they have a temperature, sickness, diarrhoea or pains particularly in the head or stomach a member of staff will call the parents and ask them to collect the child, or to send a known carer to collect the child on their behalf.
- If a child has a temperature, they are kept cool, by removing top clothing.
- If a child's temperature does not go down and is worryingly high, then we may give them Calpol after first obtaining verbal consent from the parent. The person collecting the child will sign the medication record on arrival.
- In extreme cases of emergency, an ambulance will be called and the parent informed.
- We will refuse admittance to children who have a temperature, sickness and diarrhoea or a contagious infection or disease.
- Where children have been prescribed antibiotics for an infectious illness or complaint, we ask parents to keep them **home for 48 hours** before returning to the setting.
- After sickness and diarrhoea, we ask parents to keep children **home for 48 hours** following the last episode.
- We have a list of excludable diseases and current exclusion times. The full list is obtainable from www.hpa.org.uk/webc/HPAwebFile/HPAweb_C/1194947358374 and includes common childhood illnesses such as measles.

REPORTING OF 'NOTIFIABLE' DISEASES

- If a child or adult is diagnosed as suffering from a notifiable disease under the Health Protection (Notification) Regulations 2010, the GP will report this to Public Health England
- When we are formally informed of the notifiable disease, our manager informs Ofsted and contacts Public Health England and acts on any advice given
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HIV/AIDS/HEPATITIS PROCEDURE

- HIV virus, like other viruses such as Hepatitis A,B and C are spread through body fluids. Hygiene precautions for dealing with body fluids are the same for all children and adults. We will
- Wear single use vinyl gloves and aprons when changing children's nappies, pants and clothing that are soiled with blood, urine, faeces or vomit
 - Use protective gloves and aprons and 'double bag' soiled clothing after changing for parents to collect
 - Clear spills of blood, urine, faeces or vomit using mild disinfectant solution, any
 - cloths used are disposed of
 - Clean any tables and other furniture, furnishings or toys affected by blood, urine, faeces or vomit using disinfectant

NITS AND HEAD LICE

- Nits and head lice are not an excludable condition, although in exceptional cases we may ask a parent to keep the child away until the infestation has cleared
- On identifying cases of head lice, we inform all parents ask them to treat their child and all the family if they are found to have head lice

PROCEDURES FOR CHILDREN WITH ALLERGIES

When children start at the setting we ask their parents on the registration form if their child suffers from any known allergies. If the allergy is deemed to be life threatening or has serious implications then a health care plan is completed in cooperation with the parents or carers

NO NUTS OR NUT PRODUCTS ARE USED WITHIN THE SETTING Parents will be made aware so that no products containing nuts or nut based are brought in

INSURANCE REQUIREMENTS FOR CHILDREN WITH ALLERGIES AND DISABILITIES

- If necessary our insurance will include children with any disability or allergy, but certain procedures must be strictly adhered to as set out below. For Children suffering life threatening conditions or requiring invasive treatments, written confirmation from our insurance provider must be obtained to extend the insurance
- At all times we ensure that the administration of medication is compliant with the Safeguarding and Welfare Requirements of the Early Years Foundation Stage

ORAL MEDICATION

- Asthma inhalers are now regarded as 'oral medication' by insurers and so documents do not need to be forwarded to our insurance provider. Oral medications must be prescribed by a GP and have manufacturer's instructions clearly written on them
- We must be provided with clear written instructions on how to administer such medication
- We adhere to all risk assessment procedures for the correct storage and administration of the medication
- We must have the parents or guardians prior written consent. This consent must be kept on file. It is not necessary to forward copy documents to our insurance provider

LIFE SAVING MEDICATION AND INVASIVE TREATMENTS

These include adrenaline injections (e.g. Epipens) for anaphylactic shock reactions (caused by allergies to nuts, eggs, etc) or invasive treatments

We must have

- A letter from the child's GP/consultant stating the child's condition and what medication if any is to be administered
- Written consent from the parent or guardian allowing our staff to administer medication and
- Proof of training in the administration of such medication by the child's GP, a district nurse, children's nurse specialist or a community paediatric nurse
- Key person must have the relevant medical training/experience which may include receiving appropriate instructions from parents or guardians

10.8 Making a Complaint

At Silver Steps Day Care we believe that children and parents are entitled to expect courtesy and prompt, careful attention to their needs and wishes. We will give prompt and serious attention to any concerns about the running of the setting. We anticipate that most concerns will be resolved quickly, by an informal approach. If this does not achieve the desired result, we have a set of procedures for dealing with concerns. We aim to bring all concerns about the running of our setting to a satisfactory conclusion for all the parties involved.

Procedures

All settings are required to keep a written record of any complaints that reach stage two and above and their outcome. This is to be made available to parents as well as to Ofsted Inspectors on request. A full procedure is set out in our Complaint Investigation Record which acts as the 'summary log' for this purpose

Making a Complaint

Stage 1

- Any parent who has a concern about an aspect of our settings provision talks over his/her concerns with their child's Key Person in the first instance
- Most complaints should be resolved amicably and informally at this stage
- We record the complaint and how it was resolved in your child's file

Stage 2

- If this does not have a satisfactory outcome, or if the problem recurs, the parent moves to this stage of the procedure by putting the concerns or complaint in writing
- Silver Steps will store all information relating to written complaints from parents in the child's personal file. However, if the complaint involves a detailed investigation, this information may be stored in a separate file designated for this complaint
- When the investigation into the complaint is completed a meeting will be arranged with the parent to discuss the outcome
- We will inform parents of the outcome of the investigation within 28 days of the initial complaint
- When the complaint is resolved at this stage, we will log the summative points in our Complaint Investigation Record, which is made available to Ofsted upon request

Stage 3

- If the parent is not satisfied with the outcome of the investigation, he or she is able to request a meeting with our Manager. The parent may have a relative/friend present if they prefer and our Manager should have the support of the Management Team
- An agreed written record of the discussion is made, along with any decision or action to be taken as a result. All parties present at the meeting should sign the record and receive a copy
- This signed record signifies that the procedure has concluded. When the complaint is resolved at this stage, we will log the summative points in our Complaint Investigation Record

Stage 4

- If at the Stage 3 meeting an agreement cannot be reached between ourselves at Silver Steps and the parent, we may invite an external mediator to help to settle the complaint. This person should be acceptable to both parties, listen to both sides and offer advice. A mediator has no legal powers, but can help us to define the problem, review the action so far and suggest further ways in which it might be resolved
- Staff or volunteers within the Preschool Learning Alliance or Essex Early Years Team are appropriate persons to be invited to act as mediators
- The mediator keeps all discussions confidential. S/he can hold separate meetings with our staff and the parent, if this is decided to be helpful. The mediator keeps an agreed written record of any meetings that are held and of any advice s/he gives

Stage 5

- When the mediator has concluded her/his investigations, a final meeting between the parent and the Manager is held. The purpose of this meeting is to reach a decision on the action to be taken to deal with the complaint. The mediator's advice is used to reach this conclusion. The mediator is present at the meeting if all parties think this will help a decision to be reached.
- A record of this meeting, including the decision on the action to be taken, is made. Everyone present at the meeting will sign the record and receive a copy. This signed record signifies that the procedure has concluded.

The role of the Office for Standards in Education, Children's Services and Skills (Ofsted) and the Local Safeguarding Children Board

- Parents may approach Ofsted directly at any stage of this complaints procedure. In addition, where there seems to be a possible breach of the settings registration requirements, it is
- essential to involve Ofsted as the registering and inspection body with a duty to ensure the Safeguarding and Welfare Requirements of the Early Years Foundation Stage are adhered to

- Parents can complain to Ofsted by telephone or in writing at:-

**Ofsted National Business Unit
Piccadilly Gate
Store Street
Manchester
M1 2WD
Tel: - 0300 123 1231**

- These details are displayed at our setting on the parents board
- If a child appears to be at risk, we follow the procedures of the Local Safeguarding Children Board which is available for parents and to view on request

