

**Procedures
09/2021**

**All aims, policies and procedures
have been updated in line with the revised
EYFS 2021**

Omnipresence Nursery School

OFSTED REGISTERED EY 499396



CONTENTS	EYFS	PAGE NUMBER
2,3 & 4 Year Free Entitlement Funding Policy		9
Abduction or Threatened Abduction of Child		69
Accident or Injury	3.51, 3.52	62
Admission Policy		8
Adult to Adult Relationships Including Parents	2.6	8
Aims / Principles		3
Allegations made against a member of staff	3.4, 3.8	51 - 52
Anti-Bullying Policy		39 - 41
Anti-Racism /Hate Policy		42 - 44
Aromatherapy Oils Policy		63
Babysitting Policy		59
Before / After School Holiday Provision	3.41	9
Behaviour Management Policy	3.53, 3.54	18 - 19
Bomb Threat/ Terrorism Attack		68
Burglary		68
Change of Name Policy		10
Child Protection Policies		49 - 50
Children's Records	3.73	11
Complaints Procedure Parental Complaints	3.75, 3.76	67
Confidentiality Policy / Information & Records	3.69, 3.70, 3.71, 3.72	10
Covid-19		70 - 86
Critical Incident Policy		67
Daily Schedule		4
Delivering & Collecting Children Policy	3.63	17
Dental Hygiene Policy	3.45	64
E Safety Policy – Cameras and Mobile Phones	3.70	60
Early Learning Aims	1.11, 1.4, 1.5	5
Employment, Recruitment and staffing	3.9, 3.10	59
Equal Opportunities Policy		52 - 53
Financial Records		11
Fire		68
Fire Safety Procedure	3.55, 3.56	15
Flood		68
Food & Drink Policy	3.48, 3.49, 3.50	63
Grievance Policy Statement & Principles		61
Head Lice Policy		64 - 66
Information to be Provided to the local Authority	2.15	10
Intimate Care Policy		45 - 48
Jewellery Policy		64



CONTENTS	EYFS	PAGE NUMBER
Key Person Policy	1.16, 3.27	7
Learning Policy		5
Medicines	3.45, 3.46, 3.47	62
Observation, Planning & Assessment	1.1, 1.2, 1.3,1.4, 1.5, 1.6, 1.7, 1.8,1.9,1.10, 1.11, 1.12, 1.13, 1.14, 1.15,1.16, 1.17, 2.1, 2.2, 2.3	6
Other Incidents		69
Outing Policy	3.66, 3.67	17
Parental Responsibility		8
Practices which are Unacceptable	3.54	19
Promoting Health – Illness / Accidents Policy	3.45, 3.46, 3.47,	61 - 62
Protection Plan		50
Record Keeping	3.69, 3.70, 3.71, 3.72	11
Resolution of Professional Difficulties		52
Room Temperature Policy	3.55, 3.56	14
Safeguarding & Welfare Requirements including Recruitment		19 - 38
Safer Recruitment & Suitable Persons	3.2, 3.9, 3.10, 3.11, 3.12, 3.13, 3.14, 3.15, 3.16, 3.17, 3.18, 3.20, 3.26	58
Safety & Suitability of Premises, Environment & Equipment	3.55, 3.56, 3.58, 3.59, 3.60, 3.61, 3.62, 3.63, 3.64, 3.65	12 – 14
Settling In Policy		11
Smoking & Vaping	3.57	14
Snow Policy		67
Social Networking Sites	3.70	60
Special Educational Needs / Inclusion SENCO	3.68	53 - 56
Staff: Child Ratios	3.28, 3.29, 3.30, 3.31, 3.32, 3.33, 3.34, 3.35	57
Staff Qualifications, Training, Support & Skills	3.20, 3.21, 3.22, 3.23, 3.25	57
Staff Records		11
Staff Taking Medication / Other Substances	3.19	60
Staff Wellbeing		60
Students & Volunteers	3.9, 3.10	59
Sun Safety Policy		15
The EYFS Progress Check at Age 24 months	2.4, 2.5, 2.6	7
Transfer to School Policy		12
Treasure Basket Play & Heuristic Play		5
Unauthorised absence of Children	3.4	16
Uncollected & Lost Child Policy		16
Waiting List		9
Whistle Blowing Policy		60



PRINCIPLES / AIMS

- To provide a warm caring friendly environment.
- To provide a broad balanced range of activities that develop every child's potential, knowledge, skills and a positive self-image.
- To encourage each child to understand and respect themselves and others.
- To work in partnership with parents
- To provide equal opportunities for every child, so that every child makes good progress and no child gets left behind.
- To provide a pleasant and stimulating environment for staff, and to provide relevant staff training.
- To work with other agencies and settings to support individual children.



DAILY SCHEDULE

Our daily schedule is flexible to allow for spontaneity or other opportunities that may arise throughout the day to meet children's needs. Some days we do not fit all this in.... but we try!

<p>7:00 am – 9:30 am</p>	<p>Children Arriving / Breakfast Club Creative & Free Play – Activities, Games, Threading, Puzzles, Literature Box, Small World Play, Royal Project, Name Writing, Number Counting, Stories, Personalised Learning</p>
<p>9:30 am – 11:30 am</p>	<p>Plant Experiment - Learning about the cycle of life, exploring what happens to the plants growth when we pray, sing, say kind words or just water each one. Story Time – related to our current topics. Physical Activity – Singing and dancing to tunes of the children’s choice – (exploring turn taking)</p> <p>Circle Time - An opportunity where the children share their ‘news’ and the newspapers from the outside world. The children identify the letters and numbers they are currently learning or reinforcing within the newspapers. We explore and learn all about the days of the week, the date, month and the weather. We sing, sign, learn nursery rhymes and explore our feelings.</p> <p>Tidy away activities singing our ‘tidy away’ from circle time, wash our hands & nappy changes.</p> <p>Outdoor Activities; Wildlife Project, Plant Projects, Cloud watching, Weather observing, Puddle Splashing, Wildlife, Nature Walks, measuring our Christmas Trees and caring for our Plants. Squirrel, Bird & Wildlife Feeding, Observing & Monitoring our Wildlife. Physical play, Throwing, Catching, Bike Riding, Risky Play, Outside Story Time, Recorder Lessons in our Outdoor Classroom. Indoor Activities; Library, Small World Play, Home Corner, Personalised Learning</p> <p>EYFS Areas – PSED (Personal, Social, Emotional Development), PD (Physical Development), CL (Communication & Language), L (Literacy), M (Mathematics), UTW (Understanding The World), EAD (Expressive Arts & Design).</p>
<p>11:30 am - 12:30 pm 12:30 pm – 13:00 pm</p>	<p>Promoting self-care, we all go to get our hands washed.</p> <p>Lunch - Whilst having lunch the children explore and learn about etiquette and social skills. Tidy up monitors help clear away, singing our tidy up song. Visual aids are on the table showing the words that begin with the letter we are currently learning e.g. B for Bread</p> <p>After lunch following on with our self-care routine where the children are encouraged with the help of, and role modeled by nursery staff to find their own face cloths and tooth brushes and independently get ready for quiet time.</p> <p>EYFS Areas – PSED (Personal, Social, Emotional Development), PD (Physical Development), CL (Communication & Language), L (Literacy), M (Mathematics), UTW (Understanding The World), EAD (Expressive Arts & Design).</p>
<p>13:00 pm – 19:00 pm</p>	<p>Quiet Time - Children who do not nap are provided with quiet activities while the others sleep or we may work on a special project "just for them" Educational DVD, Puzzles or Personalised Learning, Creative Arts. Indoor Activities; Library, Small World Play, Home Corner. Outside Activities; Bird Feeding, Nature Walks, Recorder Lessons.</p> <p>Some quiet time to come around from naps. Story time, a chance for a cuddle, 1:1 time, leading on to Personalised Learning, Pilates, Meditation & Music Classes.</p> <p>Tidy away activities singing our ‘tidy away’ from circle time, wash our hands & nappy changes. Snack Time</p> <p>After School Club – Homework – Reading, Writing, Spellings etc.</p> <p>Personalised Learning, Personalised Literacy, Name Boards, ABC Boards, Current Projects Library, Small World Play, Home Corner</p> <p>Promoting self-care, we all go to get our hands & face washed and our hairs brushed ready to go home. Dinner</p> <p>Group Activities – Adult led classes of Meditation, Pilates, Musical Games, Free Dance, Singing and Story Time, Personalised Learning, Personalised Literacy, Name Boards, ABC Boards, Current Projects Creative & Free Play, Library, Small World Play, Home Corner</p> <p>EYFS Areas – PSED (Personal, Social, Emotional Development), PD (Physical Development), CL (Communication & Language), L (Literacy), M (Mathematics), UTW (Understanding The World), EAD (Expressive Arts & Design).</p>



When a baby or child needs a sleep, he/she can have a sleep in our special quiet sleep area.

Please send your child in play clothes including wellington boots as there will be lots of messy and outside play!

To minimise confusion please ensure that all of your children's items are clearly labelled.

LEARNING POLICY

We believe that children are confident learners from birth. Each child as a unique child learns and develops in different ways using all their senses to gain an understanding of the world. It is the adult's role through positive relationships to support this learning by providing stimulating experiences in an enabling environment, having challenging interactions with the children, observing the children's development and considering future learning.

EARLY LEARNING AIMS / GOALS – EYFS 1.11, 1.4, 1.5

To support and develop children so they can be:

- confident, independent and highly motivated
 - able to form positive relationships and to work together
 - valued members of the nursery school
 - sensitive towards each other and the environment
 - questioning and able to solve problems and able to take risks
 - respected and their ideas valued
-
- **Prime Areas**
 - Communication and Language
 - Physical Development
 - Personal, Social and Emotional Development
-
- **Specific Areas**
 - Literacy
 - Mathematics
 - Understanding the World
 - Expressive Arts and Design

TREASURE BASKET PLAY AND HEURISTIC PLAY – EYFS 1.6

When children are engaged in these activities, objects not usually recognised as play materials are used. Staff ensure that the objects are safe, cleaned regularly, and replaced when necessary. Staff ensures supervision is rigorous.



OBSERVATION, PLANNING AND ASSESSMENT - EYFS 1.1, 1.2, 1.3, 1.4, 1.5, 1.6, 1.7, 1.8, 1.9, 1.10, 1.15, 2.1, 2.2, 2.3

Our practitioners are tasked to observe the children and discover their interests and abilities. Using The Early Years Foundation Stage framework, staff observe the children's interests and plan activities accordingly. The children are encouraged to choose their own activities and spend as long as they wish on an activity. Adults will support learning by introducing adult initiated activities based on the children's individual current interests. The learning that takes place in these activities is documented, together with future learning steps. The prime areas (communication and language, physical development and personal, social and emotional development) of the curriculum carry equal weight. These are the foundation for the specific areas (literacy, mathematics, understanding the world and expressive arts and design)

While the children are involved in activities – both adult and child initiated, practitioners' scaffold the children's learning by giving a commentary, answering questions, and discussing with children. Encouraging independence and safe risk-taking holding back and allowing children to become very involved in their individual and collaborative play, and resolving difficulties for themselves, role modelling, observing children's play, interests and abilities, providing a stimulating and challenging learning environment, differentiating activities to ensure activities are accessed by all children regardless of gender, ability, culture or background.

Practitioners observe the characteristics of the children's learning (playing and exploring, active learning and creating and thinking critically and reflect these in their practice. Practitioners gather examples of the children's work and file them in the child's learning journey, therefore informing the child's next steps. Overview sheets are used to chart each child's progress and ascertain any gaps in development. Records can be freely accessed by staff and parents. Parents are asked to contribute to the children's learning journeys. Three characteristics of effective teaching and learning are:-

- **playing and exploring** - children investigate and experience things, and 'have a go'
- **active learning** - children concentrate and keep on trying if they encounter difficulties, and enjoy achievements; and
- **creating and thinking critically** - children have and develop their own ideas, make links between ideas, and develop strategies for doing things.

Observations may show concerns about a child's development and parents and other agencies will be involved to support the child (see SEN policy).



THE EYFS PROGRESS CHECK AT AGE 24 MONTHS – EYFS 2.3, 2.4, 2.5, 2.6

The progress check is to enable early identification of developmental needs so that additional support can be put into place if required. The EYFS requires that parents/carers must be supplied with a short written summary of their child's development in the three prime learning and developmental areas of the EYFS: Personal, Social and Emotional Development, Physical Development and Communication and Language. If there are significant emerging concerns, or an identified special educational need or disability, practitioners should develop a targeted plan to support the child's future learning and development involving parents and/or carers and other professionals (for example, the provider's Special Educational Needs Co-ordinator or health professionals) as appropriate.

The key person will discuss with the parent/carer about an appropriate time to undertake the progress check and arrange the appropriate time to talk. Many factors can influence the timing of the check e.g. the age at which the child started at the setting, how many sessions a week the child attends. If appropriate the setting will consider carrying out the progress check in time for parents to share it with the health visitor at the two-year-old health and developmental review. If a child attends more than one setting, the setting that the child attends more frequently will carry out the check

The progress check will be a clear picture of the child. The progress check is underpinned by high quality ongoing observational assessment. Practitioners' observations, along with observations and information collated from parents/carers of the children's interests, achievements and actions will inform the progress check. The children's contributions are included in this. Practitioners and parents use these observations to identify learning priorities for the child, and support learning at home.

If a child moves settings between the ages of two and three it is expected that the progress check would usually be undertaken by the setting where the child has spent most time.

KEY PERSON POLICY - EYFS 1.16, 3.27

We have adopted a key person system in line with the requirements of the Early Years Foundation Stage. A key person approach is designed to make children emotionally secure to enable them to learn and play to the best of their ability. The key person's role involves building a trusting and effective relationship with parents and children. Each child is dedicated a key person when a child joins nursery and supports the child and parent through the settling in process. Each child also has a buddy key person to support him if the key person is absent. If for some reason a parent or child do not bond together well with their key worker, we will be adaptable and change the key worker. The key person will be responsible for maintaining the child's records, assessing the child's next developmental steps and informing parents of the child's progress. We aim to build a close link between home and the nursery school in order to meet the needs of the child.

When the child transfers from each group there will be a discussion between past and future key persons about the child's needs and stage of development and records will be transferred.

Parents will be encouraged to chat to their child's key person on a daily basis about the day's activities and experiences.



PARENTAL RESPONSIBILITY- EYFS 3.73

When children are registered at the nursery school, the manager requests to see the child's birth certificate or proof of parental responsibility. The information received is documented.

The setting cannot agree to a parent's request to avoid all contact with the other parent without a court order. Where there is no court order the setting will aim to communicate with both parents where possible.

ADULT TO ADULT RELATIONSHIPS INCLUDING PARENTS - EYFS 2.6

Working with children is a skilled profession involving patience, empathy, enthusiasm and energy. However, children are sensitive to the quality of relationships between staff, and it is essential that relationships are warm and comfortable. Staff are provided with a pleasant environment in which to work, and opportunities for training, both outside of the nursery school and in-house.

Parents are partners in their children's learning. Parents will be invited to discuss their child's progress with staff on a daily basis and at parents evening. Parents are informed by email of forthcoming activities and are invited to participate. Staff talk to parents about their child's current interests and ideas that could be carried out at home. Staff respect parents' views and wishes and do their best to work together for the benefit of the children. Where there is a case of a parent who is separated from the family, but has parental responsibility, any information or records will be shared with that parent when requested.

ADMISSIONS POLICY

Omnipresence Nursery is a privately run nursery offering both full time and part time (minimum 20 hours per week or more) places to children aged from birth to 5 years.

The nursery is open between the hours of 7:00 am and 7:00 pm Monday to Friday, 49.5 weeks a year excluding public holidays.

The nursery also offers places to school children up to the age of 12 years during school holidays.

In the event that the Nursery School is full or nearing its capacity, priority for places or extra hours will be given in the following order:-

- New full time starters
- Increased hours for existing part time children who have attended for more than 6 Months
- Siblings of existing full time children who have attended for more than 6 months
- Siblings of existing part time children who have attended for more than 6 months
- Increased hours for existing part time children who have attended for less than 6 Months
- Siblings of existing full time children who have attended for less than 6 months
- Siblings of existing part time children who have attended for less than 6 months
- New part time starters (at least 20 hours per week)



BEFORE / AFTER SCHOOL HOLIDAY PROVISION – EYFS 3.41

Before / After and during school holidays, children aged 4 to 12 return to the nursery school, so there is a range of ages and abilities. Staff plan activities suitable to the children's ages, abilities and interests, so that children continue their learning in a relaxed, happy environment. Parents are made aware of the holiday provision and the two-way flow of communication continues.

The nursery is open to all children from birth to 12. The nursery gives equal opportunities to all children and their parents. We ensure that the existence of the nursery school is widely advertised in places accessible to all sections of the community, and that information about it is accessible in written and spoken form. We are as flexible as possible about attendance patterns to accommodate the needs of individual children and their families. All age groups interact together during the course of the day.

WAITING LIST

Nursery places are subject to availability and staffing levels. If there are no places available, parents will be given the opportunity to join the waiting list.

When a place becomes available within a suitable age group, parents of a child at the top of the waiting list will be contacted and offered a place. Priority will be given to those who require a fulltime place, then to those requiring all day care on two to four days a week.

Where possible we keep a place vacant to accommodate an emergency admission.

All other enquiries will be explored in their individuality and a decision made for the best interests of the existing children and Omnipresence Nursery school.

2, 3 & 4 YEAR, EYFE ENTITLEMENT FUNDING POLICY

Omnipresence Nursery School has a limited number of Funded spaces available for the EYFE entitlement. These will be allocated on the following priority basis:-

- Children who have attended the nursery full time for more than 6 months.
- Children who have attended the nursery part time who take up a full time position or add additional hours, and have been with the nursery for more than 6 months.
- Children who have attended the nursery full time for less than 6 months.
- Children who have attended the nursery part time who take up a full time position or add additional hours and have been with the nursery for less than 6 months.

The funding entitlement runs for 49.5 weeks of the year. The hours offered are off peak hours, therefore you will be required to pay for your peak time contracted hours at the appropriate rate.

Please check for availability.



CHANGE OF NAME POLICY

If a parent requests that their child has a change of name, the manager will see a copy of legal documentation which confirms the change of name, before the name is changed on the nursery school records. If legal documentation is not witnessed the child will be titled by his / her legal name also known as:-

INFORMATION TO BE PROVIDED TO THE LOCAL AUTHORITY- EYFS 2.15

Early years providers must report EYFS Profile results to local authorities, upon request. Local authorities are under a duty to return this data to the relevant Government department. Providers must permit the relevant local authority to enter their premises to observe the completion of the EYFS Profile and permit the relevant local authority to examine and take copies of documents and other articles relating to the Profile and assessments. Providers must take part in all reasonable moderation activities specified by their local authority and provide the local authority with such information relating to the EYFS Profile and assessment as they may reasonably request.

CONFIDENTIALITY POLICY / DATA PROTECTION / INFORMATION AND RECORDS - S Norrell is the Data Protection Officer

We respect the privacy of children, their parents and their families. We aim to ensure that all parents can share their information in the confidence that it will only be used to improve the welfare of their children. The setting will maintain records and obtain and share information with parents / carers and other professionals to ensure the safe and efficient management of the setting, and to help ensure that the needs of all children are met. The setting will provide two-way flow of information with parents and carers and between settings that the child may attend. We incorporate parents' comments into the children's records - [EYFS 3.69](#)

We check with parents whether information is confidential or not.

No confidential information is shared outside the nursery school setting, or with unconnected parties. Staff do not discuss any information about any child who does or has attended the setting through any social networking site. If information needs to be shared with another professional, prior permission will be obtained from the parent/carer or member of staff - [EYFS 3.71](#)

Any information shared between parents in a discussion is bound by a shared agreement that the information is confidential to the group and not discussed outside of it.

Parents are informed if we have to record confidential information (other than the day to day matters such as injuries or medication). Parents have access to any records pertaining to their child. Confidential information is kept in office, in a lockable cupboard and only accessible and available to those who have a need or professional right to see them. Data held on computers are password protected and virus protection is enabled. External drives are placed in a lockable cupboard. We are aware of our responsibilities under General Data Protection Regulation 2018 (GDPR) and where relevant the Freedom of Information Act 2000. [EYFS 3.70](#)



We are registered with the Information Commissioner's Office. Any data breach will be notified to the Information Commissioner's Office (ICO) within 72 hours.

Records relating to individual children must be retained for a reasonable time after they have left the setting. - [EYFS 3.72](#)

RECORD KEEPING [EYFS 3.69, 3.70, 3.71, 3.72](#)

All records pertaining to a particular person should be available to that person or their parent / guardian - otherwise information will be confidential.

CHILDREN'S RECORDS [EYFS 3.73](#)

Register of children

Registration form (including parents' contracts) – full name, date of birth, name and address of every parent or carer who is known to the provider, the parent the child usually lives with, information about any other person who had parental responsibility for the child, and emergency contact details.

Permission Forms

Medical / Dietary Information

Proof of Identity e.g. Birth Certificates

Records of achievement and development

STAFF RECORDS [EYFS 3.70](#)

Full Name, Date of Birth, Address, Emergency Contact Details.

Individual record forms including Tax and National Insurance details, Bank Details

Records of achievement and Development, Appraisal and Training details

Staff Attendance

Certificates

FINANCIAL RECORDS

Accounts

Bills, Invoices and Receipts

SETTLING IN POLICY

Once parents have made an enquiry about our nursery school, they are encouraged to visit us. At this visit a member of staff welcomes them, introduces them to other members of staff, show them around the building, explaining how the day is organised. Then the parents have an informal chat where policies and the daily routine are explained. Parents are encouraged to talk about their child and his likes and dislikes. Parents are given a registration form, consent forms, data forms etc. Parents are signposted to the policies folder but offered paper copies to read if requested. We respect that parents may refuse this offer.



When a child has been registered, a settling in routine will be organised to fit the needs of the child and parents. This may consist of free taster session where the parents leave the child for a short time. When the parents return, a practitioner (generally the child's key person), will tell them what the child has done and how he / she coped with the separation. This may be repeated several times, with the parents leaving for an increased length of time, or the child may be confident enough to enjoy the whole session independently.

TRANSFER TO SCHOOL POLICY

The transfer to school is made as comfortable as possible to ensure parents and children feel happy, comfortable, reassured and confident to face the challenge of starting a new school. All staff recognise that children are vulnerable at stages of transition. The nursery school implements a range of strategies to ensure a smooth transition. Reception teachers are invited to visit nursery school, to observe and meet the children and discuss any relevant matters with the child's key person. We accommodate a child's visits to school.

Schools receive the county transition record after they have been read and agreed with the parents, which feeds into the child's foundation stage profile.

SAFETY AND SUITABILITY OF PREMISES, ENVIRONMENT AND EQUIPMENT

The owner Dawn Louise Young is overall responsible for health and safety.

All staff members are responsible for the day to day health and safety risk assessments reporting any concerns to Dawn Louise Young and or RCY Safety (independent consultants) - [EYFS 3.55, 3.56](#).

We have public liability insurance and employers' liability insurance - [EYFS 3.64](#)
A copy of the certificate is displayed in reception and available on request.

We aim to make our setting as safe and healthy as possible for children, staff, parents and visitors, and to make them aware of health and safety issues. As far as reasonable the facilities, equipment and access to the building are suitable for children with disabilities.

There are good security measures in place to prevent children leaving the building unsupervised and prevent unauthorised persons entering the building – [EYFS 3.63](#)

All the staff are responsible for taking appropriate care for the health and safety of themselves and others to ensure that the environment is as safe as possible. Any faulty equipment is reported, removed, repaired and disposed of if necessary

Children will have daily access to outdoor play unless circumstances make this inappropriate –e.g. unsafe weather conditions – [EYFS 3.59](#)

There is provision for children to rest, play quietly or sleep. Sleeping children are frequently checked and a written monitor is used - [EYFS 3.60](#)



THE OWNER/MANAGER ENSURES THAT

- The premises are safe and healthy
- Assure that the equipment and resources, such as high chairs, cots, buggies and car seats, are safe and suitable for children
- Staff have necessary information, instruction and training
- All areas are clean and well maintained -spills are dealt with immediately and floor surfaces maintained in a safe state
- Children are taught about personal hygiene including washing before cooking activities
- Sleeping children are checked regularly
- Waste is disposed of safely – soiled nappies in nappy disposal unit – all rubbish wrapped before disposal in skip which is emptied weekly
- Staff wear protective clothing
- There is a daily cleaning routine and toys and equipment are cleaned regularly
- There is a minimum temperature of 16°C
- The temperature of hot water is controlled
- All articles and substances are moved and stored safely in their original containers
- There are adequate First Aid facilities –managers and practitioners hold current First Aid certificates – accident book filled in, parents contacted if accident causes concern
- Food is stored safely
- Electrical appliances are checked regularly and PAT tested.
- Boiler and central heating system checked annually
- Fire safety appliances checked annually
- All electric sockets have safety socket covers
- Lighting and ventilation is adequate
- Resources are stored safely especially those resources which children select for themselves.
- Children are taught to use tools safely.
- All materials are non-toxic
- There is adequate provision for outings away from the nursery school
- All fire exits are unobstructed and fire safety equipment is checked annually
- There is a no smoking policy
- When children have soiled themselves or have been sick, they will be washed if necessary and all soiled clothing double bagged and returned to parents to wash.
- A safe method of reaching high materials is provided
- Computers set at correct height for staff and children ensuring straight backs and feet on floor
- The use of the internet is always supervised
- Parental permission will be obtained for the taking of photographs and for their use in any promotional purposes



ROOM TEMPERATURE POLICY - EYFS 3.55, 3.56

Purpose of Procedures

The purpose of this policy is to ensure that the correct temperatures are maintained at all times within the play rooms and sleep room.

Recommended Temperatures

Sleep room temperatures should be between	16 °C – 21 °C
Play room temperatures should be between	16 °C – 21 °C
Dining room temperatures should be between	16 °C – 21 °C
Library temperatures should be between.	16 °C – 21 °C
Bathroom temperatures should be between.	16 °C – 21 °C

How the Procedure would be implemented

- All playrooms / sleep room have a digital thermometer for staff to record the temperatures daily.
- Staff must record the temperature daily, these must be recorded in the temperature record sheet.
- Temperature recording times will be approximately 8am

If the temperature is below or above the temperature, then action should be taken to adjust the temperature accordingly. Open windows / use fans if too hot or Inform management if room is cold and the heating temperature will be increased. **In the event of unforeseen circumstances i.e.** Heating system breaks down or does not perform correctly. The management will utilise the free standing electric heaters which are not normally warranted. The engineer will be contacted. Parents will be informed if need be. Children will be given activities that are physical. Children will wear their coats until the unforeseen circumstance are rectified.

SMOKING & VAPING – EYFS 3.57

Practitioners, parents and visitors are not permitted to smoke or vape in the setting.

We comply with health and safety regulations and the Welfare Requirements of the EYFS in making our setting a no-smoking environment - both indoor and outdoor.



FIRE SAFETY PROCEDURE – EYFS 3.55, 3.56

We ensure the building presents no risk of fire. Fire safety appliances are in place and are checked annually. Fire doors and exits are clearly marked, never obstructed and easily opened from the inside. Smoke detectors are in place and are frequently checked. The procedures are displayed and practised regularly. They are recorded in the fire safety record book. All staff are responsible for checking and recording smoke detectors, emergency lighting and fire drills.

In the event of a fire –

- 1 member of staff phones 999
- 1 member of staff shouts alarm
- all children stop activity
- members of staff marshal children to nearest safe exit
- children walk out of safest exit quickly and quietly
- assemble in the corner of the car park
- all doors closed as rooms vacated
- register taken - check all children accounted for - missing searched for by staff only
- children's registration documents are taken to the fire assembly area so parents may be contacted

The children will practise evacuating the building regularly. After the fire drill children will return to the building when the leader has given the instruction. Children are taught about fire safety and the dangers of fire.

SUN SAFETY POLICY

All children are provided with hats by parents during sunny weather
Exposed skin is covered in light clothing.

Sunscreen should be used for covering exposed areas of skin when shade may be unavailable. We will use a sunscreen with an SPF of at least 15+ which is also broad spectrum to protect from UVA and UVB rays and ensure that application of sunscreen is adequate and applied regularly.

Parents of children in half day childcare take responsibility for applying sunscreen to their children themselves.

If children spend the full day with us, sunscreen is reapplied at regular intervals between 11:00 am and 3:00 pm.

Each child brings in their own labelled bottle of sunscreen from home.
There is a nursery/pre-school stock of sunscreen for pupils who forget.

Permission is sought from parents on registration forms to apply sunscreen.

Drinking water is available at all times – children are encouraged to drink plenty of fluids



UNCOLLECTED AND LOST CHILDREN POLICY

In the event of children not being collected at the agreed time, the manager will try to contact all contact numbers on the child's registration form. If this is unsuccessful, and no one collects the child after 1 hour of the nursery school closing for the day, the Social Services duty team will be contacted.

On occasions when parents are aware that they will not be at home or in their usual place of work, they inform us in writing of how they can be contacted.

Parents are informed that if they are not able to collect the child as planned, they must inform us so that we can begin to take back-up measures. We provide parents with our contact telephone number.

The nursery school doors are locked – parents and visitors ring the bell for access

On outing's the staff ratio is very high, and children walk in a safe and orderly manner. A generic risk assessment is in place or a new one is completed if it is a new venue, and the first aid kit is taken. The nursery school mobile phone is used on outings away from nursery school. - [EYFS 3.66](#)

In the event of a child becoming lost, an immediate search would occur by two members of staff, while the other staff would look after the other children. If the missing child was not found within 5 minutes, the police would be phoned on 999, and the parents informed. In the case of an outing, if it was on foot, the remaining children would be taken back to the nursery school, and if the outing was by coach, the children would be taken to a safe place while the search continued.

The circumstances of the incident would be recorded and there would be an inquiry to establish where safety procedures had broken down. If the police were involved staff would co-operate with their investigation. Staff will not discuss the incident with the press before taking advice.

The incident would be reported to the local authority health and safety officer. In the event of a disciplinary action Ofsted is informed. The insurance company is informed.

UNAUTHORISED ABSENCE OF CHILDREN - EYFS 3.4

If after 1 hour of your child's start time parents / carer's have not advised the nursery school of their child's absence the manager will contact the parent to enquire about the absence. In the event of a parent not being able to be contacted, all other contact numbers on the registration form will be contacted to ensure the welfare of the child. In the event of the child's absence not being known, the nursery school will contact the **Northamptonshire Multi-Agency Safeguarding Hub (MASH)**:

- Telephone: 0300 126 7000
- Report a concern online form

Out-of-hours:

Outside of normal office hours (Monday to Friday from 8:00am to 6:00pm) please contact the Out-of-Hours Service:

- Telephone 01604 626938



DELIVERING AND COLLECTING CHILDREN POLICY - EYFS 3.63

Parents are required to bring their children into the nursery school and inform a member of staff of their arrival. Please let us know in advance if you intend to arrive at a different time from the contracted one. If you arrive unexpectedly early we may not be ready to care for your child. If you are late it can be disruptive to sessions planned or taking place.

When collecting their children, the parent must come to the nursery school and inform a member of staff that the child is being collected.

Only those adults stated on the registration form are permitted to collect children. Parents who wish their children to be collected by someone other than himself or herself must notify the nursery school in advance.

In the event of an emergency, we operate a password system where you can send someone not authorised to collect your child but who is able to give the password. Please discuss with the management team if you would like to use this system.

It is important that you arrive at the contracted time to collect your child. Even very young children learn our routine and know when their parents are due. They can become distressed if you are late. I know sometimes delays are unavoidable, especially if you are relying on public transport. If you are delayed, for whatever reason please contact us and let us know when you expect to arrive. We will normally be able to accommodate the additional care, however if we are unable, we will contact other adults from the authorised list and arrange for them to collect your child. We will reassure your child that you are on the way and if necessary organise additional activities and a meal.

If we have not heard from you and you are very late we will try and make contact with you. We will also attempt to contact the emergency numbers provided. If we are unable to make contact with anyone we will inform Social Services and follow their advice.

We reserve the right to make an additional charge for late collection.

OUTING POLICY – EYFS 3.66, 3.67

Parents sign consent on the registration form for their child to be taken out as part of the daily activities

When children are on local outings at least two members of staff accompany children and at least two to remain with the children staying in the nursery school. A First Aider will accompany the children on all outings.

Parents sign a consent form for outings away from local area
Visit proposed venue - assess risks, taking into account adult/ child ratios-written risk assessment where necessary.

When necessary book coach - ensure seat belts and adequate insurance cover - correct number of seats.



Ensure correct ratio – staff fully aware of children in their group.

Take mobile phone, (the nursery school has a mobile phone which can only be used to telephone and text people- this phone will be used on outings), first aid kit, wipes, tissues, bucket, spare clothing, register, parents' contact details, group lists, any medication required for specific children (safely stored)

Inform staff / parents of arrangements

No eating permitted when travelling

BEHAVIOUR MANAGEMENT POLICY - EYFS 3.53, 3.54

Promoting positive behaviour is a very important part of child development, to help children learn boundaries and self-control. It is essential to helping children keep a positive self-image:

- **We Give** lots of praise for good behaviour
- **We Give** the children individual attention so they feel valued
- **We Set** a good example, by being self-aware and by being a good role model
- **We Listen** to what the children have to say
- **We Reward** good behaviour

We help children understand rules, which are realistic and consistent in the enforcing of them. We do not give out confusing signals, Saying No means No!

We are aware of the different reasons why children misbehave and will endeavour to keep to routines so that your child feels safe and is not over tired or hungry.

A record will be kept of any occasion where physical intervention is used to avert danger, and parents informed on the same day.

All children will misbehave at some time. We have developed several different strategies on how to deal with a child misbehaving and use different ones depending on the age / stage of ability of the child and the situation:

- **Distraction.** Remove the child from the situation and give them an alternative activity.
- **Ignore.** Depending on the situation we may ignore the bad behaviour as we may feel it is being carried out to provoke a reaction.
- **Discuss with Child.** If the child is able to understand we will discuss their behaviour and try and get them to appreciate the consequences of their actions on others.
Always placing emphasis on the behaviour, to maintain the child's self-worth.
- **Quiet Time.** Removing the child from the activity and sitting them quietly for a few minutes to disrupt the pattern of the behaviour and allow the child to calm down and reflect.
- **Removal of treats.**
- **Understanding the individual child-** we recognise that all children are different and some children may have behavioural difficulties, we will research any diagnosed condition and work with you and outside agencies to get the best from the child.

WE WILL NEVER HIT, SHAKE OR HURT YOUR CHILD. WE WILL NOT HUMILIATE YOUR CHILD.



If a child misbehaves we will let you know in the daily communication at collection. Some children can become upset if the incident is retold in front of them, if this is the case we will speak to you first before bringing your child through to you for collection. We will also inform you of how the matter was dealt with. In most cases the matter will not require any further action, punishing a child hours after an incident achieves nothing but confusion and upset.

If you have any concerns regarding the managing of your child's behaviour, please do not hesitate to contact us.

IT IS IMPORTANT THAT WE WORK TOGETHER ON MANAGING BEHAVIOUR AND WE THANK YOU FOR YOUR COOPERATION.

PRACTICES WHICH ARE UNACCEPTABLE EYFS 3.54

Omnipresence Nursery School considers the following practices unacceptable and will not tolerate their use:

- *corporal punishment i.e. Shoving, hitting, shaking, spanking,
- *harsh, belittling, or degrading treatment
- *confinement, unsupervised separation from others, physical restraint as punishment
- *depriving children of meals, snacks, rest or necessary use of the toilet as punishment

CHILD PROTECTION POLICIES

SAFEGUARDING CHILDREN INCLUDING SAFER RECRUITMENT. EYFS 3.1, 3.2, 3.4, 3.5, 3.6, 3.7, 3.8

(in line with the guidance and procedures of the relevant local safeguarding board, and will be updated regularly)

www.northamptonshirescb.org.uk

- Designated Safeguarding Lead: Sharon Norrell
- Deputy DSL's: Raymond & Dawnlouise Young

Emergencies:

If a child is in immediate danger, left alone or missing, contact the police and/or ambulance service directly on 999.

Non-emergencies:

If there is no immediate danger or if you need advice, contact the Northamptonshire Multi-Agency Safeguarding Hub (MASH):

- Telephone: 0300 126 7000
- Report A Concern Online Form

Out-of-hours:

Outside of normal office hours (Monday to Friday from 8:00am to 6:00pm) please contact the Out-of-Hours Service:

- Telephone 01604 626938



To be read in conjunction with:-

- Child Protection Policy
- Safer Recruitment Policy
- Anti-Bullying Policy
- Managing Allegations of Abuse
- E Safety Policy
- Promoting Health Policies
- Intimate Care Policy
- British Values Policy

This policy reflects relevant statutory guidance within the Education Act (2002) s175; Multi Agency Practice: Female Genital Mutilation (2020); “Working Together to Safeguard Children” (2018); and is in accordance with local NSCB procedures.

Policy statement:

We recognise our moral and statutory responsibility to safeguard and promote the welfare of all children. We endeavour to provide a safe and welcoming environment where children are respected and valued. We are alert to the signs of abuse and neglect and follow our procedures to ensure that children receive effective support, protection and justice.

Definitions:

Safeguarding is defined by “Keeping Children Safe in Education” as

- Protecting children from maltreatment
- Preventing impairment of children’s health or development
- Ensuring that children grow up in circumstances consistent with the provision of safe and effective care
- Taking action to enable all children to have the best possible outcomes

Key Principals:

1. Safeguarding is everyone’s responsibility
2. Children’s needs are at the heart of safeguarding practice.



Policy Aims:

- To provide guidance and direction for all staff in relation to identifying and dealing with issues of child protection.
- To provide a framework, which enables the nursery to provide support for, identified children at risk.
- To promote the safeguarding of children and the prevention of abuse and neglect.
- To provide a safe environment in which all children can access learning.
- To identify children who are suffering or likely to suffer significant harm and take appropriate and effective action with the aim to ensure they are kept safe both at home and in nursery.
- To prevent unsuitable people from working with or coming into contact with children.
- Contribute to effective partnership working between all those involved with providing services for children and facilitate effective communication between all relevant agencies.
- Identify the names of responsible persons in the nursery and explain the purpose of their role
- Describe what should be done if anyone in the nursery has a concern about the safety and welfare of a child who attends the nursery.
- Identify the particular attention that should be paid to those children who fall into a category that might be deemed “vulnerable”.
- Set out expectations in respect of training.
- Ensure that those responsible for recruitment are aware of how to apply safeguarding principles in employing staff.
- Set out expectations of how to ensure children are safeguarded when there is potential to come into contact with non-nursery staff, e.g. volunteers, contractors etc.
- To listen to the views of the child and duly consider them.
- To facilitate early help for children and families wherever possible and at the first instance.

Policy Objectives:

Prevention:

At Omnipresence Nursery, we aim to establish and maintain an ethos where children feel safe and secure and are encouraged to talk. Through the planning and delivery of the Early Years Personal, Social and Emotional Development strands we aim to teach all children to make positive relationships with each other and show care and understanding. We encourage all our children to talk through how they are feeling and make trusting relationships with the adults in order to offer a feeling of safety within the setting.

Specific Safeguarding Issues:

Child Sexual Exploitation and Female Genital Mutilation. In recognition of the guidance ‘Keeping Children Safer’ we are aware of the indicators of both CSE and FGM and have reflected these within our staff safeguarding training. We are committed to activating local safeguarding procedures where indicators of CSE and FGM are present.



Rationale:

Our nursery is a key front - line player in the area of child protection, working in partnership with other children services. Staff should be mindful of the local policies and procedures that must be followed, which are under the direction of the Local Safeguarding Children's Board. Procedures regarding the identification, investigation and delegation of responsibilities are detailed in Northamptonshire's Inter Agency Child Protection Procedures folder, which is held by the Designated Senior Person for Child Protection (DSP).

Everyone employed at our nursery has a responsibility in relation to child protection and can help to provide a safe environment for children. In most cases this will be the referral of concerns to the Designated Senior Person for Child Protection. In day to day contact with children at risk, we have the opportunity to note concerns and meet with parents and other associated adults where appropriate.

This policy will outline the procedures staff at Omnipresence Nursery School should follow, and it will provide guidance on issues related to child protection generally.

Responsibilities:

Sharon Norrell is the Designated Safeguard Lead (DSL). In her absence, the owners Raymond or Dawn-Louise will be lead.

They are responsible for:

- co-ordinating the action within the nursery and liaising with appropriate agencies over cases of abuse and suspected abuse of children at the nursery
- acting as a source of advice within the nursery
- ensuring that all staff are familiar with the policy and procedures
- referral of individual cases of suspected abuse
- record keeping for individual children as required
- liaising with agencies about individual cases
- organising training on child protection within the nursery

All staff have a professional responsibility to maintain confidentiality with regards to information about pupils in our care. This is extremely important with regard to children who are involved in child protection issues.

Procedures:

All staff are responsible for safeguarding the welfare of children and need to be alert to the signs of harm, ill-treatment and abuse. Staff should inform the named members of staff when they have cause for concern regarding children - even the slightest concern should be reported. Staff should not generally discuss the concerns with others – information brought to the attention of Designated Safeguarding Lead (DSL) may be dealt with on a 'need to know' basis, based on the experience and knowledge of the specific child. This 'need to know' basis may involve some information being given to administrative staff.



Guidance on recognising abuse is contained at the end of this document and in the staff information folder on Safeguarding (kept in the office). **All staff should follow the same procedures** and report any concerns immediately to the Designated Safeguarding Lead (DSL) Sharon Norrell or Deputy Designated Safeguarding Leads (DSL) Raymond or Dawn Louise.

When responding to suspected cases remember that:

- you cannot promise confidentiality
- you cannot make promises about what will happen
- you should not ask questions but listen to the what the child has to say
- information should only be shared with those who need to know
- it is important to stay calm and reassuring
- the needs and safety of the child must always come first
- when in doubt – ask

A robust and clear procedure exists in nursery for all staff to report any concerns about a child's welfare. All staff are aware of their Safeguarding responsibilities and how to report any concerns they may have. This encompasses all adults on site and includes any cover and temporary staff who are routinely provided with a copy of our safeguarding referral procedure.

All referrals are electronic although paper copies are kept in the Safeguarding folder and will be sent in the first instance to the DSL who will decide on the best possible action to take. Once completed, these forms **MUST** be passed immediately to the DSL. Any referrals to outside agencies that are deemed as necessary will be made **ONLY** by the DSL. The DSL's discuss all actions of referrals to ensure against lone working and facilitate effective supervision and support, on an as required basis.

In line with local NSCB procedures, if a referral is made to MASH (Multi Agency Safeguarding Hub – 0300 126 7000), we may or may not discuss this with the parent, which is our right. This decision will be made clear on a case-by-case basis and in light of advice from NSCB and the MASH team.

Roles and responsibilities:

The Designated Safeguarding Leads are part of the Senior Leadership Team. These staff members have a commitment and direct accountability for ensuring that our safeguarding procedures and practice are robust. The DSL will attend case conferences and liaise with external agencies on safeguarding matters where relevant.

Confidentiality:

The only purpose of confidentiality in this respect is to benefit the child. This will be discussed with all those working with children via Safeguarding and Child Protection training.



Recording Your Concerns Regarding Suspected Abuse:

Remember that you have a statutory duty under the Education Act 2002 to pass on any child protection concerns about a child. Your concerns may stem from feelings of uneasiness regarding a number of different aspects about the child, which individually may not seem important, but collectively raise the level of your concern. You may, however, be told outright some information which suggests abuse or neglect.

In every situation it is important to record your concerns. Remember these records are confidential and due regard should be paid as to where they are kept and who may have access to them. Never keep information of this type stored on your laptop or on paper in your car in case of theft. All electronic referrals need to be password protected. All information and referrals are kept in the lockable cupboard in the office.

When recording the information be as specific as possible.

With regard to concerns over welfare, record relevant information and include

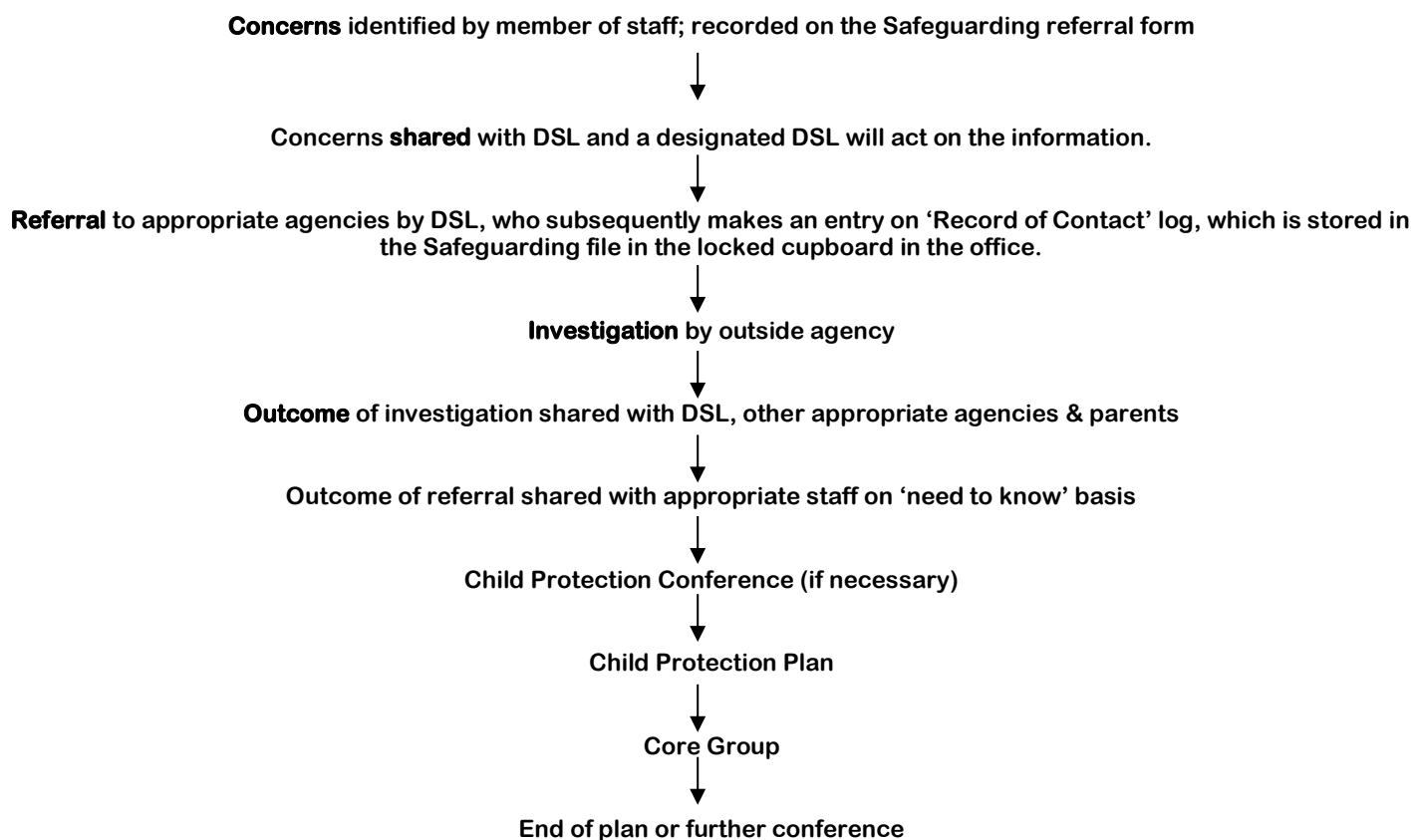
- Dates, times where appropriate, anything the child has said or that you have observed.
- Diagrams are useful ways of recording any bruising or mark on a child which you may have noticed.
- Record any explanation (or lack of explanation) given for any marks you ask about. If you have spoken to the parents about any of your concerns, you should record the date of this discussion and anything they said to you. All conversations will be recorded on our parent discussion form for Safeguarding.
- Concerns about a child should be discussed with a parent or carer unless doing so may place the child at greater risk. There may be a perfectly innocent reason for a situation. If there is any thought that the parent or carer is responsible for neglect or abuse, do not talk to the parent - if this is necessary, it will be done by either the DSL or an appropriate outside agency.

With regard to an incident reported to you by a child, which may suggest abuse, write down: (in addition to the headings on the referral form)

1. What happened. (When recording what has been said to you, use the child's own language and write down the exact words - this may be important.)
2. Where the incident happened.
3. Who was involved
4. When the incident happened.
5. Where the information has come from.
6. Any observations you make with regard to, for example, the child's body language or emotional state when telling you.



Child Protection Process



Support & Training:

All staff receives Safeguarding and Child Protection updates and training which is relevant and appropriate to their role. This includes training in procedures to follow, signs to note and appropriate record keeping. Refresher training is delivered to all staff on an annual basis or as required where updates are required to be delivered.

Early Help:

At Omnipresence Nursery, we are constantly aware of the need and importance of early intervention for families and children in need of support. To facilitate early help, the deputy manager will work proactively with a range of outside agencies which may or may not be within the frame work for an EHA. (Early Help Assessment).

We recognise that children with behavioural difficulties and disabilities in nursery are statistically most likely to present as having Safeguarding needs. All nursery staff who work, in any capacity, with children with profound and multiple disabilities, sensory impairment and/or emotional or behavioural problems will need to be particularly sensitive to safeguarding needs. It must also be stressed that in a home environment where there is domestic violence, drug or alcohol abuse, mental health issues, children may also be vulnerable and in need of additional support or protection.



NB: Disclosure: Normally personal information should only be disclosed to third parties (including other agencies) with the consent of the subject of that information (Data Protection Act 1998, European Convention of Human Rights, Article 8). Wherever possible, consent should be obtained before sharing personal information with third parties. In some circumstances, obtaining consent may not be possible or in the child's best interests. The safety and welfare of that child necessitates that the information of that child should be shared. The law permits the disclosure of confidential information necessary to safeguard a child or children. Disclosure should be justifiable in each case according to the particular facts of the case and legal advice should be sought if in doubt.

Guidance on recognising suspected abuse:

Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm or failing to act to prevent harm. It is not our responsibility to decide whether child abuse is occurring but we are required by law to act on any concerns and report it to the appropriate person. The health and safety of the child is paramount.

Checklists should be used with caution. There may be alternative explanations other than abuse for any of the signs (e.g. medical conditions). Considering indicators of abuse is often about putting a number of factors together, with the help of the Designated Senior Person and other agencies, sometimes over time. It is hardly ever a simple or single factor.

Physical Abuse (including Female Genital Mutilation-FGM):

“Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of or deliberately induces illness in a child.” (Paragraph 21 from ‘Keeping Children Safe In Education – Information for all nursery and college staff’ – April 2014)

Determining whether an injury is accidental or non-accidental is a skilled job and requires a full assessment of the injury, explanation, history and circumstances.

There are, however, a number of injuries which should be regarded with concern and may indicate a non-accidental cause. Some may need medical assessment and treatment, occasionally urgently. Injuries need to be accounted for.

Inadequate, inconsistent or excessively plausible explanations, or a delay in seeking treatment for the child, should signal concern.

Physical Indicators:

- unexplained injuries or burns, particularly if they are recurrent
- untreated injuries
- bruises and abrasions around the face, particularly if they are recurring
- damage or injury around the mouth
- bi-lateral injuries, such as two bruised eyes
- bruising to soft areas of the face e.g. cheeks
- bite marks
- burns or scalds (note the pattern and spread of the injury e.g. cigarette burns)
- weal's, suggesting beatings



Behavioural Indicators

- improbable excuses given to explain injuries
- refusal to discuss injuries
- admission of punishment which appears excessive
- shrinks from physical contact
- refusal/avoiding getting undressed
- legs and arms covered in hot weather
- fears medical help
- self-harming behaviours
- aggression towards others
- deterioration in development
- unexplained pattern of absence which may serve to hide bruises or other physical injuries
- fear or reluctance to return home or have parents contacted

Emotional Abuse

“Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child’s emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or ‘making fun’ of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child’s developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyberbullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.” (Paragraph 28 from ‘Keeping Children Safe In Education – Information for all nursery and college staff’ – Sept 2021)

Emotional abuse is often the most difficult to detect.

A child may be clean and physically cared for but may be emotionally neglected. The parent’s or carer’s attitude to the child might be characterised by coldness, hostility or disinterest. They may humiliate the child or give age inappropriate responsibilities. They may give the impression that the child can never please, or may have expectations which are inappropriate, excessive or unrealistic.

Physical Indicators

Signs which may indicate emotional abuse include:

- delays in physical development e.g. milestones delayed, underweight lethargic
- self-mutilation



Behavioural Indicators

- delays in intellectual development
- over reaction to mistakes
- continual self-deprecation
- sudden speech disorders
- social isolation - has few friends or doesn't join in
- extremes of compliance, passivity and/or aggression/provocativeness
- compulsive stealing
- rocking, sucking of thumb, hair twisting etc
- drug, alcohol or solvent abuse
- fear of parent being contacted

Sexual Abuse

“Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.” (Paragraph 29 from ‘Keeping Children Safe In Education – Information for all nursery and college staff’ – Sept 2021)

Sexual abuse affects a child or young person emotionally and physically. It is difficult to detect as the physical indicators are not directly visible. Often the indicators are exhibited through behaviour. Sexual abuse occurs in every class of society, cultural and occupational group. Sexually abused children may take refuge in an appearance of normality e.g. some children immerse themselves in schoolwork as a way of blanking out the abuse.

Physical Indicators

- love bites
- other bite marks
- self-harming behaviours
- tiredness/lethargy
- pregnancy
- sexually transmitted conditions
- frequent urinary tract infections

Behavioural Indicators

- sudden changes in behaviour and nursery performance
- sexual awareness inappropriate to the child's age (maybe shown for example in drawings, vocabulary, games, role play etc.)
- provocative sexual behaviour (including masturbating)
- fear of undressing for PE
- tendency to cry easily
- regression to younger behaviour e.g. thumb sucking, acting like a baby, playing with age inappropriate toys
- depression and withdrawal



Neglect

“Neglect is the persistent failure to meet a child’s basic physical and/or psychological needs, likely to result in the serious impairment of the child’s health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

- **provide adequate food, clothing and shelter (including exclusion from home or abandonment);**
- **protect a child from physical and emotional harm or danger;**
- **ensure adequate supervision (including the use of inadequate care givers); or ensure access to appropriate medical care or treatment.**

It may also include neglect of, or unresponsiveness to, a child’s basic emotional needs. (Paragraph 30 from ‘Keeping Children Safe In Education – Information for all nursery and college staff – Sept 2021)

Severe neglect is often characterised by the child being underweight, small in stature and with a poor physique.

The care of neglected children is often poor and they present as unwashed, unkempt and inadequately fed and clothed. However, poverty, deprivation and neglect are not the same thing. Children may live in poverty but only a small number of these may be neglected.

Physical Indicators

Signs which may indicate neglect include:

- **constant hunger**
- **poor personal hygiene**
- **constant tiredness**
- **inadequate clothing**
- **untreated medical problems**

Behavioural Indicators

- **social isolation**
- **low self-esteem**
- **destructive tendencies**
- **poor relationship with peers**
- **compulsive stealing or scavenging**
- **rocking, hair twisting and thumb sucking**

Self Harm:

If it comes to the attention of a member of staff that a child is self-harming, they should alert the DSL.



Guidance On Dealing With Suspected Abuse

Disclosure:

Disclosure is the term used when someone tells you about abuse which they say has occurred. In these circumstances all staff should refer concerns to the DSL as soon as possible. In the case of disclosure by a child staff should:

- listen to the child and keep calm
- observe bruising or marks but do not ask the child to remove or adjust clothing to observe them
- the child should lead the discussion; do not press for details by asking questions
- listen - don't investigate - using questions such as: "Is there anything else you would like to tell me?" **Remember TED – Tell me, Explain, Describe**
- accept what the child says without challenge - reassure them that they are doing the right thing and that you recognise how hard this is for them
- do not lay blame or criticise, either the child or the perpetrator
- do not promise confidentiality - explain that you will need to tell someone (DSL)
- make brief notes at the time and write them up afterwards, using diagrams to indicate the position of any bruising
- be objective in your recording and record fact and not your interpretation of what has been told to you
- use the child's own language to quote rather than translating into your own; be aware that these notes may be used at a later date to support a referral to an agency

As a result of concerns being raised with the DSL, she will make a decision whether to continue to monitor the situation or take the concerns further to a referral. This decision will be communicated to the individual who raised the initial concerns. Recorded information from the referral or subsequent conversations will be stored in the Safeguarding folder.

Inter- agency Liaison:

At times nursery staff may be asked to participate in meetings organised and chaired by outside agencies. These might be:

- strategy discussions
- child protection review conference
- child protection conferences
- family group conferences
- professionals' meetings
- core group meetings

At these meetings, representatives from nursery should be ready to report on the following regarding the child:

- attendance and punctuality
- child's development
- the child's behaviour and attitude
- relationships with peer group and social skills generally
- child's appearance and readiness for nursery
- contact with parents and carers
- any specific incidents which need reporting

Prior to the meeting, nursery staff and other adults working with the child should be asked for their comments. Staff will be informed of any actions following the meeting, which may be necessary on a 'need to know' basis.



The Child Protection Plan:

Children will become the subject of a Child Protection Plan if they are deemed to be at risk of abuse. This decision is taken at a conference involving people who are involved with the child, including the parents or carer. There will have been a long process of identification and investigation prior to this occurring.

If you have a child in your group who has a CP Plan, you will be informed by the DSL. The child will require additional emotional support and careful monitoring. Information will be required to be passed on to the core group, who meet after the decision to place the child on a plan is taken. Staff should be careful to ensure that information regarding the child is only given to the appropriate person. Discretion must be used when talking about the personal circumstances of all the children in our care, especially children who are involved in child protection issues.

Support in nursery

For children at risk, nursery may be the one stable place from which they can expect security and reassurance. It is not only about being alert to potential abuse but providing the support to help children through difficult times. All nursery staff and leaders are responsible for the pastoral needs of the children in their care. This includes maintaining opportunity for children to share their concerns and providing them with the coping skills to help avoid situations arising and deal with the emotional difficulties afterwards if they do. Our Early Years curriculum includes lessons during which children may be presented with issues related to personal, social, and health development. This includes during daily circle time and snack and lunch times. During these discussions staff should be alert to the fact that some children may have very different experiences and may find the content of such discussions as sensitive or distressing within the context of their own histories. Staff should be sensitive to, and support as appropriate, a child who is affected by the content of the discussion.

Physical contact with pupils:

Some form of physical contact with children by adults is inevitable. In some cases, it is necessary for giving reassurance. However, all adults should be aware of issues related to touching and the ways in which this can be misconstrued. For all issues related to physical contact refer to IRSC Guidance for Safe Working Practice for the Protection of Children and Staff in Education Settings (February 2005). Copies of this documents are held by the DSL.

Working with parents:

The priority with all communication with parents is the needs of the child and effective liaison is crucial for this. It should be recognised that families from different backgrounds and culture will have different approaches to child-rearing. These differences should be acknowledged and respected provided they do not place the child at risk as defined earlier in this document. We do have access to outside support for parents, where this is felt to be useful.



Working with parents:

This policy is not an exclusive policy for safeguarding children. Therefore, all staff should be aware and have read the following policies, which work alongside child protection:

- Health and Safety
- Bullying
- Racist abuse
- Harassment and discrimination
- Use of physical intervention
- Medical conditions
- First aid
- Educational visits
- Intimate care
- Internet safety
- Safe working practice
- Whistle blowing

This policy reflects relevant statutory guidance within the Education Act (2002) s175;

“Keeping Children Safe in Education” (2014), Multi Agency Practice: Female Genital

Mutilation (2014); “Working Together to Safeguard Children” (2018); and is in accordance with local NSCB procedures.

**Omnipresence Nursery Female Genital Mutilation Policy
(Appendix to the Child Protection Policy) and additions of abuse**

Rationale:

At Omnipresence Nursery, we take our responsibility for child protection seriously. In order to do this, we have rigorous and robust safeguarding procedures in place to protect the children in our care. Female Genital Mutilation (FGM) is considered to be a form of child abuse and will be dealt with in line with our safeguarding and child protection policy. Keeping our children safe is the responsibility of the whole nursery and all staff are expected to adhere to and follow the policies in place.

FGM is illegal in the United Kingdom under the Female Genital Mutilation Act 2003.

Definition of Female Genital Mutilation (FGM):

The nursery uses the World Health Organisation (1997) definition when defining FGM.
“Female Genital Mutilation (FGM) comprises of all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs whether for cultural or non-therapeutic reasons.”



Procedures:

To ensure the safety and wellbeing of our children, the nursery has been proactive in ensuring our children are kept safe from the threat of FGM.

We have achieved this by:

- Ensuring there is a vigorous attendance policy in place that monitors holidays taken during term time.
- Identifying those children from practising communities who are at risk.
- DSL to undertake FGM training and disseminate the training to all staff within the nursery.

Government Legislation:

The Government have produced guidelines and advice regarding FGM:

“FGM is considered child abuse in the UK and a grave violation of the human rights of girls and women. In all circumstances where FGM is practised on a child it is a violation of the child’s right to life, their right to their bodily integrity, as well as their right to health. The UK Government has signed a number of international human rights laws against FGM, including the Convention on the Rights of the Child.”

“Girls are at particular risk of FGM during school summer holidays. This is the time when families may take their children abroad for the procedure. Many girls may not be aware that they may be at risk of undergoing FGM. UK communities that are most at risk of FGM include Kenyans, Somalis, Sudanese, Sierra Leoneans, Egyptians, Nigerians and Eritreans. However, women from non-African communities that are at risk of FGM include Yemeni, Kurdish, Indonesian and Pakistani women.”

Key indicators that a child is at risk of FGM:

Below is a list of key indicators that a child may be a risk of FGM, although this list is not exhaustive:

- A child may openly talk about FGM during conversations with peers or adults within the nursery setting.
- The child may come from a community that is known to practice FGM.
- There may be some anxiety regarding an upcoming holiday to their country of origin or concerned about a forthcoming ceremony.
- Parents / carers make a request for an authorised absence.



Key indicators that FGM has taken place:

If FGM is believed to have taken place, it is important that this is reported to the DSL as a matter of Child Protection. The child may require medical attention and it is important that each case is dealt with in a sensitive manner and on an individual basis.

There are a number of indications that a child has already been subjected to FGM:

- The child may have difficulty walking, sitting or standing.
- A girl may spend longer than normal in the bathroom or toilet due to difficulties urinating.
- A girl may spend long periods of time away from a classroom during the day with bladder or menstrual problems.
- There may be prolonged or repeated absences from nursery. When the child returns, there are noticeable behaviour changes (withdrawn or depression).

What to do if FGM is reported:

If a child discloses information regarding FGM, it is important that the child is made aware that this information will be passed on to other professionals and that total confidentiality cannot be guaranteed.

- We will try to ensure that a female professional is available to speak to if the child, if they would prefer this;
- We will make no assumptions;
- Give the individual time to talk and be willing to listen;
- Be sensitive to the intimate nature of the subject;
- Be sensitive to the fact that the individual may be loyal to their parents;
- Be non-judgemental (pointing out the illegality and health risks of the practice, but not blaming the girl or woman);
- Get accurate information about the urgency of the situation if the individual is at risk of being subjected to the procedure;
- Take detailed notes

Reporting:

All disclosures should be recorded accurately and should be a true reflection of what has been said. All disclosures of FGM, will be reported to Social Services in accordance with NCC's Child Protection procedures.

Preventing Radicalisation

Preventing Radicalisation is seen as part of the nursery's wider safeguarding duties. The nursery supports the notion that it is possible to intervene and prevent vulnerable people becoming radicalised.

Staff should use their professional judgement in identifying children who might be at risk of radicalisation and act proportionately which may include making a referral

The nursery accepts its duty under the *Prevent* Duty Guidance for England and Wales which places requirements on the nursery under four themes: risk assessment, working in partnership, staff training and IT policies.



Risk of Animals

Three categories of animal abuse are:

- Physical abuse - Includes kicking, punching, throwing, burning, microwaving, drowning, asphyxiation and the administration of drugs and poisons;
- Sexual - Any use of an animal for sexual gratification;
- Neglect - A failure to provide food, water, shelter, companionship or veterinary attention

Reporting animal abuse:

DSL will notify the RSPCA of any concerns relating to abuse and neglect of animals; Where it is known or strongly suspected that there are concerns about the welfare of animals in household's subject to investigations, contact needs to be made with the RSPCA to alert them of suspected concerns, enquire if the household is known to the RSPCA and if appropriate give notice of actions likely to be taken.

Private Fostering

A private fostering arrangement is essentially one that is made without the involvement of a local authority for the care of a child under the age of 16 (under 18 if disabled) by someone other than a parent or close relative for 28 days or more. A close relative is defined as a 'grandparent, brother, sister, uncle or aunt (whether of the full blood or half blood or by marriage or civil partnership) or step-parent'. Privately Fostered children are a diverse and sometimes vulnerable group.

These groups can include:

- Children sent from abroad to stay with another family, usually to improve their educational opportunities
- Asylum-seeking and refugee children who are living in the community with extended family members or family friends;
- Teenagers who, having broken ties with their parents, are staying in short-term arrangements with friends or other non-relatives;
- Language students living with host families
- Under the Children Act 1989, private foster carers and those with Parental Responsibility are required to notify the local authority of their intention to privately foster or to have a child Privately Fostered or where a child is privately fostered in an emergency.

The DSL at Omnipresence Nursery School has a duty to notify the local authority of a Private Fostering arrangement that comes to their attention, where they are not satisfied that the arrangement has been or will be notified.



Child Sexual Exploitation:

The sexual exploitation of children and young people is a form of child sexual abuse. Sexual exploitation of children and young people under 18 involves exploitative situations, contexts and relationships where young people (or a third person or persons) receive 'something' (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of them performing, and/or another or others performing on them, sexual activities. Child sexual exploitation can occur through the use of technology without the child's immediate recognition; for example, being persuaded to post sexual images on the internet/mobile phones without immediate payment or gain. In all cases, those exploiting the child/young person have power over them by virtue of their age, gender, intellect, physical strength and/or economic or other resources. Violence, coercion and intimidation are common, involvement in exploitative relationships being characterised in the main by the child or young person's limited availability of choice resulting from their social/economic and/or emotional vulnerability.

Bruising/marks in non-mobile infants.

Infants who have yet to acquire independent mobility (rolling/crawling) should not have bruises/ marks or other injuries without a clear explanation.

This applies to all infants under the age of 6 months, and also to older children up to age 2 years who are not yet crawling, bottom shuffling, pulling to stand, cruising or walking independently.

In relation to bruising, nurseries are advised to 'suspect abuse' and refer to children's services in the following situations:

- If a child or young person has bruising in the shape of a hand, ligature, stick, teeth mark, grip or implement;
- If there is bruising or petechiae (tiny red or purple spots) that are not caused by a medical condition (for example, a causative coagulation disorder) and if the explanation for the bruising is unsuitable. Examples include:
- Bruising in a child who is not independently mobile;
- Multiple bruises or bruises in clusters;
- Bruises of a similar shape and size;
- Bruises on any non-bony part of the body or face including the eyes, ears and buttocks;
- Bruises on the neck that look like attempted strangulation;
- Bruises on the ankles and wrists that look like ligature marks;
- Ear Bruising.

Bruising is the commonest presenting feature of physical abuse in children. Systematic review of the literature relating to bruises in children shows that;

- Bruising is strongly related to mobility;
- Bruising in a baby who is not yet crawling, and therefore has no independent mobility, is very unusual;
- Only one in five infants who is starting to walk by holding on to the furniture has bruises;
- Unintentional bruises in pre-mobile infants are rare,



Safeguarding in the Curriculum

The following areas are among those addressed in PSHE and in the wider curriculum:

- Bullying/Cyberbullying**
- Diversity issues e.g. Forced Marriage, Female Genital Mutilation (FGM),**
- Domestic violence / Relationships**
- Drug, alcohol and substance abuse**
- E Safety / Internet Safety**
- Extremism/Radicalisation including PREVENT**
- Fire and Water Safety**
- Protective Behaviours**
- Sexual Exploitation of Children (CSE)**
- Stranger Awareness**
- Risk of animals**
- Other safeguarding issues as relevant. E.g. gang activity**

Appendix:

ORGANISATIONAL RESPONSIBILITIES - From “Working Together 2018”

Organisations should have place arrangements that reflect the importance of safeguarding and promoting the welfare of children, including:

- **A clear line of accountability for the commissioning and/or provision of services designed to safeguard and promote the welfare of children**
- **A senior board level lead to take a leadership responsibility for the organisations safeguarding arrangement**
- **A culture of listening to children and taking account of their wishes and feelings both in individual decisions and the development of services**
- **Arrangements which set out clearly the processes for sharing information with other professionals and with the Local Safeguarding Children Board**
- **A designated professional lead. Their role is to support other professionals in their agencies to recognise the needs of the children including rescue from possible abuse or neglect. Designated professional roles should always be explicitly defined in job descriptions. Professionals should be given sufficient time, funding, supervision and support to fulfil their child welfare and safeguarding responsibilities effectively.**
- **Safe recruitment practice for individuals whom the organisation will permit to work with children on a regular basis including policies on when to obtain criminal records check.**
- **Appropriate supervision and support for staff including safeguarding training**
- **Clear policies in line with the LCSB for dealing with allegations against people who work with children.**

See separate ‘Safeguarding Policy/Manual’



Omnipresence British Values Policy (Appendix to the Safeguarding Policy)

At Omnipresence Nursery School we aim for our children to become valuable and fully rounded members of society who treat others with respect and tolerance, regardless of background. We promote the basic British values of democracy, the rule of law, individual liberty, and mutual respect and tolerance for those with different faiths and beliefs.

Democracy

We encourage our children to use their voice, listen to others and make decisions together. From sharing their news in circle time, taking turns, role-playing and sharing resources.

The Rule of Law

We will promote positive behaviour by helping the children to understand and respect boundaries enabling children to distinguish right from wrong.

Individual Liberty

We encourage our children to make choices, knowing that they are in a safe and supportive environment to enable them to do this. Through our lessons, we discuss different choices they may make and the consequences of those choices. Children are continually encouraged to make the right choices by all adults working in the nursery school. We encourage independent thinking, acceptance that others may have similar or different opinions and encourage children to reflect on their learning and the choices they have made.

Mutual Respect & Tolerance

Our whole nursery school ethos is built around mutual respect. We are an inclusive nursery where everyone is valued and has a contribution to make to the nursery school. Children learn that their behaviours have an effect on their own rights and those of others. The importance of working together is explored and celebrated. Children are encouraged to respect each other throughout the day, including lunchtimes,

All different faiths and beliefs are explored and celebrated, children are taught that people have different faiths and beliefs and that these should be accepted. Children within our nursery school are encouraged to share their practices and special celebrations.



ANTI-BULLYING POLICY

Rationale

The Omnipresence Nursery is completely opposed to bullying and will not tolerate it. It is entirely contrary to the values and principles we work and live by. All members of the nursery community have a right to work in a secure and caring environment. They also have a responsibility to contribute, in whatever way they can, to the protection and maintenance of such an environment.

Mission Statement

The Omnipresence Nursery actively promotes positive interpersonal relations between all members of the nursery community. It is important that this policy has been developed through consultation which involved all members of the nursery community – children/young people, parents/carers and all nursery staff.

Principles

- Pupils have a right to learn free from intimidation and fear.
- The needs of the victim are paramount.
- Nursery will not tolerate bullying behaviour.
- Bullied individuals will be listened to.
- Reported incidents will be taken seriously and thoroughly investigated.

Definition of Bullying

Bullying is an act of aggression, causing embarrassment, pain or discomfort to someone. It can take a number of forms; physical, verbal, making gestures, extortion and exclusion. It is an abuse of power. It can be planned and organised, or it may unintentional. It may be perpetrated by individuals or by groups of pupils.

Forms of Bullying

- Physical violence such as hitting, pushing or spitting at another child.
- Interfering with another child's property, by stealing, hiding or damaging it.
- Using offensive names when addressing another child.
- Teasing or spreading rumours about another child or his/her family.
- Belittling another child's abilities and achievements.
- Writing offensive notes or graffiti about another child.
- Excluding another child from a group activity.
- Ridiculing another child's appearance, way of speaking or personal mannerisms.
- Misusing technology (internet or mobiles) to hurt or humiliate another person.



Links with other Nursery Policies

Child Protection; Behaviour Management Policy;

Participation & Consultation Process

- Monitoring evaluation and review

The Responsibilities of Staff

Our staff will

- Foster in our children's self-esteem, self-respect and respect for others
- Demonstrate by example the high standards of personal and social behaviour we expect of our children.
- Discuss bullying with all children, so that every child learns about the damage it causes to both the child who is bullied and to the bully and the importance of telling a teacher about bullying when it happens.
- Be alert to signs of distress and other possible indications of bullying.
- Listen to children who have been bullied, take what they say seriously and act to support and protect them.
- Report suspected cases of bullying to (name of teacher and post, e.g. our designated teacher for child protection).
- Follow up any complaint by a parent about bullying, and report back promptly and fully on the action which has been taken.
- Deal with observed instances of bullying promptly and effectively, in accordance with agreed procedures.

The Responsibilities of the Children

We expect our children to:

- Refrain from becoming involved in any kind of bullying, even at the risk of incurring temporary unpopularity.
- Intervene to protect the child who is being bullied, unless it is unsafe to do so.
- Report to a member of staff any witnessed or suspected instances of bullying, to dispel any climate of secrecy and help to prevent further instances.
- Anyone who becomes the target of bullies should: Not suffer in silence, but have the courage to speak out, to put an end to their own suffering and that of other potential targets.



The Responsibilities of Parents

We ask our parents to support their children and the school by:

- Watching for signs of distress or unusual behaviour in their children, which might be evidence of bullying.
- Advising their children to report any bullying to (name of a member of staff/specific post in school/their class teacher) and explain the implications of allowing the bullying to continue unchecked, for themselves and for other children.
- Advising their children not to retaliate violently to any forms of bullying.
- Being sympathetic and supportive towards their children, and reassuring them that appropriate action will be taken;
- Keep a written record of any reported instances of bullying
- Informing the school of any suspected bullying, even if their children are not involved;
- Co-operating with the school, if their children are accused of bullying, try to ascertain the truth.
- And point out the implications of bullying, both for the children who are bullied and for the bullies themselves.

The Responsibilities of All

EVERYONE SHOULD:

WORK TOGETHER TO COMBAT AND, HOPEFULLY IN TIME, TO ERADICATE BULLYING.

Procedures for Dealing with incidents of Bullying Behaviour

Steps taken to support and respond to the needs of both bullied and bullying individuals.

- Records kept
- Action which may be taken
- Contacting parents/carers of all individuals concerned in the bullying incident.
- Investigation.
- Feedback to those concerned.
- Sanctions.
- Contacting relevant professionals e.g. Designated safeguarding Lead,

Continuous Professional Development of Staff

The Omnipresence Nursery will offer all staff training in the area of anti- bullying.



ANTI RACISM / HATE POLICY

At Omnipresence Nursery, we believe that it is important to balance multi-cultural education with anti-racist education. Anti-racist education provides our children with the opportunity to explore their own attitudes, challenge prejudice and stereotypes and explicitly teaches about racism and the damage it causes. Reference should also be made to the nursery's Anti Bullying policy

DEFINITIONS:

What is a racist incident?

A racist incident is any incident which is perceived to be racist by the victim or any other person. A racist incident of a discriminatory nature is an offence committed against a person or property which is motivated by a person's hatred of people because they are believed to be different. This includes prejudice on the grounds of:-

- Race
- Religion
- Disability
- Gender identity
- Age
- Sexual orientation

What is Prejudice?

An opinion or emotional response, usually hostile, which is reached without adequate evidence; an unreasonable or irrational opinion. Racial prejudice is prejudice held towards an individual member of, or a whole ethnic or racial group without having any real knowledge.

What is racial discrimination?

Racial discrimination occurs when an individual or group are treated badly or less well than others because of their origin, either racial, ethnic, skin colour or nationality. The Race Relations Act identifies two forms of discrimination:

- Direct, when there is a deliberate attempt to mistreat an individual or group because of their background.
- Indirect Discrimination, where a rule is applied to a whole population which gives the impression that all will be treated in the same way.

What is racism?

Racism is often defined as starting with racial prejudice but also needing power to put prejudices into action i.e., Prejudice + Power + Action = Racism. Racism takes many forms, individual acts such as telling racist jokes or abuse, organised far-right wing political violence or larger institutional practice which by commission or omission has the effect of discriminating against minority ethnic groups in society. Major evidence from the Home Office, The Commission for Racial Equality and the minority ethnic communities themselves serve to demonstrate that racism is still a very major feature of British society and British institutions and therefore exists in the lives of large numbers of its citizens.



Stereotype

Attributing a supposed characteristic to a whole group or culture. At best, stereotypes are inaccurate portrayals, which deny a person's individuality, at worst; stereotypes have been used to justify the worst excesses of racism throughout history.

Religious or Faith Abuse

Religious or faith abuse is unacceptable. Everyone has the right to feel safe wherever he or she lives. Any incident, which is perceived to be motivated by faith or religious hatred by the victim or any other person is an incident of abuse and should be dealt with by the safeguarding team.

Homophobic Incidents

Homophobia is the bullying, persecution or harassment of lesbian, gay, bisexual and transgender people.

Homophobic Bullying is a problem that is potentially damaging to a lot of young people whether they identify as being Lesbian, Gay or Bisexual (LGB) or not. This can happen anywhere and does.

Most homophobic bullying takes place at a time when young people, particularly boys, are unsure about their own developing identity - subjected as they are to the confusing messages our society sends out about what it means to be 'a man' and against the stereotype of what it means to be gay. Homophobia presents itself in young people as the fear of and the reaction to an issue about which they can have little understanding and to a person perceived as 'different'.

Transphobic Abuse

"Any incident which is perceived to be transphobic by the victim or by any other person".

Transphobic incidents are usually motivated by the offender's ignorance, prejudice or fear. Such hate crimes can have a serious impact upon the victims and their quality of life.

Sexual Harassment

Sexual harassment is 'any unwanted verbal or physical advance, of a sexual nature, sexually explicit derogatory statement or sexually discriminatory remark which is offensive, threatening, abusive or insulting.

Disability Harassment

Disability harassment includes any unwanted verbal or physical abuse and or behaviour related to a person's disability, which is offensive, derogatory, discriminatory, threatening, abusive or insulting.

Agreed procedures

The following should be undertaken:-

It is important for all nursery staff to follow a consistent approach when dealing with a racist incident.



Don't ignore

Make an immediate response:-

- refer to the anti-racism policy in the nursery and if appropriate intervene if necessary.
- be specific about the behaviour you are objecting to, describe it point out this kind of behaviour is not acceptable and explain why: e.g.: Nursery values, rules, policy etc.
- explain why it is wrong [I find this offensive/I find this wrong – this personally offends me] be prepared to say that you find this behaviour hurtful/disappointing
- explain how it makes the victim or others feel.

Support the victim (*if there is one*)

- let them know how you feel about them and their feelings.
- show you understand their reaction.
- let them know that these negative racist comments come from society and are not to do with any personal shortcomings.

Affirm both

- work with the victim
- work with the aggressor

Bring the parties together (if agreed by the parties involved. This should be carried out by a member of the Senior Leadership Team (Dawnlouise & Raymond Young) and the Safeguarding Lead (Sharon Norrell).

- resolve any non-racial element of the incident.
- be firm but supportive to the aggressor.
- encourage an apology/model a response.
- suggest how they might behave in the future.

Record and communicate

- write a referral
- Recorded it in the relevant log
- let other staff know as appropriate

Discuss with parents

- record and communicate

At Omnipresence Nursery, all racist / hate incidents are recorded by the Safeguarding Lead (Sharon Norrell). As with other disciplinary matters the Senior Leadership Team should be involved and informed at appropriate stages. They should complete appropriate referrals.

Monitoring and Evaluation

- monitoring of anti-racist / hate log.
- monitoring and analysis of schemes of work
- structured discussions with children and staff

ADDITIONAL GUIDANCE CAN BE FOUND AT NORTHAMPTONSHIRE COUNTY COUNCIL GUIDANCE FOR REPORTING ANTI RACE AND HATE CRIME.



This policy is to be read in conjunction with the following:

- Child Protection Policy
- Safeguarding Policy
- Safer Recruitment Policy
- Managing Allegations of Abuse
- E Safety Policy
- Promoting Health Policies
- Intimate Care Policy

INTIMATE CARE POLICY

Policy Statement

All children at The Omnipresence Nursery have the right to be safe and be treated with dignity, respect and privacy at all times to enable them to access all aspects of nursery life. This policy sets out clear principles and guidelines on supporting intimate care with specific reference to toileting. It is used in conjunction with our Safeguarding Policy, Health and Safety Policies and Administering of Medicines policy.

This policy supports the safeguarding and welfare requirements of Early Years Foundation Stage (EYFS) 2014 and the Disability Discrimination Act 2005

The Omnipresence Nursery will ensure that:

- No child's physical, mental or sensory impairment will have an adverse effect on their ability to take part in day to day activities.
- No child with a named condition that affects personal development will be discriminated against
- No child who is delayed in achieving continence will be refused admission
- No child will be sent home or have to wait for their parents/carer due to incontinence
- Adjustments will be made for any child who has delayed incontinence
- No Child will go to the bathroom on their own with practitioners
- There will always be a minimum of 2 practitioners in the bathroom with the children.

We work with parents towards toilet training unless there is a medical or other developmental reason why this may not be appropriate at the time. We see toilet training as a self-care skill that children have the opportunity to learn with the full support and non-judgemental concern of adults.

The nursery will share policy and procedures for dealing with children's general toileting needs with parents or carers. It is important that there is a positive dialogue between home and nursery school about strategies in use with the child so that these can be reinforced as appropriate.



Principles

It is the right of the child to be treated with sensitivity and respect, and in such a way that their experience of personal care is a positive one. As far as possible the child should be allowed to exercise choice and should be encouraged to have a positive image of their body. There should be recognition that toileting support can involve risks for both the child and any adults in attendance.

Intimate Care Tasks – cover any task that involves:

- Dressing and undressing
- Washing including intimate parts
- Helping someone use the toilet
- Changing nappies
- Carrying out a procedure that requires direct or indirect contact to an intimate personal area.

Procedures

Nursery

- In Nursery we recognise that children will join us having reached differing levels of independence and development in toileting and self-care:
- Children are changed whenever the need arises. Children not left in wet/soiled nappies or clothing.
- Children from 2 years old should wear ‘pull-ups’ or other types of trainer pants as soon as they are comfortable with this idea and their parents are in agreement.
- Key persons/teachers undertake to change children in their key groups.
- Changing areas are warm and there are safe areas to lay children on if they need to have their bottoms cleaned.
- Each child has their own nappies / ‘pull-ups’ and wipes are accessible in the changing area in a clearly labelled bag.
- Gloves and aprons are put on before changing commences and the areas are prepared.
- A clean and comfortable changing mat is used in the changing area for each child.
- All staff are familiar with the hygiene procedures and carry them out when changing nappies or ‘pull-ups’.
- Key persons recognise that nappy changing is relaxed and a time to promote independence in young children. They avoid pulling faces or making negative comments about nappy contents or the child.
- Nappies and ‘pull-ups’ are disposed of hygienically. Soiled clothing is bagged for parents to take home and placed in each child’s personal box.
- Young children are not left in soiled or wet nappies, ‘pull-ups’ or pants as we have a ‘duty of care’ towards children’s needs and this could be interpreted as neglect.
- Changing area is left clean and ready for the next child.
- Children are encouraged to take an interest in using the toilet; they may just want to sit on the toilet at first.
- Children are reminded at regular times to go to the toilet.
- New children have a general ‘induction’ tour of the toilet to make them feel safe and comfortable.
- Children are encouraged to wash their hands after using the toilet and have soap and towels to hand.



Partnership with Parents/Carers –

Staff/ Child's keyworker works in partnership with parents/carers to provide care appropriate to the needs of the individual child and together will produce a care plan. The care plan will set out:

- What care is required
 - Number of staff needed to carry out the task (if more than one person is required, reason will be documented)
 - Additional equipment required
 - Child's level of ability i.e. what tasks they are able to do by themselves
 - Acknowledge and respect for any cultural or religious sensitivities related to aspects of intimate care
 - Be regularly monitored and reviewed in accordance with the child's development
- Parents/Carers are asked to supply the following (delete as appropriate): -
- Spare nappies
 - Wipes, creams, if they want their child to have a specific brand
 - Spare Clothes
 - Spare underwear

Best Practice

When intimate care is given, the member of staff explains fully each task that is carried out, and the reason for it. Staff encourage children to do as much for themselves as they can, lots of praise and encouragement will be given to the child when they achieve.

All staff working in early years setting has an enhanced DBS check. Particular staff members are identified to change a child with known needs and that they plan and record their work with that child.

Dealing with body fluids

Urine, faeces, blood and vomit will be cleaned up immediately and disposed of safely using the disposal bins provided. When dealing with body fluids, staff wear protective clothing (disposal plastic gloves and aprons) wash themselves thoroughly afterward. Soiled children's clothing will be bagged to go home – staff will not rinse it. Children will be kept away from the affected area until the incident has been completely dealt with.

All staff maintains high standards of personal hygiene and will take all practicable steps to prevent and control the spread of infection.

Sensitivity and Respect

- Each child will be spoken to by name and given explanations of what is happening.
- Privacy appropriate to the child's age and situation will be provided.
- The child will be encouraged to care for themselves as far as possible. (wash hands & face; age appropriate).
- Items of good quality, appropriately sized spare clothing will be readily available or provided by parents if the child has a medical condition which results in toileting accidents.
- Adults should be aware and responsive to the child's reactions.
- The dignity of the child must be respected and so as much as can be kept confidential between child, nursery and parent is kept confidential.



Safeguarding Children and Adults

Anyone caring for children has a common law duty of care to act like any prudent parent. Staff ensure that children are always healthy and safe .

- Adults dealing with the toileting needs of children are employees of the nursery and have undergone enhanced DRB disclosure.
- All staff are aware of the nursery's protocol and procedures following an induction and are kept informed of updates via the nursery's designated safeguarding lead.
- All staff have received appropriate safeguarding training and will receive support where necessary.
- The parents are informed as soon as possible, and staff should have the opportunity to raise any concerns or issues.
- Members of staff must ensure that they do not change or clean a child in a room with the door closed.
- Staff are monitored daily by the management team and the room leads.

Health and Safety

In the case of a child accidentally wetting, soiling or being sick whilst on the premises:

- Staff should wear disposable gloves and aprons to deal with the incident
- Soiled clothing is bagged, tied and labelled.
- Hot water and soap are available to wash hands as soon as the task is completed.

Roles and Responsibilities

Parents and carers are made aware of policies and procedures related to intimate care and all specific instances related to their child. If it becomes evident that a child has an ongoing problem that requires regular intimate care intervention, the nursery will make arrangements with the parent/carer for the long-term resolution of the problem. This is likely to include a care plan that involves the parent/carer directly as well as external reference to a Health Care professional.

Advice and Support

There are other professionals who can help with advice and support. Family Health Visitors and Community Nursery Nurses have expertise in this area and can support adults to implement toilet training programmes in the home. Health Care Professionals can also carry out a full health assessment in order to rule out any medical cause of continence problem. Parents are more likely to be open about their concerns for their child's learning and development and seek help if they are confident that they and their child are not going to be judged for their delayed development.

GOOD PRACTICE –TOILET TRAINING

Introducing Toilet Training

We look out for signs that a child is ready for potty/toilet training and we work with parents and child to implement an agreed programme. Some children will be late in achieving milestones and toilet training will be delayed accordingly. Incontinence can be part of a medical condition or part of global delay. A few children may never be totally continent and so the emphasis will be on management of the condition.



A child will pass through these 3 stages as they develop bowel/bladder control:

1. The child becomes aware of having wet or dirty nappy.
2. They know that urination/defecation is taking place and may indicate this.
3. The child realises that they need to urinate/defecate and may say so in advance.

Toilet training will be more successful if the child is at the last stage.

Assess the child over a period of appropriate time (individual to each child) to determine:

- If there is a pattern to when the child is soiled/wet.
- The indicators that the child is giving that they need the toilet (actions, facial expressions).
- Hourly visits to the toilet and monitoring of wet, soiled or dirty nappies help to determine toileting behaviour and show an emerging pattern.

CHILD PROTECTION POLICIES – EYFS 3.4

See separate 'safeguarding policy/manual'

Policy Summary:

The curriculum will raise children's awareness and build confidence. The nursery school has a warm supportive ethos that enables children to talk and know that they will be listened to. While the manager has responsibility for child protection, all staff understand signs and symptoms to be aware of in the setting, home or elsewhere (especially a child's key person), and how to respond to concerns. A detailed report of any concerns will be written. Staff are also vigilant about any concerns they may have about colleagues and will report these concerns to the manager or owner.

Members of staff will be supported through this process. The designated member of staff will attend one day training every two years, and all other staff will attend awareness training every three years. The owner will attend safer recruitment training every five years.

A child may disclose information and practitioners will listen sensitively to the child's account and offer reassurance. The practitioner will share their concerns with the manager to help clarify the nature of the concern. Written accounts will be handed to the manager on the safeguarding referral form. If a child attends Omnipresence children's nursery school with an existing injury, the parent will be asked for an explanation, which will be logged in the confidential diary. If the manager continues to have concerns, she will write up the parent's account, and ask the parent to sign it. The manager will discuss concerns with the parent (except where there are serious concerns of physical abuse or sexual abuse), and a plan to improve the situation put in place.

If concerns remain the manager will log a child welfare concern with the M.A.S.H - Multi Agency Safeguarding Hub - **Helpdesk - Tel - 0300 126 7000**. (this will be immediately if there are concerns about physical or sexual abuse). Once this is done concerns will be put into writing and sent to the M.A.S.H team within 24 hours. Records which are typed, dated and signed are kept in a secure and confidential place. Written records will be kept even if there is no need to refer the matter immediately. They are passed on to a new educational setting. If a child has a Child Protection Plan, the nursery school's senior staff will contribute to any procedures or core group meetings.



Advice about procedural issues can be obtained through the **M.A.S.H Service – Tel – 0300 126 7000**

The Designated Officer should be informed of all cases in which it is alleged that a person who works with children has:

- Behaved in a way that has harmed, or may have harmed, a child;
- Possibly committed a criminal offence against children, or related to a child; or
- Behaved towards a child or children in a way that indicates they may pose a risk of harm to children, for example if their conduct falls within any of these categories of abuse:
 - physical
 - emotional
 - sexual
 - neglect

Allegations made against workers who are paid, unpaid, volunteer, agency, casual and self-employed as well as foster carers, and adoptive parents of children on Placement Orders should all be reported to the Designated Officer. This should be done within 24 hours of the incident.

- Direct link to current NSCB Designated Officer information:

<http://www.northamptonshirescb.org.uk/childcare/eycm-referrals-eha/designated-officer/>

For consultation with a Designated Officer email: doreferral@northamptonshire.gov.uk

When making a referral to the Designated Officer, please email the Multi-Agency Safeguarding Hub (MASH) at MASH@northamptonshire.gcsx.gov.uk in the first instance.

PROTECTION PLAN

See separate 'safeguarding policy'

Policy Summary:

Staff within the setting, according to the child's protection plan will support these children and their families. All information will be transferred to any new setting. The social worker will be notified of there is an unexplained absence of more than 2 days.



ALLEGATIONS MADE AGAINST A MEMBER OF STAFF – EYFS 3.4, 3.8

This is an extremely difficult and sensitive area to address. All allegations should be dealt with according to Northamptonshire's Inter Agency Child Protection Procedures - which is kept by the DSL

Parents are informed about the complaints procedure. In the event of a child protection abuse allegation against a member of staff, there would be no investigation by the setting. The manager would contact the local authority designated officer – **Tel 0300 126 7000**. This officer would then handle the situation and a strategy meeting may occur to plan any further appropriate action. If there is an allegation against the manager, the owner (Dawnlouse) would put the above procedures into place. All parties should be treated fairly and honestly, be kept informed, and be given support. A member of staff, who is suspended pending an enquiry, will be paid depending upon the financial situation of the nursery school at the time.

If you have a concern about a person working with children or such a concern is brought to your attention you must tell the manager or deputy immediately (do not tell anyone else).

If the concern is about the manager or deputy you must report to the Local Authority Designated Officer (DO) for Safeguarding Children. This will ensure that correct procedures are followed.

The Designated Officer should be informed of all cases in which it is alleged that a person who works with children has:

- Behaved in a way that has harmed, or may have harmed, a child;
- Possibly committed a criminal offence against children, or related to a child; or
- Behaved towards a child or children in a way that indicates they may pose a risk of harm to children, for example if their conduct falls within any of these categories of abuse:
 - physical
 - emotional
 - sexual
 - neglect

Allegations made against workers who are paid, unpaid, volunteer, agency, casual and self-employed as well as foster carers, and adoptive parents of children on Placement Orders should all be reported to the Designated Officer. This should be done within 24 hours of the incident.

When making a referral to the Designated Officer, please email the Multi-Agency Safeguarding Hub (MASH) at MASH@northamptonshire.gcsx.gov.uk in the first instance.

- Direct link to current NSCB Designated Officer information:
<http://www.northamptonshirescb.org.uk/childcare/eycm-referrals-eha/designated-officer/>
- For consultation with a Designated Officer email: doreferral@northamptonshire.gov.uk



Ofsted will be informed of any allegations of serious harm or abuse by any person working or looking after children at Omnipresence Nursery School within 14 days of the allegation being made.

You can phone the NSPCC Whistleblowing Advice Line on **0800 028 0285**

The Nursery School will work closely with other agencies.

RESOLUTION OF PROFESSIONAL DIFFICULTIES (ESCALATION POLICY)

Situations may arise where workers with one agency feel that a decision made by a worker from another agency on child protection is not a safe decision. Disagreements could arise in a number of areas but most likely around: –the level of need, the role and responsibility, the need for action and communication. All workers in the setting should feel able to challenge decision making and see it as their right and responsibility to promote the best safeguarding multi-agency practice.

The safety of the individual children is the paramount consideration in any professional disagreement. If the situation were to arise in this setting then procedures would be followed as set out in the Safeguarding Children's Board Handbook. Available from the web site. (Settings are advised not to print off the handbook, as it is updated regularly).

<http://www.northamptonshirescb.org.uk>

Notes of any discussions and complaints would be made at all stages of discussions. A 'Resolution of Professional Disagreements in work relating to the safety of children' form would be completed at Stage 3 and a copy of this form would be held on the children's/family file in all agencies involved in the resolution of professional difficulties. A copy of which should be e-mailed to mail@gscb.org.uk

EQUAL OPPORTUNITIES POLICY

We will ensure that our nursery school is fully inclusive in meeting the needs of all children to the best of our ability. We provide a safe warm environment where all children can flourish and all contributions are valued. We are open to all members of the community. We provide information in clear language and would support families who spoke different languages. All staff and especially the child's key person support each child and their families'. We aim to extend understanding and awareness in an increasingly diverse society.

We offer a range of payment methods and discuss and find ways to deal with any difficulties in meeting bills.

The building is as accessible as possible to children, families and visitors. It is essential that all staff promote equal opportunities for all - both children and staff. Staff will value and respect children and families from all ethnic groups, different religions and cultural backgrounds and those with special educational needs. Resources and activities will be used that portray these differences positively. Staff will encourage children of both



sexes to participate in all activities and games of their choice and have access to all toys and materials. [EYFS 1.6](#)

The involvement of adult males will be encouraged, whether it is parental, work experience students or staff. All staff must constantly be aware that their own attitudes and expectations affect the achievement, behaviour and status of each child. All forms of discrimination will be treated seriously, and the offending child/adult will be informed that such behaviour is unacceptable.

SPECIAL EDUCATIONAL NEEDS / INCLUSION POLICY EYFS 3.68

The Nursery School SENco's are Sharon Norrell, Sharon Walker, Nicola Gibson & Victoria Norrell

This policy supports the Special Educational Needs & Disability Code Of Practice 0 – 25 years 2014

The Aims of our Special Educational Needs / Inclusion Policy

At Omnipresence we welcome children with special educational needs as part of our community. We recognise that we will need to consider the individual needs of children when planning our curriculum and we aim to provide a curriculum, which is accessible to the individual needs of all our children.

We recognise the importance of early identification and assessment of children with special educational needs. This is particularly important in the area of early year's education. We do develop practices and procedures that aim to ensure that all children's special educational needs are identified and assessed and the curriculum planned to meet those needs.

We recognise the vital role of parents/carers in the identification, assessment and response to their children's special educational needs. We do work in partnership with parents/carers, valuing their views and contributions and keeping them fully involved in their child's education needs.

We believe in the involvement of the child and the importance of taking their views into account. We do make every effort to involve the child in decision-making about their special educational provision if possible.

We are committed to effective collaboration between all agencies working with a child and a multi-disciplinary approach to meeting children's special educational needs. We will actively support the establishment and maintenance of close links with all agencies working with the child.

Details about our Special Educational Needs Inclusion Co-ordinators

At Omnipresence our Special Educational Needs Inclusion Co-ordinator (SENCO) are Sharon Norrell, Sharon Walker, Nicola Gibson & Victoria Norrell. They are responsible for the day-to-day provision for children with SEN. Together with the key workers in our early years setting, our SENCO maintains and oversees all records for children with SEN. The SENCO will liaise with other staff about children's needs and will liaise with outside agencies such as health, education and social services regarding the needs of children, always after consultation with parents/carers.



Our Admission Arrangements For Children With Special Educational Needs

Children with special educational needs are welcomed into our early years setting, as are all our children. We may ask parents to give us further details of professionals involved with their child. When we know that a child may have a special educational need or disability before they start at our setting, we will endeavour to set up a good transition for that child into our setting involving child, parents/carers and any outside professionals known to the child. This may involve the child visiting our setting on a number of occasions and/or a home visit by one of our members of staff.

The Role Played By The Parents Of Children With Special Educational Needs.

At Omnipresence we work in partnership with parents. We recognise that parents/carers know their children best and have a great deal to contribute. Parents'/carers' views and contributions are valued. In addition, we can offer parents/carers:

- an 'open door' policy which means parents can approach staff whenever they have a concern and time will be made available for them
- scheduled meetings for parents to meet and discuss their child's progress;
- opportunities for parents/carers to come and work or observe their child in the group
- give information about local and national support groups, special support groups for parents of children with SEN.

Children's views

We always seek views of all children with regard to their education and inclusion. We involve all children in their learning by offering choices using objects, photographs, verbal means etc. All children are encouraged to express preferences using a variety of methods including augmented methods of communication. We seek all children's views in decision making about the learning environment.

The Curriculum At Our Early Years Setting

Children with SEN are regarded as full members of our community and we offer an inclusive provision to all our children. All children have full access to the environment, resources, staff and activities. Children with SEN engage in the activities on offer in our setting together with children who do not have identified SEN. The curriculum is planned to meet the known individual needs of all children and careful choice of resources is made to facilitate access to the curriculum for all children. We adapt our materials and teaching styles to help children with different individual needs to learn.

The Allocation Of Resources For Children With Special Educational Needs.

At our early years setting we will endeavour to adapt our environment to enable access for children with a wide range of needs and to allocate resources appropriately for children. For children who are supported through Early Years Action Plus, with parental consultation, we may request additional resources from Northants Early Years Inclusion Panel. Resource requests will normally be related directly to the child's Individual Educational Plan targets.



How Children With Special Educational Needs Are Identified And Their Needs Determined And Reviewed.

At Omnipresence we follow the graduated approach to Children with special educational needs as recommended in the SEN Code of practice. Setting staff work in partnership with parents at all times and will always discuss their child's progress with them and keep them fully informed about how the setting is seeking to meet their child's needs.

Early Years Action

The key worker and/or SENCO will identify a child with SEN and will devise interventions that are additional to or different from those provided as part of our usual curriculum and strategies. Strategies employed to enable the child to progress will be recorded within SEND Action plan working with the NCC Descriptors, The child will be added to the SEN Profile. In consultation with parents/carers, the SENCO will take the lead in gathering information about the child from other professional who may already be involved with the child (e.g. Health Visitor, Social Worker, Speech and Language Therapists etc.). With parental permission, the SENCO may discuss the child's needs with our setting's Area SENCO from the Northamptonshire's Inclusion Team.

Early Years Action Plus

The key worker and SENCO will be supported by external support services or outside specialists (e.g. Pre-school Education Team Teachers, Educational Psychologist, Speech and Language Therapists, Physiotherapists etc.) Advice by outside specialists will be sought in order to devise a SEND Action plan working with the NCC Descriptors with more specialist strategies and targets. A request for help from external services is likely to follow a decision taken by the SENCO in consultation with parents at a meeting to review the child's SEND Action plan.

Statutory Assessment

A Statutory multi-disciplinary assessment will be requested from the Local Education Authority by either the SENCO or by the parents.

Education, Health, Care Plan

The early years setting will be responsible for delivering the education programme specified in the child's Education, Health, Care Plan. The SENCO will be responsible for monitoring and reviewing the progress through SEND Action plan working with the NCC Descriptors and through the statement review process.

In-Service Training For Staff In Relation To Special Educational Needs.

At Omnipresence we are committed to providing and facilitating attendance at in-service training in the area of SEN for all staff. An annual needs analysis will be undertaken to identify the training needs of the setting staff team and of individual staff.



Transition Of Children With Special Educational Needs Between Early Years Settings Or Between Early Years Settings And The Next Stage Of Education.

At Omnipresence we believe that transition is a crucial time for all children – but particularly for children with identified special educational needs. As far as is possible, we will do everything that we can to facilitate a smooth transition for our children moving to other settings. We will invite staff from the receiving setting to transition meetings and will pass information (Individual Education Plans, observations, ideas for successful strategies etc.

How We Evaluate The Success Of The Education That Is Provided To Children With Special Educational Needs.

- We review our SEN / Inclusion policy annually and evaluate the effectiveness of:
- Systems for identifying and assessing children with special educational needs
- The provision made to meet children’s special educational needs
- The record-keeping for children with special educational needs
- The allocation of resources for children with special educational needs

Concerns And Complaints Regarding Provision For Children With Special Educational Needs

Any concerns or complaints about SEN provision by parents should be addressed to the key worker, initially. If the parents are still not happy they should approach the SENCO who will look into the problem and report back within a week. If the parents/carers continue to be dissatisfied the SENCO will refer the matter to the Senior Manager to take further action as appropriate.

All children (including those with special needs) are welcome at the nursery school on a first come first served basis. However, the building is not suitable for children with severe physical disabilities, but we want do our best to make the building as accessible as possible.

Every child is assessed by all staff making observations to determine his / her development and needs. If there are concerns practitioners discuss the issues between themselves and decide what should be done next. Any concerns about a child’s progress will be immediately discussed with the parents or carers. At this point the child will become subject to the special needs code of practise, where the child will be noted as a concern at Early Action and then provided with an individual education plan.

This plan may require the child to have activities modified or differentiated, or the child may receive one to one support. After an agreed time, this plan will be reviewed with the parents or carers to discuss progress, and how the parents can support the plan at home. Then another plan is put into practise. At each review all interested parties, such as speech therapists, health visitors, practitioners from other settings attended by the child, and teachers from the child’s future school will be invited. After two plans and reviews if the child has made insufficient progress these, together with other evidence will be submitted to the Special Needs panel (on the “Green form”) for consideration regarding the next step, and to state what support will be forthcoming. If it becomes evident that the child needs one to one support the statement process will be carried out and submitted to the panel. Staff at the setting recognise that early intervention is so important.



Nursery school staff may contact the area Early Years Officer or Children's Centre for support and advice, Staff will recognise the needs of very able children present in the day centre.

All records will be sent to the child's next setting with parental permission.

The policy is reviewed annually by all staff, to ensure that it remains effective.

If there are any complaints about the SEN provision, the manager will initially deal with them, and involve the Early Years Consultant if necessary. It is the nursery school's duty to provide good quality provision for SEN children. All staff have access to SEN training (see staff training record)

If it becomes apparent that a child is not attaining the 5 outcomes of Every Child Matters document the EHA process may be carried out where a group of professionals meet to decide what might happen to improve outcomes for the child and his/her family.

STAFF : CHILD RATIOS EYFS 3.28, 3.29, 3.30, 3.31

Only those aged 17 or over may be included in ratios (and staff under 17 should be supervised at all times). Students on long term placements and volunteers (aged 17 or over) and staff working as apprentices in early education (aged 16 or over) may be included in the ratios if the provider is satisfied that they are competent and responsible. [EYFS 3.30](#)

Children aged 2 and under - one member of staff for every 3 children. One member of staff must hold a relevant level 3 qualification at least all other staff must hold a full and relevant level 2 qualification. [EYFS 3.32](#)

Children aged 2 – one member of staff to every 4 children. One member of staff must hold a relevant level 3 qualification at least all other staff must hold a full and relevant level 2 qualification. [EYFS 3.33](#)

Children aged 3 and over - one member of staff to every 8 children. One member of staff must hold a relevant level 3 qualification at least all other staff must hold a full and relevant level 2 qualification. [EYFS 3.35](#)

Children aged 3 and over - one member of staff to every 13 children. One member of staff must hold a relevant level 6 qualification at least all other staff must hold a full and relevant level 3 qualification. [EYFS 3.34](#)

STAFF QUALIFICATIONS, TRAINING, SUPPORT AND SKILLS EYFS 3.20, 3.21, 3.22, 3.23

Staff will be provided with effective support, coaching and training to promote the interests of children and families. Supervision should foster a culture of mutual support, teamwork and continuous improvement which encourages the confidential discussion of sensitive issues, identify solutions and provide coaching to improve personal effectiveness.

Supervision of staff is managed with various means; weekly team meetings, individual supervision meetings, personal development plans.



SAFER RECRUITMENT AND SUITABLE PERSONS – EYFS 3.2, 3.9, 3.11, 3.12, 3.13, 3.14, 3.15, 3.16, 3.17, 3.18, 3.20, 3.26

The owner will ensure safe recruitment practises with all staff having “enhanced disclosure” checks, which are reviewed to ensure no changes have occurred.

Volunteers (also DBS checked) are always supervised, and a record is kept of visitors. All visitors are required to wear ‘visitor labels’ when present in the nursery.

Any job adverts will contain a sentence about our commitment to the safeguarding and welfare of the children. The job application form will contain a section about safeguarding and any criminal disclosures. Candidates will be sent the setting’s safeguarding policy. References will be requested before the interview process. Open references or testimonial will not be sufficient. The interview will be well planned and questions will probe the candidates’ motives for working with children and their suitability for the role. Once a conditional appointment is made a DBS check will be made, together with a medical fitness check.

Staff must have sufficient understanding and use of English to ensure the well-being of children in their care.

New staff will receive induction training, which will be documented and there will be reference to safeguarding matters at staff training sessions for all staff.

People whose suitability has not been checked including a DBS check must not have unsupervised contact with children. All Staff must disclose any convictions, cautions, court orders, reprimands or warnings which may affect their suitability to work with children whether received before or during their employment in the setting.

All staff must disclose if they live in the same household of someone who is disqualified.

In the event of the disqualification of an employee the owner must take immediate action to ensure the safety of the children, and this person must not continue to be employed.

The owner must inform Ofsted of the conviction or grounds for disqualification. This information must be provided to Ofsted within 14 days.



EMPLOYMENT, RECRUITMENT AND STAFFING EYFS 3.9, 3.10

We provide the correct ratio and often above this. A minimum of two staff are on duty at any one time. When we have a staff vacancy we welcome applications from all sections of the community. Posts are advertised, making it clear that we are a 'safer recruitment employer', open to all applicants and are judged against fair criteria. One member of the interview panel will have received Safer Recruitment training. References are requested. Staff are suitably qualified and given induction training. DBS (suitable person) checks are requested immediately once a practitioner is appointed (we are registered with the Ucheck on-line facility). Until a suitable person check is received another practitioner will be present with the new member of staff at all times.

After three months new members of staff have reviews. We have contingency plans to cover staff absences.

We hold regular staff and training meetings.

STUDENTS AND VOLUNTEERS EYFS 3.9

All students are welcome within the nursery school and will be supported by all staff members.

The owner ensures that

- All DBS checks are examined and noted when received by the student
- Students or any other volunteers are not to be left in sole charge of the children
- Students will follow the nursery school's policies
- If students have problems with any aspect of their placement the manager will listen and respond appropriately and in confidence
- The manager reserves the right at any time to dismiss a student if conduct or behaviour towards other staff or children in the setting is inappropriate
- The manager will bear in mind that it is important not to "overload" the nursery school with students
- The Nursery school will maintain contact with the student's tutors and provide necessary reports.

BABYSITTING POLICY

While it is the staff's right to baby-sit for children who are registered at the nursery school, the DBS form does not cover the babysitter anywhere other than the nursery school. Any babysitting carried out for families is entirely separate from the nursery school and the babysitter must make this clear to the parents.



WHISTLE BLOWING POLICY

All members of staff must report to either the Manager or owner immediately if they feel a colleague is acting in a discriminatory or inappropriate way to either a child, parents, or colleagues. The manager will interview parties involved and make necessary decisions and possible targets for improvement or changes in policy. If it is of a serious nature disciplinary action will be taken.

The NSPCC Whistle Blowing Advice Line can be reached on 0800 028 0285.

STAFF TAKING MEDICATION / OTHER SUBSTANCES – EYFS 3.19

Practitioners must not be under the influence of alcohol or other substances that may affect their ability to care for children. If any medication is being taken that affect their ability to care for children, practitioners should seek medical advice, and providers must ensure that medical advice confirms the staff member's ability to care for children. Staff medication on the premises must be securely stored and out of reach of children at all times

All staff are expected to complete a declaration form immediately following successful recruitment and annually thereafter

STAFF WELLBEING

Practitioners are able to access a room to meditate, pray, have a quiet space enveloping all cultures / religions, using candles, aromatherapy oils, prayer mats etc to assist with their mental and emotional wellbeing.

E SAFETY POLICY- CAMERAS AND MOBILE PHONES – EYFS 3.70

The manager is responsible for E safety. No photographs taken without parental / carers' permission. All cameras are prohibited from changing and toilet areas. Personal mobile phone / laptop / and cameras are prohibited by staff anywhere on the premises without permission. Downloading and printing of any photos taken within the nursery school setting only permitted on the nursery school computers. The downloading and printing of nursery school photos is prohibited on personal computers. Only the settings phone / camera etc. will be used on any outings.

All users and parents are advised that electronic devices i.e. mobile phones are not used in the nursery setting including the main reception area to ensure the safeguarding of all children.

Social Networking Sites – EYFS 3.70

During personal use of social networking sites, staff will not discuss any nursery school business or partake in any conversations about children, their parents / carers or staff who attend the children's nursery school. If such a situation does occur then an investigation will be led by Dawnlouise Young.



GRIEVANCE POLICY STATEMENT & GENERAL PRINCIPLES

The management of Omnipresence Nursery School recognises that grievances may arise in the normal course of employment and are fully committed to ensuring that any such issues that arise can be discussed openly and dealt with satisfactorily and promptly. This policy provides a mechanism for you to raise a grievance relating to your employment. This may be about your job, your working conditions, training etc.

- All employees are encouraged to raise issues informally in the normal course of their work with their immediate manager. When a problem or issue arises that cannot be dealt with in this manner, the formal grievance procedure may be invoked.
- All grievances will be dealt with in a confidential manner and no employee will be penalised for raising a grievance in good faith.
- The company will endeavour to ensure that grievances are normally heard within 7 working days of being received and that decisions are communicated within 7 working days of being heard.
- A colleague or trade union representative may accompany you at any formal grievance meetings that are held. It will be necessary to confirm details of who is accompanying you in advance of any meeting.
- All meetings and outcomes will be documented and a copy given to you. A copy will be placed on your personnel file.

PROMOTING HEALTH – EYFS 3.45, 3.46, 3.47

Illness / Accidents Policy

The Omnipresence Nursery School takes the following guidance from the Health Protection Agency.

Parents will be advised to keep their child at home if he/she is unwell. The following illnesses need special advice-

Chicken Pox - excluded from nursery school for 5 days after the spots develop.

Shingles - exclude only if rash is weeping and cannot be covered

Sickness/Diarrhoea - the child should remain at home for 48 hours following the last bout of illness.

Cryptosporidium – exclude for 48 hrs after the last dose of diarrhoea. The nursery school must be informed.

Rubella (German Measles)– excluded from nursery school for 6 days after onset of rash

Glandular Fever - return to the nursery school when well

Hand, foot and mouth disease – 7 Days

Mumps- excluded from the nursery school for 5 days after onset of swollen glands

Impetigo- the child should remain at home until lesions are crusted or healed or 48 hours after starting antibiotic treatment.

Headlice}

Conjunctivitis} - treatment should be sought- children can then attend

Thread worm}

Ringworm}

Scarlet fever}

Slapped cheek - no exclusion necessary. Be wary of expectant mothers.



Hepatitis A – excluded from nursery school for 7 days after onset of jaundice

Whooping cough – excluded from nursery school for 5 days after commencing antibiotics or 21 days from the onset of illness if no antibiotic treatment is taken.

Flu – exclude from the nursery school until recovered.

If a child becomes unwell parents will be contacted. If a child returns to the nursery school the next day, and staff consider the child is still unwell (especially if the child has a high temperature), the parent will be asked to take the child home.

MEDICINES – EYFS 3.46, 3.47

Prescribed medicine is administered if necessary (clear instructions must be stated on the bottle) to maintain the health and well-being of the child. Medicines containing aspirin should only be given if prescribed by a doctor. Medicines are inaccessible to children. The medication record log must be filled in. Staff ensures medicine is handed back to the parent at the end of the day. Those children who have inhalers must bring their inhaler to the nursery school, and a spare inhaler may be kept at the Nursery – again the key person is responsible for this. Children who require medicine must be well enough to attend the centre. Non-prescribed paracetamol may be given in the case of a high temperature while the parent is on his/her way to collect child.

If a child has a particular medical condition staff will be trained in the care of that child. A risk assessment will be carried out in this case together with the parent. A health care plan will be drawn up which will be regularly reviewed. We consider that outside play is of the utmost importance, so the children spend periods of time enjoying the outside activities during free play times and “curriculum” times. It is our policy that if a child is healthy enough to attend the nursery school, then he/she is well enough to play outside.

Training will be provided for staff when technical or medical knowledge is required to administer medicine.

An audit / written record of both prescription and non-prescription medicines that have been administered will be completed and parents will be informed on the same day.

ACCIDENT OR INJURY – EYFS 3.51, 3.52

First aid box is accessible at all times with appropriate content for use with children. A written record of accidents or injuries or first aid treatment will be kept. Parents will be informed and asked to sign the accident form.

Serious accidents must be reported to the MASH team (Multi Agency Safeguarding Hub)

Helpdesk - Tel - 0300 126 7000.

Ofsted must be informed of any serious accident, illness, or death of any child, and action taken while in the care of the setting within 14 days. Child protection agencies must also be informed in these cases and the setting must act on any advice from these agencies.



AROMATHERAPY OILS

The nursery will on occasions use aromatherapy oils. They are used appropriately if and when requested by the individual child/adult. They will be administered on their pulse points; after using the bathroom, during quiet time, prayers or meditation. Written permission will be sought from participating parents

FOOD AND DRINK POLICY EYFS 3.48, 3.49, 3.50

This setting regards snack and meal times as an important part of the setting's day. Eating represents a social time for children and adults and helps children to learn about healthy eating.

Children will be provided with healthy, balanced and nutritious snacks and drinks at the nursery school. The 2 exceptions to this are:-

- (1) On occasions children bring in a birthday cake to share with everybody.
- (2) Children may prepare and cook food for an activity that they then eat for snack. Staff will always check ingredients before allowing the children to eat the food.

Before a child is admitted to the setting, practitioners will obtain information from parents/carers about any special dietary requirements or food allergies that the child may have. This will be documented on the registration form. We display current information for all staff who work in the setting to be aware of any allergies or dietary requirements a child needs.

We take care not to provide food containing nuts or nut products and are especially vigilant where we have a child who has a known allergy to nuts.

Fresh drinking water is available and accessible to all children at all times inside and outside - EYFS 3.48

The setting has suitable facilities for the hygienic preparation of food in an area that is adequately equipped to provide healthy drinks and snacks. Suitable sterilising equipment is also available for the baby's food.

At least one member of staff who handle or prepare food and drinks in the setting hold an up to date 'Food Hygiene' certificate – EYFS 3.49

The owner or manager would inform Ofsted if there was an outbreak of food poisoning on the premises affecting 2 or more children within 14 days – EYFS 3.50

Children in the setting are encouraged to eat healthily and staff would discuss with parents any concerns they might have about a child's diet.

We provide children with utensils that are appropriate for their ages and stages of development and that take account of the eating practices in their cultures.



DENTAL HYGIENE POLICY EYFS 3.45

Recent research shows that 38 % of five year olds in England had experienced tooth decay.

We are very aware of the need to follow good oral hygiene practices and to avoid eating foods and drinks with high sugar content.

We would like to support you in training your child to clean their teeth regularly by helping him / her clean their teeth after meals whilst in our care. We will provide a suitable toothbrush and toothpaste. We will help your child clean his / her teeth regularly.

We also ensure that the children are not given food containing high levels of sugar. We do not permit fizzy drinks and will wean children from drinking from bottles with teats as continued sucking of juice can damage teeth. We will work with you to encourage your child to drink from a beaker or trainer cup.

Further information and support can be found on the website: www.stop-the-rot.co.uk

JEWELLERY POLICY

It is preferred if children who attend nursery school do not wear any jewellery. Staff are sensitive to those children who may wear jewellery for cultural or religious reasons and will talk to parents/carers about any health or safety aspects that wearing the jewellery may cause.

Pierced ears – if children who have their ears pierced need to wear earrings to the nursery then they must be small studs, no hoops or long earrings will be allowed. If a child attends the nursery school with hoops or long earrings staff will ask the parents to remove them before they leave their child. Practitioners will not remove earrings.

The nursery practitioners are **not responsible** for any loss or damage to jewellery.

HEAD LICE POLICY

Statement of intent:

Pre-school children and their parents face many new challenges as they begin their first experience in a group setting. One of these challenges is the risk of children contracting head lice and the use of ineffective and potentially harmful chemical treatments.

Head lice are a common occurrence among young children who are most vulnerable to the dangers associated with the misuse and abuse of head lice treatments – the majority of which are pesticides. For this reason, we aim to establish a proactive head lice management protocol before outbreaks occur.

Effective head lice control is based on a high standard of education, prevention and accountability for both parents and staff. Conflict arises when there is no standard in place.

By providing accurate information, we can minimise the need for crisis intervention, the use of pesticides on children and unnecessary disruption to the child care and educational experience.



Information

- Nits are tiny yellowish-white oval eggs firmly attached at an angle to the hair shaft. Contrary to some claims, nits found more than a quarter inch from the scalp are not necessarily dead. The diagnosis is made more often by seeing the attached nits than by finding crawling lice. Nits (eggs) are tiny and can be difficult to remove. They are firmly attached to the hair shaft and cannot be brushed out or removed with a regular comb.
- Although nits may be more prevalent at the nape of the neck, around the ears and at the crown of the head, advise parents to check the entire scalp since nits can be found anywhere in the hair.
- Lice are about the size of a sesame seed, clear in colour when first hatched and then become brown after they feed and move quickly away from light.
- Head lice cannot be gotten from—or given to—animals. They are “host-specific” and infest humans only.
- Lice do not hop, jump or fly.

Aim

- To encourage families to respond by carrying out the most effective prevention measures at all times and the safest most thorough control measures possible. The reward is an environment of mutual assurance that the child enters a group setting that supports a head lice control program.
- To prevent continuing infestations caused by the surviving and hatching of nits.
- To maximise the opportunity to eliminate repeated chemical treatments aimed at killing head lice that hatch from remaining viable nits.
- To eliminate confusion – Were these eggs here before or do they represent a new infestation?
- To contribute to improved standards of personal hygiene and self-esteem, protecting children from ridicule and rejection.
- To enhance uninterrupted group time for the majority of the children and prevents lost days at work that can be costly for parents.
- To ensure that all Staff members understand the rationale behind this policy
- To ensure that all staff are prepared to respond to child and parent questions.
- To educate parents about the importance of screening often, detecting head lice and nits as early as possible and removing them safely and effectively. They should also understand the risks of using pesticide lice products and be informed of non-chemical treatment alternatives.
- To encourage parents to make lice inspection part of the child’s personal hygiene care at home. Screenings are most easily done as part of the child’s normal routine – after bathing or showering when their hair would be combed anyway.
- Advise parents to speak to their Health Visitor or GP to obtain the correct treatment. Advise against treating anybody who is not infested and the use of repellents.

MANUAL REMOVAL IS THOUGHT TO BE THE BEST OPTION WHENEVER POSSIBLE AND ESPECIALLY WHEN TREATMENT PRODUCTS HAVE FAILED.



Procedure when a case of head lice is found:

- If staff observe head lice on a child the parents/carers of the child will be contacted as soon as possible, informed and asked to make arrangements for their child to be collected from the Nursery. Infested children should be prepared for pick-up with a minimum of fuss. Extra care is taken to avoid head to head contact until collection has taken place.
- To help in our combined effort to eliminate the incidence of head lice a notice will be placed in an obvious position stating that a case of head lice has been reported on that day, asking parents to check their own child's head carefully each day for the next few weeks and to continue checking as part of their routine hygiene.
- Staff should be prepared to answer questions. Parents may feel overwhelmed and need to review current guidelines. Seek out a Health Visitor in the nursery if a parent requires advice.
- Review procedures with staff and consider steps that many not have been regularly adhered to - separating sleeping mats coats and hats.
- Remind parents of the importance of screening often, detecting head lice and nits as early as possible, removing them safely and effectively and continuing to screen as part of their routine hygiene.
- Encourage the children and help them feel comfortable about speaking up if they feel itchy.
- Children can be returned to Nursery after the appropriate treatment has been administered, and when there are no live lice in the hair. For treatment see instructions on head lice lotions available from chemists and on prescription from doctors.
- Confidentiality is maintained throughout.
- Staff are reminded to check their own hair routinely.

Follow Up Procedures

- It is unnecessary to bag objects that can't be washed such as stuffed animals. Vacuum them instead.
- Review hats and brushes in role play areas. Dressing-up is a valuable play activity, but it can also be risky for head lice outbreaks. Temporarily discontinue shared dress-up headwear.
- Sleeping mats and bedding is individually labelled and stored in named bags. Such items are laundered regularly.
- Nursery has a leaflet with information about coping with head lice and eggs. This can be obtained by speaking to a member of the Nursery staff.



COMPLAINTS PROCEDURE PARENTAL COMPLAINTS EYFS 3.75, 3.76

1. Parent discusses complaint with manager
2. Manager assures parent matter will be dealt with
3. If parent not satisfied parent puts complaint put into writing
4. The written complaint is recorded in the complaints log
5. Manager does best to remedy situation by meeting with parents and deciding on action. Both parent and manager should have an accompanying witness. There will be a signed record of the meeting that both parties receive.
6. If situation not resolved an external mediator may be involved to offer advice – again records written and signed.
7. If parent still not satisfied telephone number of OFSTED given – 0300 123 1231. A poster is displayed on the parents' notice board with further information.
8. All complaints will be responded to within 28 days.

SNOW POLICY

In the event of a heavy snow fall a decision will be made by 6:30 a.m. by either Dawn Louise or Sharon Norrell if the nursery is to be closed for the day.

Please telephone the centre between 6:45 am and 8am to see if the nursery is open as due to the number of children attending it is difficult for us to contact everyone with a decision.

We will endeavour to keep the nursery open as we have a number of staff who lives within walking distance, but in extreme cases we may have to close. If a decision is made to close the nursery a refund for that day will be given. However, if you do decide not to send your child and we are open you will not be reimbursed.

CRITICAL INCIDENT POLICY

Policy summary:

At the Omnipresence Nursery School, we understand we need to plan for all eventualities to ensure the health, safety and welfare of all the children we care for. With this in mind we have a critical incident policy in place to ensure our Centre is able to operate effectively in the case of a critical incident. These include:

- Flood
- Fire
- Burglary
- Abduction or threatened abduction of a child
- Bomb threat/terrorism attack
- Any other incident that may affect the care of the children in the nursery.

If any of these incidents impact on the ability for the nursery school to operate, we will contact parents via phone



FLOOD

There is always a danger of flooding from adverse weather conditions or through the water/ central heating systems. We cannot anticipate adverse weather; however, we can ensure that we take care of all our water and heating systems through regular maintenance and checks to reduce the option of flooding in this way. Our central heating systems are checked and serviced annually by a registered gas engineer and they conform to all appropriate guidelines and legislation. If flooding occurs during the business day, a decision will be made based on the severity and location of this flooding, and it may be deemed necessary to follow the fire evacuation procedure. In this instance children will be kept safe and parents will be notified in the same way as the fire procedure. Should the nursery school be assessed as unsafe through flooding, fire or any other incident we will follow our operational plan and provide care in another room, until parents can collect their child. At this point decisions will be made on how long term care can be provided or alternative arrangements / facilities can be found in the in the local area.

FIRE

Please refer to the fire safety policy.

BOMB THREAT/TERRORISM ATTACK

If a bomb threat is received at the centre, the person taking the call will record all details given over the phone as soon as possible and raise the alarm as soon as the phone call is terminated. Contact local police immediately on 5555 who will advise further. The management will follow the fire evacuation procedure to ensure the safety of all on the premises and will provide as much detail to the emergency services as possible.

BURGLARY

The management and domestic teams follow a lock up procedure which ensures all doors and windows are closed and locked before vacating the premises. CCTV systems are used and in operation during all hours the nursery school is closed.

- On arrival members of the team check the premises as they arrive in the morning. Should they discover that the Centre has been broken into they will follow the procedure below:
- Contact local police relaying as many details as possible, i.e. name and location, details of what you have found.
- Contain the area to ensure no-one enters until the police arrive. The staff will direct parents and children to a separate area as they arrive. If all areas have been disturbed staff will follow police advice, including following the relocation procedure under flood wherever necessary to ensure the safety of the children
- The management team will help the police with the enquiries, e.g. by identifying items missing, areas of entry etc.
- A duty manager will be available at all times during this time to speak to parents, reassure children and direct enquires
- Management will assess the situation following a theft and ensure parents are kept up to date with developments relating to the operation of the nursery.



ABDUCTION OR THREATENED ABDUCTION OF A CHILD

At Omnipresence Nursery school we take the safety and welfare of the children in our care extremely seriously. As such we have secure safety procedures in place to ensure children are safe whilst within our care, this includes safety from abduction. Staff must be vigilant at all times and report any persons lingering in Nene Centre property immediately. All doors and gates to the nursery are locked and unable to be accessed unless staff members allow individuals in. Parents are reminded on a regular basis not to allow anyone into the building whether they are known to them or not. Visitors and general security are covered in more detail in the supervision of visitor's policy. Children will only be released into the care of a designated adult, see the collection of children policy for more details. Parents are requested to inform the nursery of any potential custody battles or family concerns as soon as they arise so the nursery is able to support the child. The nursery will not take sides in relation to any custody battle and will remain neutral for the child. If an absent parent arrives to collect their child, the nursery will not restrict access **unless** a court order is in place. Parents are requested to issue the nursery with a copy of these documents should they be in place. We will consult our solicitors with regards to any concerns over custody and relay any information back to the parties involved. If a member of staff witnesses an actual or potential abduction from the nursery the following procedure will be followed:

- The police must be called immediately
- The staff member will notify the management team immediately and a manager will take control
- The parent(s) will be contacted
- All other children will be kept safe and secure and calmed down where necessary
- The police will be given as many details as possible including details of the child, description of the abductor, car registration number if used, time and direction of travel if seen and any family situations that may impact on this abduction.

OTHER INCIDENTS

All incidents will be managed by the manager on duty and all staff will co-operate with any emergency services on the scene. Any other incident that requires evacuation will follow the fire plan. Other incidents will be dealt with on an individual basis taking into account the effect on the safety, health and welfare of the children and staff in the Centre.



CORONAVIRUS (COVID-19) POLICY 2020

BRINGING AND COLLECTING YOUR CHILD

Please follow the following procedures below

- Please use the new entrance to the Nursery that has been built to minimise the social interaction and use of the premises. This entrance has been built next door to the Salon.
- Please ring the bell when arriving. If there is another family present, please stand two meters apart from each other. And only when the family have left are you allowed to approach the gate.

There will be markings on the fence to indicate where you can stand.

- Please be aware that during COVID – 19 we will not require you to sign your child in and out of the nursery. We will use your contract / contracted hours as proof of attendance.
- You will be required to sign a non-disclaimer on your return to the nursery.
- All children must be fit and healthy. Temperatures will be taken.
- Only one adult per family when bringing and collecting the children.
- A member of staff will come to the gate to greet you and bring each child into the nursery individually.
- Please ensure that all members of the family use the hand sanitiser in the presence of the member of staff who has come to the gate.
- No outdoor shoes will be worn inside the nursery. We will bring their indoor shoes out to the gate. There will be a box with a lid on for you to place their shoes in.
- Each child will also be brought individually to the gate when they are being collected from the nursery.
- We ask that you please be patient and follow our guidelines.

Thank you



IMPLEMENTING PROTECTIVE MEASURES IN THE NURSERY

(we will be following gov.uk guidance)

In childcare settings, providers will be asked to welcome back all children below statutory school age from the week commencing 1 June. Where the physical layout of a setting does not allow small groups of children to be kept at a safe distance apart, we expect practitioners to exercise judgement in ensuring the highest standards of safety are maintained. In some cases, it may be necessary for providers to introduce a temporary cap on numbers to ensure that safety is prioritised.

Effective infection protection and control

There are important actions that children and young people, their parents and those who work with them can take during the coronavirus outbreak, to help prevent the spread of the virus.

In all education, childcare and social care settings, preventing the spread of coronavirus involves dealing with direct transmission (for instance, when in close contact with those sneezing and coughing) and indirect transmission (via touching contaminated surfaces). A range of approaches and actions should be employed to do this. These can be seen as a hierarchy of controls that, when implemented, creates an inherently safer system, where the risk of transmission of infection is substantially reduced. These include:

- minimising contact with individuals who are unwell by ensuring that those who have coronavirus symptoms, or who have someone in their household who does, do not attend childcare settings, schools or colleges
- cleaning hands more often than usual - wash hands thoroughly for 20 seconds with running water and soap and dry them thoroughly or use alcohol hand rub or sanitiser ensuring that all parts of the hands are covered
- ensuring good respiratory hygiene by promoting the 'catch it, bin it, kill it' approach
- cleaning frequently touched surfaces often using standard products, such as detergents and bleach
- minimising contact and mixing by altering, as much as possible, the environment (such as classroom layout) and timetables (such as staggered break times)

Personal protective equipment (PPE) including face coverings and face masks

Wearing a face covering or face mask in schools or other education settings is not recommended. Face coverings may be beneficial for short periods indoors where there is a risk of close social contact with people you do not usually meet and where social distancing and other measures cannot be maintained, for example on public transport or in some shops. This does not apply to schools or other education settings. Schools and other education or childcare settings should therefore not require staff, children and learners to wear face coverings. Changing habits, cleaning and hygiene are effective measures in controlling the spread of the virus. Face coverings (or any form of medical mask where instructed to be used for specific clinical reasons) should not be worn in any circumstance by those who may not be able to handle them as directed (for example, young children, or those with special educational needs or disabilities) as it may inadvertently increase the risk of transmission.



The majority of staff in education settings will not require PPE beyond what they would normally need for their work, even if they are not always able to maintain a distance of 2 metres from others. PPE is only needed in a very small number of cases including:

- children, young people and students whose care routinely already involves the use of PPE due to their intimate care needs should continue to receive their care in the same way
- if a child, young person or other learner becomes unwell with symptoms of coronavirus while in their setting and needs direct personal care until they can return home. A fluid-resistant surgical face mask should be worn by the supervising adult if a distance of 2 metres cannot be maintained. If contact with the child or young person is necessary, then disposable gloves, a disposable apron and a fluid-resistant surgical face mask should be worn by the supervising adult. If a risk assessment determines that there is a risk of splashing to the eyes, for example from coughing, spitting, or vomiting, then eye protection should also be worn.

Living with a shielded or clinically vulnerable person

If a child, young person or a member of staff lives with someone who is clinically vulnerable (but not clinically extremely vulnerable), including those who are pregnant, they can attend their education or childcare setting.

If a child, young person or staff member lives in a household with someone who is extremely clinically vulnerable, as set out in the [COVID-19: guidance on shielding and protecting people defined on medical grounds as extremely vulnerable guidance](#), it is advised they only attend an education or childcare setting if stringent social distancing can be adhered to and, in the case of children, they are able to understand and follow those instructions. This may not be possible for very young children and older children without the capacity to adhere to the instructions on social distancing. If stringent social distancing cannot be adhered to, we do not expect those individuals to attend. They should be supported to learn or work at home.

Class or group sizes

We know that, unlike older children and adults, early years and primary age children cannot be expected to remain 2 metres apart from each other and staff. In deciding to bring more children back to early years and schools, we are taking this into account. Schools should therefore work through the hierarchy of measures set out above:

- avoiding contact with anyone with symptoms
- frequent hand cleaning and good respiratory hygiene practices
- regular cleaning of settings
- minimising contact and mixing

It is still important to reduce contact between people as much as possible, and we can achieve that and reduce transmission risk by ensuring children, young people and staff where possible, only mix in a small, consistent group and that small group stays away from other people and groups.

Public Health England (PHE) is clear that if early years settings, schools and colleges do this, and crucially if they are also applying regular hand cleaning, hygiene and cleaning measures and handling potential cases of the virus as per the advice, then the risk of transmission will be lowered.



Where settings can keep children and young people in those small groups 2 metres away from each other, they should do so. While in general groups should be kept apart, brief, transitory contact, such as passing in a corridor, is low risk.

For pre-school children in early years settings, the staff to child ratios within [Early Years Foundation Stage](#) (EYFS) continue to apply as set out here, and we recommend using these to group children.

How to implement protective measures in an education setting before wider opening on 1 June

Planning and organising

Consider the following steps:

- refresh your risk assessment and other health and safety advice for children, young people and staff in light of recent government advice, identifying protective measures (such as the things listed below). Also ensure that all health and safety compliance checks have been undertaken before opening
- organise small class groups, as described in the 'class or group sizes' section above
- plan parents' drop-off and pick-up protocols that minimise adult to adult contact
- in addition, childcare settings or early years groups in school should:
- consider how to keep small groups of children together throughout the day and to avoid larger groups of children mixing
- consider how play equipment is used ensuring it is appropriately cleaned between groups of children using it, and that multiple groups do not use it simultaneously
- remove unnecessary items from classrooms and other learning environments where there is space to store it elsewhere
- remove soft furnishings, soft toys and toys that are hard to clean (such as those with intricate parts)
- consider how children and young people arrive at the education or childcare setting, and reduce any unnecessary travel on coaches, buses or public transport where possible. Read the [Coronavirus \(COVID-19\): safer travel guidance for passengers](#)

Communicating your plans

Consider the following steps:

- tell children, young people, parents, carers or any visitors, such as suppliers, not to enter the education or childcare setting if they are displaying any symptoms of coronavirus (following the [COVID-19: guidance for households with possible coronavirus infection](#))
- tell parents that if their child needs to be accompanied to the education or childcare setting, only one parent should attend
- tell parents and young people their allocated drop off and collection times and the process for doing so, including protocols for minimising adult to adult contact (for example, which entrance to use)
- make clear to parents that they cannot gather at entrance gates or doors, or enter the site (unless they have a pre-arranged appointment, which should be conducted safely)
- also think about engaging parents and children in education resources such as [e-bug](#) and [PHE schools resources](#)



- ensure parents and young people are aware of recommendations on transport to and from education or childcare setting (including avoiding peak times). Read the [Coronavirus \(COVID-19\): safer travel guidance for passengers](#)
- talk to staff about the plans (for example, safety measures, timetable changes and staggered arrival and departure times), including discussing whether training would be helpful
- communicate early with contractors and suppliers that will need to prepare to support your plans for opening for example, cleaning, catering, food supplies, hygiene suppliers
- discuss with cleaning contractors or staff the additional cleaning requirements and agree additional hours to allow for this

When open

Keep cohorts together where possible and:

- ensure that children and young people are in the same small groups at all times each day, and different groups are not mixed during the day, or on subsequent days
- ensure that the same teacher(s) and other staff are assigned to each group and, as far as possible, these stay the same during the day and on subsequent days, recognising for secondary and college settings there will be some subject specialist rotation of staff
- ensure that wherever possible children and young people use the same classroom or area of a setting throughout the day, with a thorough cleaning of the rooms at the end of the day. In schools and colleges, you may want to consider seating students at the same desk each day if they attend on consecutive days

For cleaning and hygiene:

- follow the [COVID-19: cleaning of non-healthcare settings guidance](#)
- ensure that sufficient handwashing facilities are available. Where a sink is not nearby, provide hand sanitiser in classrooms and other learning environments
- clean surfaces that children and young people are touching, such as toys, books, desks, chairs, doors, sinks, toilets, light switches, bannisters, more regularly than normal
- ensure that all adults and children:
- frequently wash their hands with soap and water for 20 seconds and dry thoroughly. Review the [guidance on hand cleaning](#)
- clean their hands on arrival at the setting, before and after eating, and after sneezing or coughing
- are encouraged not to touch their mouth, eyes and nose
- use a tissue or elbow to cough or sneeze and use bins for tissue waste ('catch it, bin it, kill it')
- ensure that help is available for children and young people who have trouble cleaning their hands independently
- consider how to encourage young children to learn and practise these habits through games, songs and repetition
- ensure that bins for tissues are emptied throughout the day
- where possible, all spaces should be well ventilated using natural ventilation (opening windows) or ventilation units
- prop doors open, where safe to do so (bearing in mind fire safety and safeguarding), to limit use of door handles and aid ventilation



- get in touch with public sector buying organisation partners (for example ESPO, YPO, NEPO) about proportionate supplies of soap, anti-bacterial gel and cleaning products if needed
- there is no need for anything other than normal personal hygiene and washing of clothes following a day in an educational or childcare setting

Reduce mixing within education or childcare setting by:

- accessing rooms directly from outside where possible
- considering one-way circulation, or place a divider down the middle of the corridor to keep groups apart as they move through the setting where spaces are accessed by corridors
- staggering breaks to ensure that any corridors or circulation routes used have a limited number of pupils using them at any time
- staggering lunch breaks - children and young people should clean their hands beforehand and enter in the groups they are already in, groups should be kept apart as much as possible and tables should be cleaned between each group. If such measures are not possible, children should be brought their lunch in their classrooms
- ensuring that toilets do not become crowded by limiting the number of children or young people who use the toilet facilities at one time
- noting that some children and young people will need additional support to follow these measures (for example, routes round school marked in braille or with other meaningful symbols, and social stories to support them in understanding how to follow rules)

Use outside space:

- for exercise and breaks
- for outdoor education, where possible, as this can limit transmission and more easily allow for distance between children and staff
- although outdoor equipment should not be used unless the setting is able to ensure that it is appropriately cleaned between groups of children and young people using it, and that multiple groups do not use it simultaneously. Read [COVID-19: cleaning of non-healthcare settings](#)

For shared rooms:

- use halls, dining areas and internal and external sports facilities for lunch and exercise at half capacity. If class groups take staggered breaks between lessons, these areas can be shared as long as different groups do not mix (and especially do not play sports or games together) and adequate cleaning between groups between groups is in place, following the [COVID-19: cleaning of non-healthcare settings guidance](#)
- stagger the use of staff rooms and offices to limit occupancy



Reduce the use of shared resources:

- by limiting the amount of shared resources that are taken home and limit exchange of take-home resources between children, young people and staff
- by seeking to prevent the sharing of stationery and other equipment where possible. Shared materials and surfaces should be cleaned and disinfected more frequently
- although practical lessons can go ahead if equipment can be cleaned thoroughly and the classroom or other learning environment is occupied by the same children or young people in one day, or properly cleaned between cohorts

Adjust transport arrangements where necessary including:

- encouraging parents and children and young people to walk or cycle to their education setting where possible
- making sure schools, parents and young people follow the [Coronavirus \(COVID-19\): safer travel guidance for passengers](#) when planning their travel
- ensuring that transport arrangements cater for any changes to start and finish times
- making sure transport providers do not work if they or a member of their household are displaying any symptoms of coronavirus
- making sure transport providers, as far as possible, follow hygiene rules and try to keep distance from their passengers
- taking appropriate actions to reduce risk if hygiene rules and social distancing is not possible, for example when transporting children and young people with complex needs who need support to access the vehicle or fasten seatbelts
- local authorities or transport providers could consider the following:
 - guidance or training for school transport colleagues
 - substituting smaller vehicles with larger ones, or running 2 vehicles rather than one, where possible, to reduce the number of passengers per vehicle and increase the amount of space between passengers
 - cordoning off seats and eliminating face-to-face seating, where vehicle capacity allows, to help passengers spread out
 - communicating revised travel plans clearly to contractors, local authorities and parents where appropriate (for instance, to agree pick-up and drop-off times)

What happens if someone becomes unwell at an educational or childcare setting?

If anyone in an education or childcare setting becomes unwell with a new, continuous cough or a high temperature, or has a loss of, or change in, their normal sense of taste or smell (anosmia), they must be sent home and advised to follow the [COVID-19: guidance for households with possible coronavirus infection guidance](#).

If a child is awaiting collection, they should be moved, if possible, to a room where they can be isolated behind a closed door, depending on the age of the child and with appropriate adult supervision if required. Ideally, a window should be opened for ventilation. If it is not possible to isolate them, move them to an area which is at least 2 metres away from other people.

If they need to go to the bathroom while waiting to be collected, they should use a separate bathroom if possible. The bathroom should be cleaned and disinfected using standard cleaning products before being used by anyone else.

PPE should be worn by staff caring for the child while they await collection if a distance of 2 metres cannot be maintained (such as for a very young child or a child with complex needs).



In an emergency, call 999 if they are seriously ill or injured or their life is at risk. Do not visit the GP, pharmacy, urgent care centre or a hospital.

If a member of staff has helped someone with symptoms, they do not need to go home unless they develop symptoms themselves (and in which case, a test is available) or the child subsequently tests positive (see 'What happens if there is a confirmed case of coronavirus in a setting?' below). They should wash their hands thoroughly for 20 seconds after any contact with someone who is unwell. Cleaning the affected area with normal household disinfectant after someone with symptoms has left will reduce the risk of passing the infection on to other people. See the [COVID-19: cleaning of non-healthcare settings guidance](#).

What happens if there is a confirmed case of coronavirus in a setting?

When a child, young person or staff member develops symptoms compatible with coronavirus, they should be sent home and advised to self-isolate for 7 days. Their fellow household members should self-isolate for 14 days. All staff and students who are attending an education or childcare setting will have access to a test if they display symptoms of coronavirus, and are encouraged to get tested in this scenario.

Where the child, young person or staff member tests negative, they can return to their setting and the fellow household members can end their self-isolation.

Where the child, young person or staff member tests positive, the rest of their class or group within their childcare or education setting should be sent home and advised to self-isolate for 14 days. The other household members of that wider class or group do not need to self-isolate unless the child, young person or staff member they live with in that group subsequently develops symptoms.

As part of the national test and trace programme, if other cases are detected within the cohort or in the wider setting, Public Health England's local health protection teams will conduct a rapid investigation and will advise schools and other settings on the most appropriate action to take. In some cases a larger number of other children, young people may be asked to self-isolate at home as a precautionary measure – perhaps the whole class, site or year group. Where settings are observing guidance on infection prevention and control, which will reduce risk of transmission, closure of the whole setting will not generally be necessary.

Should educational settings ask parents to report pupils' temperatures at the start of each day?

Parents, carers and settings do not need to take children's temperatures every morning. Routine testing of an individual's temperature is not a reliable method for identifying coronavirus. Educational and childcare settings should reiterate to parents the need to follow the standard national advice on the kind of symptoms to look out for that might be due to coronavirus, and where to get further advice. If anyone in the household develops a fever, or a new continuous cough, or a loss of, or change in, their normal sense of taste or smell (anosmia), they are advised to follow the [COVID-19: guidance for households with possible coronavirus infection guidance](#) (which states that the ill person should remain in isolation for 7 days and the rest of the household in isolation for 14 days).



Will children and young people be eligible for testing?

When settings open to the wider cohort of children and young people, all those children and young people eligible to attend, and members of their households, will have access to testing if they display symptoms of coronavirus. This will enable them to get back into childcare or education, and their parents or carers to get back to work, if the test proves to be negative. To access testing parents will be able to use the 111 online coronavirus service if their child is 5 or over. Parents will be able to call 111 if their child is aged under 5.

Will teachers and other staff be able to get tested if they have symptoms?

Access to testing is already available to all essential workers. This includes anyone involved in education, childcare or social work – including both public and voluntary sector workers, as well as foster carers. See the [full list of essential workers](#). Education settings as employers can book tests through an online digital portal. There is also an option for employees to book tests directly on the portal.

SAFE WORKING

We will be following the government guidance as detailed below and require all our families to do the same

Effective infection protection and control

There are important actions that children and young people, their guardians and those who work with them can take during the coronavirus outbreak to help prevent the spread of the virus.

Transmission of coronavirus mainly occurs via respiratory droplets generated during breathing, talking, coughing and sneezing. These droplets can directly infect the respiratory tracts of other people if there is close contact. They also infect others indirectly. This happens when the droplets get onto and contaminate surfaces which are then touched and introduced into the mouth or eyes of an uninfected person. Another route of transmission is via aerosols (extremely small droplets), but this is only relevant to medical procedures for a very small number of children in education and social care settings.

In all education, childcare and children's social care settings, preventing the spread of coronavirus involves preventing:

- direct transmission, for instance, when in close contact with those sneezing and coughing
- indirect transmission, for instance, touching contaminated surfaces

A range of approaches and actions should be employed. These can be seen as a hierarchy of controls that, when implemented, creates an inherently safer system where the risk of transmission of infection is substantially reduced. These include:



1. Minimise contact with individuals who are unwell

If you have, or are showing symptoms of, coronavirus (a new continuous cough, or fever, or a loss of, or change in, your normal sense of taste or smell (anosmia)), or have someone in your household who is, you should not be in a childcare setting, school or college. You should be at home, in line with the [guidance for households with possible coronavirus infection](#).

When working with children in residential schools and homes, you should follow the [guidance on isolation for residential educational settings](#).

2. Clean your hands often

Clean your hands more often than usual, particularly after arriving at your setting, touching your face, blowing your nose, sneezing or coughing, and before eating or handling food.

To clean your hands you should wash your hands thoroughly for 20 seconds with running water and soap and dry them thoroughly, or use alcohol hand rub/sanitiser ensuring that all parts of the hands are covered.

3. Respiratory hygiene (catch it, bin it, kill it)

Avoid touching your mouth, eyes and nose. Cover your mouth and nose with disposable tissues when you cough or sneeze. If one is not available, sneeze into the crook of your elbow, not into your hand. Dispose of tissues into a disposable rubbish bag and immediately clean your hands with soap and water or use a hand sanitiser.

4. Clean surfaces that are touched frequently

To prevent the indirect spread of the virus from person to person, regularly clean frequently-touched surfaces, such as:

- door handles
- handrails
- table tops
- play equipment
- toys
- electronic devices (such as phones)

When cleaning, use the usual products, like detergents and bleach, as these will be very effective at getting rid of the virus on surfaces.

All education, childcare and children's social care settings should follow the Public Health England (PHE) [guidance on cleaning for non-healthcare settings](#).

5. Minimise contact and mixing

You should, as much as possible, alter the environment of your setting (such as classroom layout) and your timetables (such as staggered break time) to minimise contact and mixing.



6. Personal protective equipment (PPE)

The majority of staff in education, childcare and children's social care settings will not require PPE beyond what they would normally need for their work, even if they are not always able to maintain distance of 2 metres from others.

PPE is only needed in a very small number of cases:

- children, young people and learners whose care routinely already involves the use of PPE due to their intimate care needs should continue to receive their care in the same way
- PPE should be worn if a distance of 2 metres cannot be maintained from any child, young person or other learner displaying coronavirus symptoms

Education, childcare and children's social care settings and providers should use their local supply chains to obtain PPE. Where this is not possible, and there is unmet urgent need for PPE in order to operate safely, they may approach their nearest local resilience forum.

Testing

Access to [testing is already available to all essential workers](#). This includes anyone involved in education, childcare or social work - including both public and voluntary sector workers, as well as foster carers. Education settings, as employers, can [book tests through an online digital portal](#). There is also an option for employees to book tests directly on the portal.

By the time settings open to wider cohorts of children and young people, all children, young people and other learners eligible to attend their education or childcare setting, and all children in social care settings, as well as their households, will have [access to a test](#) if they display symptoms of coronavirus. If they develop symptoms, they should be tested. If they test negative, they can return to their setting and their fellow household members can end their self-isolation. If they test positive, education and childcare settings should follow [guidance on implementing protective measures in education and childcare settings](#). Residential settings should follow [isolation guidance for residential settings](#).

How to work safely in specific situations, including where PPE may be required

Reference to PPE in the following situations means:

- fluid-resistant surgical face masks
- disposable gloves
- disposable plastic aprons
- eye protection (for example a face visor or goggles)

Where PPE is recommended, this means that:

- a facemask should be worn if a distance of 2 metres cannot be maintained from someone with symptoms of coronavirus
- if contact is necessary, then gloves, an apron and a facemask should be worn
- if a risk assessment determines that there is a risk of fluids entering the eye from, for example, coughing, spitting or vomiting, then eye protection should also be worn



When PPE is used, it is essential that it is used properly. This includes scrupulous hand hygiene and following guidance on [how to put PPE on and take it off safely](#) in order to reduce self-contamination.

Face masks must:

- cover both nose and mouth
- not be allowed to dangle around the neck
- not be touched once put on, except when carefully removed before disposal
- be changed when they become moist or damaged
- be worn once and then discarded - hands must be cleaned after disposal

What care should staff visiting families in their own homes take?

Social workers, other children's social care staff and anyone else considering the need for a home visit should follow the [children's social care services guidance](#) and make a judgement about visiting which balances considerations of the:

- risks to children and young people
- risks to families
- risks to the workforce
- national guidance on social distancing and hygiene
- statutory responsibilities, including safeguarding

Staff and their managers are best placed to make professional judgements of risk in each case and decide what form of contact they need.

There are many ways to keep in touch with a child, young person or family without physical face-to-face contact. It is expected that these will be utilised appropriately and proportionately, including in response to any risk assessment undertaken for the child on a case by case basis.

Prior to undertaking a visit, an attempt should be made to ascertain whether any member of the household is suffering from symptoms of coronavirus. An initial [risk assessment](#), where possible, should take place by telephone.

Where households report no coronavirus symptoms, no PPE is required, but a distance of 2 metres should be maintained where possible. Where this is not possible, you should undertake a [risk assessment](#). Good basic hygiene should be followed, such as handwashing or use of sanitiser before and after the visit, and not touching your face during the visit.

Where households are reporting coronavirus symptoms, PPE should be worn if a distance of 2 metres cannot be maintained.

Where it is not possible to ascertain whether any member of the household is suffering from symptoms of coronavirus prior to face to face contact, steps should be taken where practical, to mitigate risk. These steps include but are not restricted to:

- knocking on the front door or ringing the doorbell and then stepping back to a distance of 2 metres in adherence to social distancing guidelines
- taking PPE as a precautionary measure



In non-residential settings, what should be done if a child, young person or other learner becomes unwell with symptoms of coronavirus and needs to be cared for until they can return home?

If anyone in an education, childcare or non-residential children social care setting becomes unwell with a new, continuous cough or a high temperature, or has a loss of, or change in, their normal sense of taste or smell, they must be sent home and advised to follow the [guidance for households with possible coronavirus infection](#).

If a child is awaiting collection, they should be moved, if possible, to a room where they can be isolated behind a closed door, with appropriate adult supervision if required depending on the age of the child. Ideally, a window should be opened for ventilation. If it is not possible to isolate them, move them to an area which is at least 2 metres away from other people.

If they need to go to the bathroom while waiting to be collected, they should use a separate bathroom if possible. The bathroom should be cleaned and disinfected using standard cleaning products before being used by anyone else.

PPE should be worn by staff caring for the child while they await collection if direct personal care is needed and a distance of 2 metres cannot be maintained (such as for a very young child or a child with complex needs).

In an emergency, call 999 if they are seriously ill or injured or their life is at risk. Do not visit the GP, pharmacy, urgent care centre or a hospital.

If a member of staff has helped someone with symptoms they do not need to go home unless they develop symptoms themselves. They should wash their hands thoroughly for 20 seconds after any contact with someone who is unwell. Cleaning the affected area with normal household disinfectant after someone with symptoms has left will reduce the risk of passing the infection on to other people. Read [guidance about cleaning non-healthcare settings](#).

What protection is needed when transporting children?

If the children or young people being transported do not have symptoms of coronavirus, there is no need for a driver to use PPE.

In non-residential settings, any child, young person or other learner who starts displaying coronavirus symptoms while at their setting should wherever possible be collected by a member of their family or household. In exceptional circumstances, where this is not possible, and the setting needs to take responsibility for transporting them home, or where a symptomatic child or young person needs to be transported between residential settings, you should do one of the following:

- use a vehicle with a bulkhead
- the driver and passenger should maintain a distance of 2 metres from each other
- the driver should use PPE, and the passenger should wear a face mask if they are old enough and able to do so



What care should be taken in early years settings?

Because it is challenging to reduce contact between young children in early years settings, regular cleaning and disinfection of surfaces, objects and toys, as well as handwashing, are particularly important. The use of soft toys and toys with intricate parts or that are otherwise hard to clean should be avoided. Read [guidance on cleaning for non-healthcare settings](#).

Settings should manage risks by keeping children in small groups and trying, as far as possible, to keep the same children and staff members together from day to day. Settings should consider staggering mealtimes and should discourage parents and carers from gathering at setting entrances. As far as possible, parents and carers should not enter early years premises.

Is PPE required for tasks involving changing nappies or general care for babies?

Staff should follow their normal practice when changing nappies and caring for babies more generally, provided the child is not showing symptoms of coronavirus. This includes continuing to use the PPE that they would normally wear in these situations, for example aprons and gloves. If a child shows symptoms, they should not attend a childcare setting and should be at home.

How should I care for young children or children with special educational needs who do not understand why they must stay apart or who ignore distancing guidelines?

Young children and children with special educational needs may not be able to understand the need for social distancing and may also seek close interaction with their peers or adults to provide reassurance at a period of disruption to their routines.

It is imperative that education, childcare and children's social care settings conduct risk assessments around managing groups of children within the setting. This should include limiting the number of children in each group and reducing this to provide more space in each classroom or learning area.

As far as possible, small groups of children should be supported by consistent staffing, and groups should remain as consistent as possible throughout the outbreak.

How should PPE and face coverings be disposed of?

Used PPE and any disposable face coverings that staff, children, young people or other learners arrive wearing should be placed in a refuse bag and can be disposed of as normal domestic waste unless the wearer has symptoms of coronavirus, in line with the [guidance on cleaning for non-healthcare settings](#).



OMNIPRESENCE NURSERY SCHOOL CLEANING PROCEDURES

We will be following the GOV.UK guidelines For Non Health Care Settings

What you need to know

- Cleaning an area with normal household disinfectant after someone with suspected coronavirus (COVID-19) has left will reduce the risk of passing the infection on to other people
- We will wear disposable or washing-up gloves and aprons for cleaning. These should be double-bagged, then stored securely for 72 hours then thrown away in the regular rubbish after cleaning is finished
- We will use a disposable cloth, first cleaning hard surfaces with warm soapy water. Then disinfect these surfaces with the cleaning products you normally use. We will pay particular attention to frequently touched areas and surfaces, such as bathrooms, grab-rails in corridors and stairwells and door handles
- If an area has been heavily contaminated, such as with visible bodily fluids, from a person with coronavirus (COVID-19), use protection for the eyes, mouth and nose, as well as wearing gloves and an apron
- We will wash hands regularly with soap and water for 20 seconds, and after removing gloves, aprons and other protection used while cleaning

Background

Experience of new coronaviruses (SARS-CoV and MERS-CoV) has been used to inform this guidance. The risk of infection depends on many factors, including:

- the type of surfaces contaminated
- the amount of virus shed from the individual
- the time the individual spent in the setting
- the time since the individual was last in the setting

The infection risk from coronavirus (COVID-19) following contamination of the environment decreases over time. It is not yet clear at what point there is no risk. However, studies of other viruses in the same family suggest that, in most circumstances, the risk is likely to be reduced significantly after 72 hours.

Principles of cleaning after the case has left the setting or area

Personal protective equipment (PPE)

The minimum [PPE](#) to be worn for cleaning an area where a person with possible or confirmed coronavirus (COVID-19) is disposable gloves and an apron. Hands should be washed with soap and water for 20 seconds after all PPE has been removed.

If a risk assessment of the setting indicates that a higher level of virus may be present (for example, where unwell individuals have slept such as a hotel room or boarding school dormitory) or there is visible contamination with body fluids, then the need for additional PPE to protect the cleaner's eyes, mouth and nose might be necessary. The local Public Health England (PHE) Health Protection Team (HPT) can advise on this.



Non-healthcare workers should be trained in the correct use of a surgical mask, to protect them against other people's potentially infectious respiratory droplets when within 2 metres, and the mask use and supply of masks would need to be equivalent to that in healthcare environments.

Cleaning and disinfection

Public areas where a symptomatic individual has passed through and spent minimal time, such as corridors, but which are not visibly contaminated with body fluids can be cleaned thoroughly as normal.

All surfaces that the symptomatic person has come into contact with must be cleaned and disinfected, including:

- objects which are visibly contaminated with body fluids
- all potentially contaminated high-contact areas such as bathrooms, door handles, telephones, grab-rails in corridors and stairwells

Use disposable cloths or paper roll and disposable mop heads, to clean all hard surfaces, floors, chairs, door handles and sanitary fittings, following one of the options below:

- use either a combined detergent disinfectant solution at a dilution of 1,000 parts per million available chlorine

or

- a household detergent followed by disinfection (1000 ppm av.cl.). Follow manufacturer's instructions for dilution, application and contact times for all detergents and disinfectants

or

- if an alternative disinfectant is used within the organisation, this should be checked and ensure that it is effective against enveloped viruses

Avoid creating splashes and spray when cleaning.

Any cloths and mop heads used must be disposed of and should be put into waste bags as outlined below.

When items cannot be cleaned using detergents or laundered, for example, upholstered furniture and mattresses, steam cleaning should be used.

Any items that are heavily contaminated with body fluids and cannot be cleaned by washing should be disposed of.



Laundry

Wash items in accordance with the manufacturer's instructions. Use the warmest water setting and dry items completely. Dirty laundry that has been in contact with an unwell person can be washed with other people's items.

Do not shake dirty laundry, this minimises the possibility of dispersing virus through the air.

Clean and disinfect anything used for transporting laundry with your usual products, in line with the cleaning guidance above.

Waste

Waste from possible cases and cleaning of areas where possible cases have been (including disposable cloths and tissues):

1. Should be put in a plastic rubbish bag and tied when full.
2. The plastic bag should then be placed in a second bin bag and tied.
3. It should be put in a suitable and secure place and marked for storage until the individual's test results are known.

Waste should be stored safely and kept away from children. You should not put your waste in communal waste areas until negative test results are known or the waste has been stored for at least 72 hours.

- if the individual tests negative, this can be put in with the normal waste
- if the individual tests positive, then store it for at least 72 hours and put in with the normal waste

If storage for at least 72 hours is not appropriate, arrange for collection as a Category B infectious waste either by your local waste collection authority if they currently collect your waste or otherwise by a specialist clinical waste contractor. They will supply you with orange clinical waste bags for you to place your bags into so the waste can be sent for appropriate treatment.