In Association With

Learning work book to contribute to the achievement of the underpinning knowledge for unit: CYP 3.4

Support children and young people’s health and safety

Credit value 2

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The Learning Company Ltd
INTRODUCTION

This workbook provides the learning you need to help you to achieve a unit towards your qualification. Your qualification on the Qualification and Credit Framework (QCF) is made up of units, each with their own credit value; some units might be worth 3 credits, some might have 6 credits, and so on. Each credit represents 10 hours of learning and so gives you an idea of how long the unit will take to achieve.

Qualification rules state how many credits you need to achieve and at what levels, but your assessor or tutor will help you with this.

Awarding Organisation rules state that you need to gather evidence from a range of sources. This means that, in addition to completing this workbook, you should also find other ways to gather evidence for your tutor/assessor such as observed activity; again, your assessor will help you to plan this.

To pass your qualification, you need to achieve all of the learning outcomes and/or performance criteria for each unit. Your qualification may contain essential units and optional units. You’ll need to complete a certain amount of units with the correct credit value to achieve your qualification. Your tutor/assessor can talk to you more about this if you’re worried and they’ll let you know how you’re doing as you progress.

This workbook has been provided to your learning provider under licence by The Learning Company Ltd; your training provider is responsible for assessing this qualification. Both your provider and your Awarding Organisation are then responsible for validating it.

THE STUDY PROGRAMME

This unit is designed for individuals who are working in or wish to pursue a career in their chosen sector. It will provide a valuable, detailed and informative insight into that sector and is an interesting and enjoyable way to learn.

Your study programme will increase your knowledge, understanding and abilities in your industry and help you to become more confident, by underpinning any practical experience you may have with sound theoretical knowledge.
WHERE TO STUDY

The best way to complete this workbook is on your computer. That way you can type in your responses to each activity and go back and change it if you want to. Remember, you can study at home, work, your local library or wherever you have access to the internet. You can also print out this workbook and read through it in paper form if you prefer. If you choose to do this, you’ll have to type up your answers onto the version saved on your computer before you send it to your tutor/assessor (or handwrite them and post the pages).

WHEN TO STUDY

It’s best to study when you know you have time to yourself. Your tutor/assessor will help you to set some realistic targets for you to finish each unit, so you don’t have to worry about rushing anything. Your tutor/assessor will also let you know when they’ll next be visiting or assessing you. It’s really important that you stick to the deadlines you’ve agreed so that you can achieve your qualification on time.

HOW TO STUDY

Your tutor/assessor will agree with you the order for the workbooks to be completed; this should match up with the other assessments you are having. Your tutor/assessor will discuss each workbook with you before you start working on it, they will explain the book’s content and how they will assess your workbook once you have completed it.

Your Assessor will also advise you of the sort of evidence they will be expecting from you and how this will map to the knowledge and understanding of your chosen qualification. You may also have a mentor appointed to you. This will normally be a line manager who can support you in your tutor/assessor’s absence; they will also confirm and sign off your evidence.
You should be happy that you have enough information, advice and guidance from your tutor/assessor before beginning a workbook. If you are experienced within your job and familiar with the qualification process, your tutor/assessor may agree that you can attempt workbooks without the detailed information, advice and guidance.

**THE UNITS**

We’ll start by introducing the unit and clearly explaining the learning outcomes you’ll have achieved by the end of the unit.

There is a learner details page at the front of each workbook. Please ensure you fill all of the details in as this will help when your workbooks go through the verification process and ensure that they are returned to you safely. If you do not have all of the information, e.g. your learner number, ask your tutor/assessor.

To begin with, just read through the workbook. You’ll come across different activities for you to try. These activities won’t count towards your qualification but they’ll help you to check your learning.

You’ll also see small sections of text called “did you know?” These are short, interesting facts to keep you interested and to help you enjoy the workbook and your learning.

At the end of this workbook you’ll find a section called ‘assessments’. This section is for you to fill in so that you can prove you’ve got the knowledge and evidence for your chosen qualification. They’re designed to assess your learning, knowledge and understanding of the unit and will prove that you can complete all of the learning outcomes.

Each Unit should take you about 3 to 4 hours to complete, although some will take longer than others. The important thing is that you understand, learn and work at your own pace.

**YOU WILL RECEIVE HELP AND SUPPORT**

If you find that you need a bit of help and guidance with your learning, then please get in touch with your tutor/assessor.

If you know anyone else doing the same programme as you, then you might find it very useful to talk to them too.
Certification

When you complete your workbook, your tutor/assessor will check your work. They will then sign off each unit before you move on to the next one.

When you’ve completed all of the required workbooks and associated evidence for each unit, your assessor will submit your work to the Internal Verifier for validation. If it is validated, your training provider will then apply for your certificate. Your centre will send your certificate to you when they receive it from your awarding organisation. Your tutor/assessor will be able to tell you how long this might take.
Unit CYP 3.4: Support children and young people’s health and safety

About this unit

This unit provides the knowledge, understanding and skills required to support children and young people’s health and safety. It requires a demonstration of competence in recognising hazards and undertaking risk assessments in the work setting.

Learning outcomes

There are four learning outcomes to this unit. The learner will be able to:

1. Understand how to plan and provide environments and services that support children and young people’s health and safety.
2. Be able to recognise and manage risks to health, safety and security in a work setting or off site visits
3. Understand how to support children and young people to assess and manage risk for themselves
4. Understand appropriate responses to accidents, incidents, emergencies and illness in work settings and off site visits

Roles and responsibilities

Childcare settings are responsible for ensuring the health, safety and welfare of employees, children and visitors to their businesses.

Local Authority Environmental Health Officers (EHO’s) have responsibility for:

- Dealing with applications to register childcare settings as a food premises; and as a commercial business
- Inspecting premises in accordance with food hygiene requirements;
- Inspecting premises in accordance with health and safety obligations;
- Investigating accidents reported under RIDDOR requirements.

EHOs can also be contacted by telephone to provide help, information and advice about health and safety and food hygiene. It has always been a legal obligation for childcare settings to assess the health and safety risks associated with their undertaking and for those businesses employing 5 or more people to document significant findings of their assessments.
Since September 2008, there is a legal requirement to carry out a Health and Safety Risk Assessment as part of the welfare requirement set out in the Statutory Framework for the Early Years Foundation Stage.

You will have to assess the risks from your activities at the nursery that may affect either your employees or non-employees (i.e. young children). If you employ five or more employees you must record the significant findings of the assessment.

The significant risks that may require consideration include, for example:

- The risks of scalding from hot water and heated surfaces
- The spread of infectious diseases from activities such as nappy changing and laundry of soiled clothes
- Falls from outdoor play equipment
- Low level glazing in vulnerable positions
- Fire risks

**First-aid and accident reporting**

If you employ ten or more persons a book must be provided to record details of any accidents that occur on your premises. Accident records can assist you in identifying recurring accidents, and may also assist in the defence of any future civil claims.

**Reporting**

You have duties to report some work related accidents. It is an offence not to report such accidents.

**First-aid**

You must provide adequate and appropriate equipment, facilities and personnel to enable first-aid to be given to your employees at work. OFSTED may also require first-aid provision for children.

Settings are ideal places for the spread of infectious diseases because of the large numbers of young people in close contact with each other who may not yet have developed good personal hygiene habits or immunity.
Appropriate procedures and facilities must be available for the following:

- Nappy changing
- Laundry facilities
- The exclusion of children with a suspected/infectious disease with symptoms such as diarrhoea and/or vomiting

**Food Preparation & Practices**

You must carry out a hazard analysis which will require you to examine all food operations within your setting and make sure that at each stage food is being treated in a safe and hygienic way. The following areas should be covered:

1. *Purchase of foodstuffs* – Use a reputable supplier and carry out checks on deliveries.
2. *Storage of food* – Store at correct temperature in sealed, labelled containers and adhere to "use by dates". Chilled foods to be kept below 8°C and frozen foods at -18°C.
3. *Preparation* – Wash hands before handling food and prepare food using clean equipment keeping raw and cooked food separate.
4. *Cooking* – Cook foods to at least 75 °C to eliminate bacteria
5. "*Hot holding*” – Food must be held at a minimum of 63 °C
6. *Chilling* – Divide food to be chilled into smaller quantities where possible to chill rapidly (recommend within 90 minutes). Date label chilled food.
7. *Serving* – Serve cold or chilled foods as soon as possible to limit growth of bacteria. Serve heated foods as soon as possible to retain heat.
8. *Cleaning* – Undertake a “clean as you go” policy, with regular deep cleans of floors, walls, ceilings and equipment. A chemical that kills germs/is anti-bacterial should be used for cleaning food contact surfaces

Temperatures should be checked using a probe thermometer; these are available from most large supermarkets and catering supply shops. Daily records should be kept for hot and cold foods (such as those stored in the refrigerator and freezer). Probe wipes should always be used to clean the probe both before and after use to prevent the spread of bacteria.
Legislation and organisational policy and procedures

The purpose of a health and safety policy in a child care setting is to provide parents with a written statement of the procedures in place to protect their children.

The policy protects child care providers, as well, by detailing the training and procedure standards that need to be followed on a daily basis. To ensure that parents and staff read and understand the policy, provide two copies and request that a signed copy be returned prior to attendance or employment.

The Health and Safety Executive (HSE) is responsible for regulating health and safety at work. The HSE does this via a code of practice for employers which aim to prevent illness and accidents at work through the provision of guidance and up to date information (www.hse.gov.uk). The HSE has the power to prosecute employers who fail to safeguard the health and safety of people who access and use their premises. The Health and Safety at Work Act 1974 lays down the duties of employers and employees. Under this Act the employer has to protect the health, safety and security of staff, service users and visitors. In order to do this, the employer is required to draw up safety policy and procedures, and to make arrangements for these policy and procedures to be carried out, and then regularly reviewed. Also, employers have to provide:

- A safe working environment
- Safe access to and from the workplace
- Information on health and safety
- Health and safety training
- A risk assessment of potential hazards

The employee has a responsibility to:

- Take reasonable care of their own health and safety as well as the health and safety of others e.g. Children and young people and their visitors
- Cooperate with their employer on health and safety issues
- Ensure that any health and safety equipment is not intentionally damaged.

Health and safety, is therefore a shared responsibility between employer and employee. Each are responsible for the health, safety and welfare of service users and their visitors to ensure that hazards in the workplace are minimised.
Each workplace must therefore have a written health and safety policy, which must include:

- A statement of intent to provide a safe working environment
- The named person responsible for implementing the policy
- The names of individuals responsible for any particular health and safety hazards
- A list of potential health and safety hazards and the procedures to be followed when working with these
- A procedure for recording accidents and illnesses at work

The Health and Safety at Work Act (HASAWA) 1974 is the legislation that protects everyone within the work environment. It states that employers have a duty to: “ensure, so far as is reasonably practicable, the health, safety and welfare of all employees.

Employees have a duty to: “To take reasonable care of the health and safety of themselves and anyone else that may be affected by their acts or omissions”

The Management of Health and Safety at Work Regulations 1999 requires that employers are to carry out a risk assessment. Employers with five or more employees need to record the significant findings of the risk assessment.

The Reporting of Injuries, Disease and Dangerous Occurrences Regulations 1995 requires the following to be reported:

- Death
- Specified major injury
- Incapacity for work
- Subsequent death
- Reportable diseases such as:
  - Certain poisonings
  - Occupational dermatitis
  - Lung diseases
  - Infections

Control of Substances Hazardous to Health 2002 (COSHH) requires employers to assess the risks from hazardous substances and take appropriate precautions. There are many potentially hazardous substances and chemicals in your workplace, including:

- Cleaning materials e.g. Bleach and disinfectant that can cause burns or poisoning
Latex e.g. Protective gloves that can cause skin allergy.

The COSHH Regulations 2002 have been put in place to protect you against these harmful substances. In particular, COSHH states that employers must:

- Ensure safe storage and disposal of substances that are harmful to health
- Check that health hazards from all substances are assessed, including the kitchen and outdoors areas
- Ensure appropriate control measures are implemented
- Ensure staff are trained about safe procedures and use of protective clothing
- Check that procedures for spillages are in place, and
- Check that new staff are trained before using substances.

Before any substances are used in the workplace, employers must undertake the following risk assessment:

- What substances are present and in what form?
- What harmful effects are possible?
- Where and how are the substances stored, used and handled?
- Are harmful fumes produced, especially if products are mixed?


These require employer to avoid all manual handling, wherever reasonably practical when moving and handling.

**The Children Bill**

The Act provides a legislative spine for the wider strategy for improving children's lives. This covers the universal services which every child accesses, and more targeted services for those with additional needs.

The overall aim is to encourage integrated planning, commissioning and delivery of services as well as improve multi-disciplinary working, remove duplication, increase accountability and improve the coordination of individual and joint inspections in local authorities. The legislation is enabling rather than prescriptive and provides local authorities with a considerable amount of flexibility in the way they implement its provisions.
Health and safety policies within your workplace

Within every workplace there will be policies which you must be aware of and follow.

These will address:

**Good hygiene practices:**

Good hygiene practice requires that the building and equipment are kept clean. Staff must be aware and informed of good hygiene practice to prevent the spread of infection. Staff should encourage children to learn and understand about their personal hygiene through their normal routine.

If there any animals on the premises that they may pose must be assessed. All Play equipment must be protected and checked for risk of contamination. Staff responsible for the handling and preparation of food must be fully aware and adhere to regulations relating to food safety and hygiene.

**COSHH**

As previously discussed, the use of chemicals or any other hazardous substances at work can put people’s health at risk. Employers are required by law to control exposure to hazardous substances as they can cause serious illness and sometimes death. As employees you must make sure that you make proper use of control measures, follow safe systems of work and report potential problems and defects in equipment.

Examples of hazardous substances are:

- Cleaning products
- Bodily fluids (Blood, Urine, Faeces, Saliva, Sputum)
- Medication
- Clinical waste (Nappies, Continence aids, First aid materials)
- Other substances (paint, weed killer, pesticides,)

Control measures should include the correct Personal Protective Equipment (PPE) for example: Gloves, Aprons etc.
If good hygiene practices are followed then the risk of HIV or Hepatitis will be minimal. Infection can only occur through direct contact with the bodily fluids through an open wound.

Safe storage of hazardous substances is essential including ensuring that chemicals are locked away when not in use and never stored in the same place as food stuffs. All staff should be aware of the procedure and first aid measures that should be taken in the event of a chemical incident. All excess chemicals should be disposed of in the appropriate manner according to the COSHH data.

Ensure you use the right chemical for the right job on the right surface in the right way.

**Potential hazards and risks within the setting**

**Equipment and materials**

At the beginning and end of each session the condition of the equipment and materials to be used must be checked for, damage, wear and tear, cleanliness and suitability. Each item of equipment used should meet safety standards and it is advisable to obtain items which have been tested by the British Standards Institute (BSI). This will ensure that the product is safe to use.

Faulty or badly maintained equipment can lead to injuries.

Toys should be bought from reputable dealers and checked that they are sturdy and well put together. Warnings and safety messages should be read and staff should ensure that play activities and equipment are used only by children of an appropriate age or stage of development. Staff responsible for the purchasing of children’s play equipment should ensure that they are well made and constructed from non-toxic materials. The Lion Mark (British Toy Manufacturers Safety and Quality Symbol), the CE Mark (The European Safety Symbol) are recognised safety markings.

The equipment should be checked regularly and damaged items should either be repaired or thrown away. Second hand toys including items from the scrap project should be carefully examined and assessed for safety before given to children for play. Care should be taken when accepting home made toys and they should be checked for safety; i.e. non toxic paint, nails sticking out, loose parts etc.
Toys and equipment should be washed regularly. This is especially important when children with an infectious illness have been playing with a toy. Children can help with this activity i.e. set up water play activities so that the washing of dolls, dolls clothes, home corner props, Lego pieces etc. can be incorporated into the play.

Particular care should be taken to keep hats; head coverings and hairbrushes clean in order to help prevent the spread of head lice. Ensure that all equipment and furniture is installed correctly and maintained adequately. Children and adults must know how to use the equipment correctly and follow the manufacturer’s instructions. If necessary, the number of children taking part in an activity at a particular time should be limited i.e. no more than four children using the climbing equipment at one time.

Equipment used in the outdoor garden should be checked regularly for safety and suitability. Ensure that large or heavy equipment is moved and/or lifted according to the setting’s Manual Handling policy. Staff are at risk of damaging their backs or pulling muscles by trying to move something that is too heavy for one individual and equipment that is moved inappropriately is likely to become damaged or weakened.

It is essential that impact absorbing mats or surfaces be used beneath equipment from which children might fall such as climbing, balancing and agility equipment and slides. It is important to ensure that there is sufficient surfacing to cover all areas where children might fall.

The Child Accident Prevention recommends that children under eight years of age not have access to equipment, which is over 2m high. Domestic equipment such as kettles or toasters should not be used in the children's play area. A child may be seriously scalded by water from a kettle for up to half an hour from the time of boiling. It is recommended that a cordless or shortened electricity coil be used in kitchens.

Tea/coffee and other hot drinks must not be consumed in any of the playrooms. According to the Child Accident Prevention Trust, a cup of tea with milk is about 65 degrees C when it is poured out and it can cause injury to a child in five seconds. If it is left untouched for five minutes it is still 55 degrees C and hot enough to scald a child within fifteen seconds.
If hot drinks are to be consumed in the nursery it is vital that the cup is placed well out of reach of the children and is not left unattended. The above procedure should ensure that there is no danger of a hot drink accidentally spilling over and burning a child.

**DID YOU KNOW?**

The Houses of Parliament has 1,000 rooms, 100 staircases, 11 courtyards, eight bars and six restaurants - none of them open to the public. The Palace of Westminster was sited by the river so it could not be totally surrounded by a mob.

**ACTIVITY ONE**

Circle the words or phrases you would associate with safety of equipment

- Caravan
- Instructions
- Suitability
- Standards
- Hotel
- Manufacturer
- Safety
- Checked
- Cruise liner

**Environment**

Special consideration should be given to the layout of the room or area being used during the session. The placement of play equipment and activities should be designed so that there is adequate access and safe passage for the children and adults. The security of the building with consideration to ensuring that children cannot get out or unauthorised persons gaining access.

The temperature and lighting of the area should be maintained to ensure safe working practice.

Other hazards may include:

- Gas and electricity
- Doors, glass and windows
- Stairs and uneven floors or floor coverings
- Hot food or drinks
- Water activity areas and spillages
Correct disposal of domestic and clinical waste is important to ensure that cross infection and contamination does not occur. The correct use of PPE (personal protective equipment) is essential, i.e wearing gloves and aprons.

Good personal hygiene should be maintained at all times. There should be clear guidelines within the health and safety policy of the setting for all staff to follow.

**Maintaining hygiene within the setting**

A routine daily cleaning programme should be in place, which will include:

- Play areas
- Toilet facilities and nappy changing areas
- The kitchen and food preparation areas

A regular system of cleaning should be in place to maintain the hygiene of toys, furniture and play materials.

The building and all its equipment must be maintained in a clean and healthy manner to prevent illness and the spread of disease. Heating and ventilation systems should enable comfortable temperatures to be maintained. Awareness of how illness spreads and using cleanliness to control its transmission should be the basis of prevention. Adequate ventilation is important to disperse bacteria or viruses transmitted through sneezing or coughing. Windows that can be opened to let in fresh air to the nursery are desirable. To prevent the spread of infection, adults in the play setting should ensure that the following practices are adhered to:

- Washing up done thoroughly in hot water with detergent using rubber gloves routinely.
- Cups/beakers covered with a clean cloth and where possible air-dried.
- Drying up cloths replaced every day with clean ones.
- (The above points will not apply in setting where dishwashers are used exclusively)

Different cleaning cloths should be used for kitchen and toilet areas and separate cloths for the floor. All washed/disinfected or renewed regularly. Hands washed before and after handling food. Staff involved with the handling of food in the nursery should have successfully completed a Food Hygiene Course.
The kitchen should have:

- Refrigerator thermometer to ensure that foods are being stored at the correct temperature
- Adequate storage for cold, frozen and dry foods
- Refuse bins with fitted lids
- Children and adults must wash their hands after using the toilet - adults - before and after changing nappies
- Cuts or open sores of both children and adults need to be covered with a waterproof plaster or other dressing which adequately covers the break.
- Nursery workers should be "skin care conscious" at all times and staff who have an eczema condition affecting their hands must always wear gloves.
- Good hygiene practice is vital in the prevention of transmission of many infections.
- Spillages of blood/body fluids must be cleaned up promptly with hot soapy water (too hot to put a hand in) on carpets and fabrics. Disposable gloves must be used when dressing cuts and wounds and cleaning up spills of blood.
- Disposable cloths/paper towels should be used for clearing such spillages. If someone gets blood on them it should be washed off with soapy water as soon as possible. If blood is splashed on the face or in the eyes it should be rinsed off well with running water. If there is a biting or scratching incident where the skin is broken, the injured area should be washed thoroughly with warm soapy water and covered with a plaster. Check to make sure the injured person is immunised against tetanus.
- Fabrics contaminated with body fluids washed by using the hot cycle in the washing machine.

A large box of tissues should be available and children to be encouraged to blow and wipe their noses when necessary. Soiled tissues should be disposed of hygienically. Children should be encouraged to shield their mouths when coughing. Polythenem bags should be available in which to wrap soiled garments. Parents/carers should need to supply non-plastic bags in which to store their child’s personal belongings on his/her coat peg. Staff should be aware of exclusion periods of common infectious diseases i.e. chicken pox, conjunctivitis, head lice etc.

Parents/carers need to be told of any common infectious illnesses going around the nursery so that they can be aware of any signs/symptoms in their own child.
A poster giving parents/carers information about the illness should be posted in a place or places where it is easy for parents to note. The poster should be displayed for a reasonable amount of time to ensure that all parents/carers (i.e. those parents/carers who use few sessions a week or the nursery on a drop in basis) are informed.

**Notifiable diseases**

Under the Health Protection (Notification) Regulations 2010 certain diseases must be reported to the local authority.

The statutory requirement for the notification of certain infectious diseases came into being towards the end of the 19th century. Diseases such as cholera, diphtheria, smallpox, and typhoid had to be reported in London from 1891, and in the rest of England and Wales from 1899. The list of diseases has been increased over the decades and now stands at about 30.

Originally the head of the family or landlord had the responsibility of reporting the disease to the local 'Proper Officer' but now this is restricted to the attending medical practitioner, either in the patient's home or at a surgery or hospital.

The prime purpose of the notifications system is speed in detecting possible outbreaks and epidemics. Accuracy of diagnosis is secondary, and since 1968 clinical suspicion of a notifiable infection is all that is required.

Statistics were collected nationally at the Registrar General's Office, who already collected data on births, marriages and deaths. The Office was later known as the Office of Population Censuses and Surveys (OPCS) and now as the Office for National Statistics (ONS), but in 1997 the responsibility for administering the NOIDs system transferred to the Communicable Disease Surveillance Centre (CDSC), now the Health Protection Agency (HPA) Centre for Infections (CfI).

Diseases notifiable (to Local Authority Proper Officers) under the Health Protection (Notification) Regulations 2010:

- Acute encephalitis
- Acute meningitis
- Acute poliomyelitis
- Acute infectious hepatitis
- Anthrax
- Botulism
● Brucellosis
● Cholera
● Diphtheria
● Enteric fever (typhoid or paratyphoid fever)
● Food poisoning
● Haemolytic uraemic syndrome (HUS)
● Infectious bloody diarrhoea
● Invasive group A streptococcal disease and scarlet fever
● Legionnaires’ Disease
● Leprosy
● Malaria
● Measles
● Meningococcal septicaemia
● Mumps
● Plague
● Rabies
● Rubella
● SARS
● Smallpox
● Tetanus
● Tuberculosis
● Typhus
● Viral haemorrhagic fever (VHF)
● Whooping cough
● Yellow fever

Storage

Equipment which is not being used should be stored safely away from the areas in use, and cupboards should be locked.

Moving and handling

It is important that in moving and handling children or equipment, safe handling and lifting techniques are observed. The following points should be taken into consideration:

● Look at the load
● Check route
● Test the load and take a firm grip

When lifting keep:

Feet Apart and on floor
Knees Bent
Back Straight
Arms Close to the body
Elbows  Tucked in  
Hands  Secure grip  
Head  Chin tucked in  

Special equipment may be required for children with certain disabilities and all staff should receive training on the correct use of the equipment before using it.

Medication

It is normally considered that children needing to take medication are not fit enough to attend the setting. The setting policy should state that only medicines which are needed for chronic conditions such as asthma, epilepsy, eczema etc. will be administered by a staff following written authorisation by a parent. A written record of all medication administered will be kept giving date, time, name of child, and dosage given. Medicines administered must have a prescription label with a date, name of child, time to be given and dosage and be stored in the original container.

Any unused medicines should be returned to the parent /carer for disposal. If this is not possible the local pharmacist should be asked for advice. Any medicines stored for use with children with a chronic condition must be kept well out of reach of the children. Care must be taken to ensure that children are not over exposed to the harmful effects of the sun. Children playing outside may therefore need protection (i.e. sunhats and sun block creams). Arrangements for ensuring this need to be made in partnership with the parents/carers.

The correct supervision of children within the setting

The Department for Children, Schools and Families have set national standards which regulate the number of adults to children in a daycare and childminding setting.

The minimum requirement of staff: child ratios are as follows

**Children under 2 yrs**  1:3  (one adult to three children)  
**Children aged 2 yrs**  1:4  (one adult to four children)  
**Children aged 3 – 7 yrs**  1:8  (one adult to eight children)  

Consideration needs to be taken with children with special needs. A different ratio applies to childminders.
Supervision outside of the setting

It is vital that a higher ratio of adults to children is observed when supervising children outside of the setting. Careful thought is required in the planning and preparation of activities outside the setting.

- **Children 0 - 2yrs**  1.1 (one adult to one child)
- **Children 2 - 5yrs**  1.2 (one adult to two children)
- **Children 5 - 8yrs**  1.6 (one adult to six children)
- **Children 8 -12yrs**  1.8 (one adult to eight children)

Risk Assessments.

As required by the Management of Health and Safety at Work Regulations 1999, risk assessments must be carried out and the findings recorded to identify significant risks. Everyone within the organisation should be aware of the risk assessments. Any significant changes that are noted should be reported and recorded and the risk assessment reviewed at regular intervals.

A **hazard** is anything with the potential to cause harm e.g. working at height on scaffolding. **Risk** is the probability that a hazard will turn into a disaster. Vulnerability and hazards are not dangerous, taken separately. But if they come together, they become a risk or, in other words, the probability that a disaster will happen.

Nevertheless, risks can be reduced or managed. If we are careful about how we treat the environment, and if we are aware of our weaknesses and vulnerabilities to existing hazards, then we can take measures to make sure that hazards do not turn into disasters.

A risk assessment identifies potential hazards on the premises of your childcare facility. It is a legal requirement, as you need to be able to show that you are aware of any risks and that you have plans in place to control and minimise these risks.

Risk assessments take into account a large number of everyday things that may appear harmless or go unnoticed but could be dangerous if not recognised. Risks assessments should take into consideration a range of areas from the condition of toys and equipment to hygiene and cleanliness.
How to complete a risk assessment?

There are five main steps to assessing the risks in your childcare setting:

**Step 1 - identify the hazards**

You need to walk around your setting and look at what could reasonably be expected to cause harm. Are there electrical wires within grasping distance of a child in your care? Are there toys left around to form trip hazards? Do you have furniture or equipment which may cause allergies?

**Step 2 - decide who might be harmed and how**

For each hazard, you need to be clear about who might be harmed to help with identifying the hazard. Think about how they might be harmed and what type of injury they might sustain.

**Step 3 - evaluate the risks and decide on precautions**

Once all your hazards are spotted you need to decide what you are going to do about them. The law does not expect you to eliminate every risk but you are expected to do everything that is ‘reasonably practical’ to protect the people on your premises from harm.

You need to look at what you are already doing or the precautions you already have in place. Compare this with good practice and see if there is more you need to be doing to bring yourself up to standard.

You need to consider:

- Can I get rid of this hazard altogether?
- If not, how can I control the risks so that harm is unlikely?

You also need to ensure that what you propose to do won’t introduce any new hazards and will work in practice.

**Step 4 - record your findings and implement them**

When writing down your results, keep it simple, e.g. name of hazard identified; what you’ve done about it; whose been informed; whose going to act on it and how often?
Risk assessments are not expected to be perfect but they must be suitable, sufficient and reasonably practical. You must show that:

- A proper check was made
- You asked who might be affected
- You dealt with all the significant hazards, taking into account the number of people who could be involved
- The precautions are reasonable and the remaining risk is low
- You involve staff, children and parents where applicable in the process

You need to prioritise and tackle the most important things first. As you complete each action, tick it off on your plan.

You also need to consider:

- Who will be responsible for drawing up the risk assessment document?
- Who has responsibility for ensuring safety in the different areas?
- How will your risk assessment be displayed and accessed?
- How will it be implemented?
- How will it be monitored and when will it be reviewed?
- How will you link it to and health and safety policies, training and induction sessions?

**Step 5 - review your risk assessment and update if necessary**

Some risk assessments will be done by you on a regular basis, i.e. checking the outside play area before children use it, however risk assessments will need to be done when you buy new equipment, go on a day trip or introduce new procedures that could lead to hazards. Review what you’re doing on an on-going basis and carry out a formal annual review. Make sure you are still improving or at least maintaining current standards. If there is a significant change, don’t wait. Check your risk assessment and change it.

**Illnesses, accidents and emergencies**

Within the childcare setting, the requirements are, that at least one person must be qualified in First Aid. It is also recommended that all childcare workers receive First Aid for Children training.
Injuries and emergencies can happen in childcare settings. Most injuries are minor, such as cuts, grazes, bruises. Less commonly, children may sustain serious injuries involving head injuries, broken bones, poisoning, burns and choking.

Children can also experience medical emergencies such as severe allergic reactions to insect bites or food, and asthma attacks. While most injuries in a childcare setting involve children, caregivers and other adults present are at risk as well.

Most injuries in childcare are caused by falls, usually from play equipment and running in the play area. Other injuries result from children bumping into furniture or inappropriate use of playground equipment, rough play incidents between children, insect stings and animal bites, ingestion of plants or other toxic substances.

Most injuries can be prevented by creating and maintaining safer play areas, establishing safety rules, and supervising children properly. Being able to respond effectively in a first aid emergency is vital for the safety and wellbeing of everyone within the setting.

For potentially serious injuries or emergencies, one of the most important things to do is get emergency help. All staff should know how to access the emergency services and what information needs to be given. This will include: Details of the accident and emergency, exact location of incident, how old the child is and the type of injury.

The parent or guardian of the child should be informed immediately. Basic first aid and TLC (tender loving care) are necessary ingredients for minor injuries and those times when the injured child must wait for the parent to arrive.

**For Children with Special Health Needs**

Increasingly, childcare programs may enrol children who have allergies, asthma, or other chronic medical conditions. Caregivers should be prepared to care for the unique routines and emergency medical needs of these children.
Assessing the emergency

Stay calm

- Before you act... **Think**
- Be realistic
- Know yourself
- Know the facts
- Be prepared
- Gather your supplies
- Recognise the need to act

Getting help

- IF YOU HAVE ASSESSED THAT THE CASUALTY NEEDS TO GO TO HOSPITAL AS AN EMERGENCY
- CALL 999
- GIVE PRECISE LOCATION OF INCIDENT
- GIVE STATUS OF CASUALTY
- IF SOMEONE OTHER THAN YOURSELF GOES TO MAKE THE CALL, ASK THEM TO RETURN AND LET YOU KNOW IT HAS BEEN DONE

The recovery position

The recovery position is used to keep a casualty in a safe posture whilst waiting for the emergency services to arrive. This position is designed to keep the airway open and for ease of access for monitoring breathing, colour and pulse. It is generally only used when the casualty is unconscious or choking and is not suitable if a spinal injury is suspected.

CPR (cardio pulmonary resuscitation)

If the casualty stops breathing it will be necessary to begin CPR. This must be carried out by someone with the appropriate first aid training. First aid training must be updated every 3 years.

All infants and children who have had chest thrusts must be seen by a doctor.

Convulsions

Convulsions often occur in children and infants as a result of raised body temperature. This is often associated with ear or throat infections. This is known as a **FEBRILE CONVULSION**.
Epilepsy is another cause of seizures. Although alarming, convulsions are rarely dangerous, however a child should be seen at a hospital to rule out any serious underlying condition.

Your aim –

- To protect the child/infant from injury (Position pillows or soft padding around child to protect them)
- Place child in the recovery position once the convulsions have finished
- To cool the child (sponge with tepid water, removing clothes)
- To reassure
- To monitor vital signs
- To arrange removal to hospital

**Burns**

Burns and scalds

Your aim –

- To cool burn under cool running water for at least 10 mins.
- Prevent infection (wear gloves, cover burn with clean non-fluffy material)
- Arrange transport to hospital (all children need to be seen by a doctor or at hospital if they are burned)
- Monitor casualty

**Serious allergic reaction**

**Recognition**

- Anxiety
- Red, blotchy skin
- Swelling of tongue and throat
- Puffiness around eyes
- Impaired breathing with wheezing and gasping for air
- Signs of shock
Your aim –

- To get help immediately, dial 999 and monitor the casualty until help arrives.
- If a child has a known allergy and has medication ONLY PERSONS WHO ARE AUTHORISED AND SUITABLY TRAINED MAY ADMINISTER IT.

Posioning

Plants, Chemical, Food

Recognition

- Vomiting that may be bloodstained
- Impaired consciousness
- Pain or burning sensation

Your aim –

- Try to find out what the child has swallowed or eaten, in a reassuring way
- Get medical help, letting the emergency services know any information about the substance that the child may have ingested
- Do not induce vomiting
- Monitor

If casualty loses consciousness and needs CPR you may need to use a face shield to protect yourself

Broken bones

- It can be very difficult to assess the difference between a sprain and a fracture in children and infants.
- If there is any doubt the child should be seen by a doctor or at hospital

Your aim –

- Immobilise the limb
- Arrange transport to hospital
- Reassure the casualty and monitor vital signs
- Keep the child/infant warm and still
Cuts and grazes

- AIM – TO CLEAN AND PROTECT WOUND
- Always wear gloves, use “one wipe” method to clean wound
- Try to remove, gently, any debris (do not pick it out if it is embedded)
- Cover the wound and monitor for infection and healing

Bites and stings

- Generally insect bites and stings are not dangerous, they cause pain and swelling which usually subsides with a cold compress
- If the sting or bite is in the mouth or throat there is the risk of obstructing the airway (the smaller the child, the greater the risk)
- The child may suffer a severe allergic reaction
- Pain, redness, swelling at site of sting
- Nausea
- Headache
- Your aim -
  - If sting is still in site, do not pinch it out, swipe it off the skin
  - Apply cold compress
  - Monitor very closely

Nose bleeds and objects in the nose

AIM – To stop bleeding and maintain airway

- Lean child over bowl or basin.
- Pinch nose just below rigid part for 10 mins
- Release and if bleeding continues pinch nose again (repeat up to three times)
- If the bleeding is profuse or does not subside the child will need to go to hospital for treatment
- Children may push small objects into the nose. This can cause infection and damage
- Do not attempt to remove objects from the nose, get the child to hospital as soon as possible for it to be removed
COMMON CHILDHOOD ILLNESSES

Chicken Pox

On the first day a rash appears as small red patches about 3-4mm across. Within a few hours of these developing, small blisters appear in the centre of these patches. During the next 3 or 4 days further patches will appear and the earlier ones will turn 'crusty' and fall off.

Oily calamine lotion may be applied to soothe the often severe itching. Cool baths may also help. The most infectious period is from 2 or 3 days before the rash appears and up to five days after this date. Children may return to the care setting as soon as the last 'crusts' have dropped off.

Measles

The rash is blotchy and red and appears on the face and body around the fourth day of illness. It is at its most infectious from 2 or 3 days before the rash appears until 8 or 10 days after that date. Note: Immunisation can prevent this disease.

Mumps

Symptoms are swelling of the glands in front of one or other ear often followed, after a couple of days, by swelling in front of the other ear. It is infectious from 2 or 3 days before the swelling appears until 8 or 10 days after that date. If the pain is severe you should consult your doctor.

Rubella

The rash appears during the first day and usually covers the body, arms and legs in small pink patches about 24mm and doesn't itch. No other symptoms are usually present apart from occasional aching joints.

It is infectious from 2 days before the rash appears, until the rash disappears in about 4 or 5 days from that date. The only danger is to unborn babies and, therefore, it is important that all contacts are informed in order that anyone who may be pregnant can contact their doctor.
Diarrhoea and Vomiting

In adults and older children diarrhoea and vomiting will usually get better on its own. Suggested treatment consists of replacing the fluid you have lost drinking water or using sachets of powders such as Dioralyte, which can be made into a drink for this purpose, are available for this purpose from a chemist.

The digestive system should be rested by not having solids for 24 hours and then a light diet for the next 24 hours. Milk and milk products should be avoided for several days, as they tend to make the condition worse.

Diarrhoea and vomiting in small babies and young children should be treated with caution and the doctor will be happy to advise about this over the phone and visit if necessary.

Head Lice

These insects, contrary to popular belief, prefer clean hair and are not a sign of poor personal hygiene. They live close to the scalp, and bite the skin and feed on the blood. Medicated head lotion can be obtained from the chemist without a prescription. Parents or guardians need to be informed that the treatment needs to be carried out and it is advisable that everyone within the setting is treated.

Thrush

In the mouth there will be white, cream-coloured, or yellow spots which are slightly raised. There is normally no pain in the area underneath the spots. Thrush can affect the mouth and genital area. A special anti fungal cream can be prescribed.

First aid box

The first aid box should always be kept in an accessible place with all staff should be aware of its position.

It must be checked weekly to ensure contents are:

- Fully stocked
- Within their use by date
- It is usually the first aid appointed persons responsibility to manage this.
Example of contents of first aid box:

- Leaflet giving general guidance on first aid
- Individually wrapped sterile adhesive dressings in assorted sizes
- Sterile eye pads
- Triangular bandages
- Safety pins
- Medium sized wound dressings
- Large sized wound dressings
- Disposable gloves
- Sterile water if fresh water is not available

You can also include scissors and antiseptic wipes.

**Safe disposal of first aid waste materials**

All waste materials used in a first aid emergency are clinical waste and must be disposed of in the correct way. Place the waste in a tied plastic bag and then into another tied plastic bag and dispose into an outside bin.

**DID YOU KNOW?**

At least once a year most birds moult - they shed their old feathers and grow new ones. Birds moult before winter so that the new feathers will have grown before the weather becomes colder.

**ACTIVITY TWO**

Circle the words or phrases you would associate with first aid boxes

- **Dressings**
  - Eye pads
  - Canal
- **River**
  - Safety pins
  - Sterile water
- **Bandage**
  - Gloves
  - Reservoir

**Illness**

If at any time during the day, the child develops a high temperature or becomes unwell, parents or guardians must be contacted.
Reporting and recording

All accidents, injuries and emergencies must be reported and recorded in the accident /incident book. The HSE (Health And Safety Executive) may need to be informed under the requirements of RIDDOR. But it is also a useful tool for reflecting on what happened and how to prevent similar accidents in the future. It provides accountability and allows for staff changeover - when the parent arrives it may be different staff than was present at the time of the accident. If there is a later investigation into what happened to the child eg suspected child abuse it can become evidence.

If you haven't got an accident book your insurance will be invalid, and you would have to pay compensation if you are at fault. Accident books can show up patterns in accidents highlighting accident black spots. For example if you had a number of injuries due to trips on a carpet; that could indicate that the carpet needs replacing. I know that the example I've just given is probably obvious but there are thousands of things that could happen in that environment that you or anybody else hasn't thought about that a simple thing like an accident book could pick up on.

Emergency evacuation

There some occasions when it is necessary to evacuate the setting. These may include:

- Fire
- Gas leaks
- Bomb threat

There should be a policy and procedure for the safe evacuation of everyone from the building.

Fire safety

There will be in place, clear procedures for emergency evacuation of the building. All staff should be aware of the procedures and fire practices should be carried out regularly.

In the event of a fire –

- Close all doors and windows
- Evacuate all children to designated assembly point
- Call the emergency services
- Register to be taken
- Do not re enter the building
Do not stop to gather personal belongings
Do not try to fight the fire unless you are trained to do so

Always ensure fire doors are not obstructed and fire exits are clearly identifiable. Fire blankets, extinguishers, alarms and smoke detectors must conform to BS EN (European standard) safety standards.

DID YOU KNOW?
The Pacific Ocean is the largest ocean in the world. It has an area of 70,000,000 square miles (181,000,000 square km).

ACTIVITY THREE
Circle the words or phrases you would associate with fire safety

Elephant  Doors  Close
Building  Zebra  Procedures
Practice  Register  Giraffe

Reporting and recording

Recording and reporting accidents and ill health at work is a legal requirement under The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR). RIDDOR places a legal duty on:

- Employers
- Self-employed people
- People in control of premises.

These 'responsible persons' must record and report certain incidents, injuries, diseases and dangerous occurrences involving employees, self-employed workers and members of the public.
The information provided through recording and reporting enables the enforcing authorities (either Health and Safety Executive (HSE) or local authority Environmental Health), to identify where and how risks arise, and to investigate serious accidents.

With this information, the enforcing authorities are able to help and provide advice on how to reduce injury, and ill health in the workplace. Such surveillance data can also be used to put forward an evidence-based rationale for the introduction of new legislation and/or guidance.

**Near Misses**

Although not part of the legal duties mentioned above, it is also good practice to record non-reportable 'near-miss' incidents, workplace accidents and occurrences where no-one has actually been hurt or become ill, but where the consequences could have been serious for workers.

In this way, it is possible to learn from such incidents so that workers are protected from harm, using the old adage 'prevention is better than cure'.

**What do responsible persons have to do?**

Details of all reportable incidents, injuries, diseases and dangerous occurrences must be recorded, including:

- The date when the report is made
- The method of reporting
- The date, time and place of the event
- Personal details of those involved
- A brief description of the nature of the event or disease.

Records can be kept in any form but must conform to data protection requirements.

It is also good practice to record 'near-miss' incidents. RIDDOR also requires responsible persons to report certain matters to their enforcing authority.
How to report under RIDDOR

The quickest and easiest way to do this is to call the RIDDOR Incident Contact Centre on 0845 300 99 23 (Monday to Friday 8.30am to 5.00pm) and speak to an ICC Operator who will complete a report form over the phone. You will be sent a copy for your records.

**DID YOU KNOW?**

Halley’s comet takes seventy-six years to travel once around the sun.

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**ACTIVITY FOUR**

Circle the words or phrases you would associate with reporting and recording

- Jelly
- RIDDOR
- Records
- Data
- Ice cream
- Time
- Date
- Cake
- Near miss

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**UNIT CYP 3.4: SIGN-OFF**

Assessor’s Name: _______________________________
Assessor’s Signature: ___________________________ Date: ____________

Learner’s Name: _______________________________
Learner’s Signature: ___________________________ Date: ____________

Mentor’s Name: _______________________________
Mentor’s Signature: ___________________________ Date: ____________
UNIT CYP 3.4: ASSESSMENT

ASSESSMENT ONE

Describe the factors to take into account when planning healthy and safe indoor and outdoor environments and services.

ASSESSMENT TWO

Explain how health and safety is monitored and maintained and how people in the work setting are made aware of risks and hazards and encouraged to work safely.
ASSESSMENT THREE

Identify sources of current guidance for planning healthy and safe environments and services

ASSESSMENT FOUR

Explain how current health and safety legislation, policies and procedures are implemented in own work setting or service
ASSESSMENT FIVE

Undertake a health and safety risk assessment in own work setting or service illustrating how its implementation will reduce risk.

Explain how health and safety risk assessments are monitored and reviewed.
ASSESSMENT SIX

Explain why it is important to take a balanced approach to risk management

ASSESSMENT SEVEN

Explain the dilemma between the rights and choices of children and young people and health and safety requirements
Give example from own practice of supporting children or young people to assess and manage risk

ASSESSMENT EIGHT

Explain the policies and procedures of the setting or service in response to accidents, incidents, emergencies and illness
ASSESSMENT NINE

Identify the correct procedures for recording and reporting accidents, incidents, injuries, signs of illness and other emergencies

UNIT CYP 3.4: ASSESSMENT SIGN-OFF

Assessor’s Name: _________________________________
Assessor’s Signature:________________________Date:___________
Learner’s Name:  __________________________________
Learner’s Signature:_________________________Date:___________
Mentor’s Name:  ___________________________________
Mentor’s Signature:__________________Date___________