



Statement of Purpose and Function

Northside FRC's Afterschool Service

This is the statement of purpose and function of Northside FRC Junior after school service.

1.0 Aim and Ethos of the service

Northside Family Resource Centre provides a safe, welcoming, and supportive environment which encourages and enables school age children to reach their full potential based on principles of equality, empowerment, and justice. The school age service is part of a suite of services offered by Northside Family Resource Centre whose purpose is to work for and support the alleviation of poverty and social exclusion in the communities of Ballynanty Electoral District.

2.0 Age range of children using the service

Children aged between 4 years and 7 years may avail of this service who attend junior and senior infants.

3.0 Number of children using the service

The maximum number of children that can use this service is 16 Junior after school service.

4.0 Type of service

School age service with registered under the auspices of full day care service.

5.0 Opening hours & weeks per year

The service operates from Monday to Friday only (excluding bank holidays and public holidays). The school aged service operates from 1.30 to 6.00 daily during school term only. Outside of school term the service operates from 8.00 to 6.00 daily. The service operates for 50 weeks per calendar year.

6.0 Programme of activities offered to School Age Children

Children's learning and well-being is supported in an informal environment. Activities are child led and include outdoor play, outings, free play, games, creative activities, reading, storytelling, and homework support. Children are provided with a hot meal cooked in house.

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Checklist (to be completed by the person in charge)

Action	Status
Statement is available to parents, staff & relevant stakeholders.	Yes
Statement communicated as part of the enrolment procedure to parents	Yes
Statement is available on the noticeboard	Yes
All Staff have received a copy of the Statement through HR Locker	Yes
Board have received a copy of the Statement	Yes
Children have been advised of the Statement in an age-appropriate way.	Yes
This policy is available to children using the service on the noticeboard	Yes
Children are supported to input into the statement.	Yes

Review of Policy

This policy will be reviewed every two years – next review in April 2023.

Policies that inform the work of this service

- Complaint's policy
- Dropping off and collection of school age children
- Fire safety policy
- Medication management policy
- Behaviour management policy – including managing challenging behaviour
- Infection control policy
- Child safeguarding statement

Statement of Purpose and Function

Key Personal: In House

CEO:	Ciara Kane
Kings Island Early Years Coordinator:	Melissa Barrett
Sunshine Early Years Coordinator:	Alison Dore
Sunshine Deputy in the absence of Manager:	Aisling Ryan
Kings Island Deputy in the absence of Manager:	
Health and Safety Officer:	Alison Dore & Mark Ryan
Fire Officer:	Alison Dore & Mark Ryan
First Aiders:	30% of FRC staff
Designated Liaison Officer:	Ciara Kane
Deputy Designated Liaison Officer:	Mary Mulcahy

Key Personnel: External

TUSLA Early Years Inspection Team:	Early Years Inspector, HSE Building, Ballycummin Business Park, Raheen, Limerick, 061 483591
TUSLA Social Work Department:	Child and Family Agency, Ballynanty Health Centre, Child Protection and Welfare, Ballynanty, Limerick, 061 457102
Garda:	Mayorstown Garda 061 456980
Hospital:	University Hospital Limerick 061 3011111
Fire Brigade:	999 / 112
Fire Maintenance:	Anti-Fire 061 455288
Pest Control:	Alphasan 061 437980
Garda Vetting:	Grace Kelly
Water Leaks:	1850 278 778
Electricity Emergency:	1850 372 999 (24-hours)
Gas Emergency:	1850 205 050 (24-hours)
Computer Data Controller:	Hybrid IT Supports & Services 061 211444
Centre Health & Safety Company:	Treaty fire & safety 087 6487556
First Aid Company	Platinum Safety LTD 087 6487556
Electrician:	Sean 087 9291100
Plumber:	Paul 087 7464152
Maintenance:	Mike 087 2966329
Alarms:	T&K 061 227766
Security	GGL 061 319 077
IT Supports	Hybird 061 211444
Health & Safety Company:	Treaty Fire & Safety 087 9509312
Lift:	Mid Western Lift 061 400123

KEY INFORMATION

Name of Service:	Northside FRC
Opening Hours:	8:00 AM – 21:00 PM
No of Weeks per year open:	50
Capacity:	Sunshine: 85 Kings Island: 67 Afterschool: 48 Youth: 80 Vulnerable Adults: 240
Age Range:	Full life cycle
Ratios:	As per relevant regulations
Early Years Curriculum:	Play-based
Number of Front line Staff per session:	36 staff in Early Years 6 in Afterschool Services 2 per group for Vulnerable Adults
Address:	Clonconnane Road, Ballynanty, Co Limerick
Phone Number:	061 3266623
Email:	Staff members full name@northsidefc.ie

Vision Statement

The vision of Northside Family Resource Centre is a fair society where all members of the community have equal access to services and opportunities; where children are afforded every opportunity to reach their full potential and families are living in peace and affluence.

Mission Statement

Northside Family Resource Centre provides a safe, welcoming and supportive environment which encourages and enables both families and the wider community to reach its full potential based on principles of equality, empowerment and justice.

Type of Service

Full Day Care in accordance with the Child Care Act 1991 (Early Years Services) Regulations 2016. The purpose of this service is to provide a full day care facility for children aged 6 months – 5 years. We open 50 weeks per year and daily from 8:00 AM – 6:00 PM Monday to Friday. We have capacity to cater for 85 children at any one time and our ratios are listed overleaf. This service is a community-based Childcare Centre operated by a Board of Directors and managed by Ciara Kane, Steve Goode, Alison Dore & Leann Doyle.

Guiding Principles / Statement of Values

The Centre has a clear commitment to discovering our community's capacities and assets while allowing for flexibility to respond to the needs as and when they emerge. The Centre aims to:

- Engage in community development supporting local community people's commitment to investing themselves and their resources in the effort.

- Provide structures which facilitate local people to support each other and search for ways to improve the quality of life in the area.
- Ensure services are in place that meets defined needs of individuals, families and the community, positively affecting families both directly and indirectly.
- Provide interventions and compensatory programmes which are open to all while supporting those most disadvantaged and socially excluded to avail of such services.
- Exploit the skills of local residents, the power of community based organisations, and the supportive functions of local institutions.

Range of Services and Facilities:

- We are open 50 weeks per year
- We will close for two weeks during summer.
- Gated, well-equipped outdoor gardens
- Purpose built spacious environments
- Healthy and nutritious meals cooked on each-site
- Trained and highly qualified staff
- Childpaths communication app for parents & staff
- Play Therapy
- Incredible Years Programmes
- Speech & Language Support - Little Voices - Lending Library
- School collections - After School Service - Homework support - Summer camps

Purpose built rooms are designed in such a way as to meet the developing needs of each individual child. The children are guided through a range of educational and play activities at their own pace. Our staff create a positive and secure environment where children feel confident in exploring their surroundings.

Northside FRC's Children's Services

Northside's Children's Services aim to provide a safe and homely space for children in which they can grow and develop. Children and young people are leaders in their own relationships, development and learning. We are committed to providing holistic, quality and affordable Child Centred Services, supporting children to reach their full potential.

Aims and Objectives

- To ensure that each child and young person is safe and happy
- To support children and young people to develop healthy and meaningful relationships.
- To celebrate each child and young person's individuality
- To ensure the child and young person's interests are central
- To ensure all staff receive appropriate training and support, and maintain high levels of practice
- To advocate parent participation in all levels of service
- To instil in children and young people a sense of belonging and pride in our community

Services for Older People

Northside Family Resource Centre aims to design and deliver community-based supports that enhance the opportunity for independent living in the home and in the community. The service is designed to support Older People to continue living in their own homes for as long as they can. The service addresses a hierarchy of needs identified by Older People themselves which includes food and nutrition, safe and comfortable living environment, sense of security in the home, social interaction in the community and familiarity with rights and entitlements.

Aims and Objectives

- To provide a high quality Meals on Wheels delivery service during the week;
- To support a Home Maintenance project which provides basic DIY and Care and Repair in the home.
- To facilitate a community Transport service (for collecting pensions / GP and Hospital appointments / shopping and social activities)
- To host a Friendly Telephone Call service for those more isolated and vulnerable within the community.
- To administer the Seniors Alert Scheme which provides personal alarm buttons for those over 65 years of age;
- To organise regular Social Clubs, group outings and interpersonal supports.
- To ensure access to welfare entitlements, information and advocacy support.
- To engage in interagency networks and joint-projects with other key stakeholders in Limerick city.

Services for Vulnerable adults

Northside Family Resource Centre aims to design and deliver community-based supports that enhance the opportunity for Vulnerable Adults to engage in the community. We are committed to address needs which includes safe and comfortable living environment, positive mental health, education, social interaction in the community and familiarity with rights and entitlements.

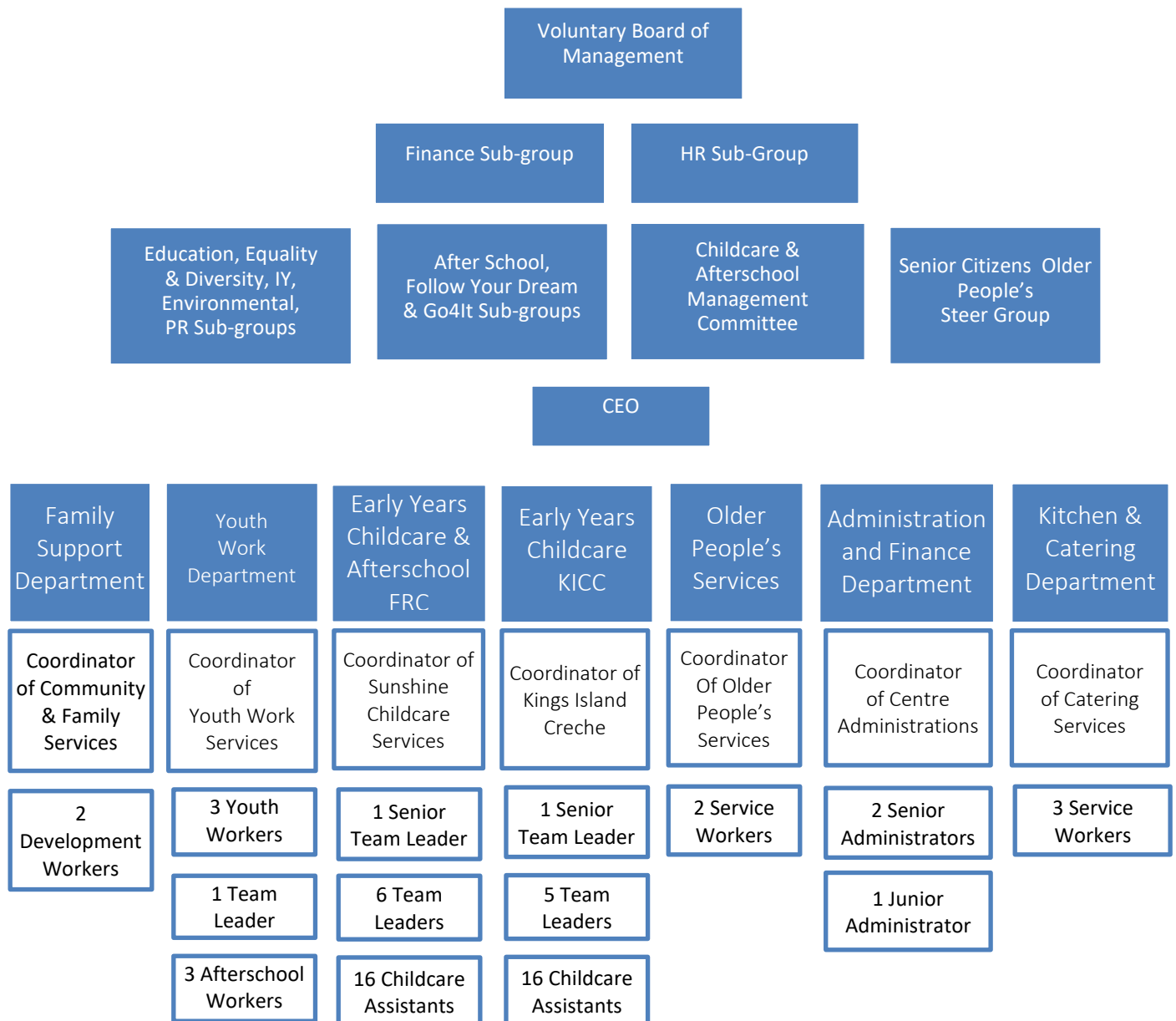
Aims and Objectives

To offer affordable therapeutic services to individual adults;

- To provide individual support to vulnerable adults
- To advocate on behalf of vulnerable adults
- To host regular workshops and events focussing on a range of needs within the community
- To provide opportunities and support for vulnerable adults to partake in education classes appropriate to their need
- To ensure all staff receive appropriate training and support, and maintain high levels of practice
- To promote a sense of belonging and pride in our community
- To embrace diversity and Foster Inclusion within the community
- To facilitate access to welfare entitlements, information and advocacy support;
- To engage in interagency networks and joint-projects with other key stakeholders in Limerick city

NORTH SIDE

FAMILY RESOURCE CENTRE



Vision Statement

The vision of Northside Family Resource Centre is a fair society where all members of the community have equal access to services and opportunities; where children are afforded every opportunity to reach their full potential and families are living in peace and reasonable affluence.

Mission Statement

Northside Family Resource Centre provides a safe, welcoming and supportive environment which encourages and enables both Families and the wider community to reach its full potential based on principles of equality, empowerment and justice.

Guiding Principles / Statement of Values

The Centre has a clear commitment to discovering our community's capacities and assets while allowing for flexibility to respond to the needs as and when they emerge.

The Centre aims to:

- Engage in community development supporting local community people's commitment to investing themselves and their resources in the effort.
- Provide structures which facilitate local people to support each other and search for ways to improve the quality of life in the area.
- Ensure services are in place that meets defined needs of individuals, families and the community, positively affecting families both directly and indirectly.
- Provide interventions and compensatory programmes which are open to all while supporting those most disadvantaged and socially excluded to avail of such services.
- Exploit the skills of local residents, the power of community based organisations, and the supportive functions of local institutions.

Scope

This Code of Business Conduct applies to all activities and those who oversee, manage, coordinate and deliver FRC activities (volunteer directors, volunteers and employees—including unpaid, scheme, hosted, part-time and temporary employees) of Northside Family Resource Centre. It is expected that all of those who conduct business for or on the behalf of Northside FRC work from a position of dignity and personal accountability. We are aware of our responsibilities to the organisation, to our colleagues, to the communities, to our funders.

Purpose

Compliance with our Code helps to sustain and enhance the ethical behaviour and good reputation of the FRC with our partners and community.

Right to report unethical behaviour

We operate a policy whereby any volunteer director, employee, volunteer or student who, in good faith reports any act of apparent misconduct or unethical behaviour, will not be victimised or treated adversely as a result.

We respect community development principles and human rights

Northside Family Resource Centre is committed to working within the guiding principles of community development, family support practice and human rights-based approaches to ensure respect, equality, inclusion and participation is promoted throughout our organisation.

We comply with the law

Northside Family Resource Centre, its volunteer directors, volunteers and employees are required, as a minimum standard, to comply with all the laws and regulations of Ireland, and of any other country that FRC employees or representatives may visit on business.

We respect the confidentiality of sensitive information held by the Family Resource Centre and comply with relevant statutory provisions such as Data Protection Regulations.

We act with integrity in all our dealings

Northside Family Resource Centre (FRC) expects volunteer directors, volunteers, and employees to always act with integrity. This helps to safeguard the trust the FRC has built with individuals who use the Centre and the organisations our FRC interacts and works with.

No volunteer director, volunteer or employee shall engage in personal activities or pursue financial or business interests which might compromise their ability to meet the responsibilities of their job or potentially give rise to, or give the appearance of, conflicts of interest.

Northside Family Resource Centre does not offer, promise, give, demand or accept bribes or other unethical advantage to obtain, retain or give business or gain any other advantage.

Northside Family Resource Centre volunteer directors, volunteers and/or employees who have access to privileged information (including proprietary and confidential information) whether it belongs to Northside Family Resource Centre or others will not use this information to achieve personal gain for themselves or others.

Northside Family Resource Centre volunteer directors, volunteers and employees must ensure proper and responsible use of all FRC assets, including physical property, intangible assets, IT equipment and communication resources.

We treat clients/service users/visitors with professionalism, dignity and respect

All clients/service users are treated with dignity and respect, and in a professional manner. We are committed to treating all clients, contacts and visitors equally, regardless of gender, civil status, family status, sexual orientation, religious belief, age, disability, race or membership of the Traveller community. Accordingly, any harassment or bullying is unacceptable.

We treat suppliers, partners, subcontractors and funders properly

Northside Family Resource Centre's suppliers are paid promptly within agreed terms of business.

Northside Family Resource Centre employees must respect and treat in accordance with agreed terms the confidential information, technology, intellectual property, and any other assets or data received from clients, suppliers and others.

Northside Family Resource Centre expects agents, subcontractors, suppliers and others working on its behalf to act lawfully and ethically, and in accordance with the values and standards set out in this Code.

We treat our employees respectfully

Northside Family Resource Centre recruits and selects employees based on their qualifications, skills, aptitude and attitude. In employment related decisions, Northside Family Resource Centre is committed to creating an environment that promotes equality and dignity at work. We are committed to treating all employees equally, regardless of gender, civil status, family status, sexual

orientation, religious belief, age, disability, race or ethnicity. Accordingly, any harassment or bullying is unacceptable.

Northside Family Resource Centre respects the rights of each employee to join or not join a trade union.

Northside Family Resource Centre believes in good communications with employees and in promoting consultation, cooperation and teamwork on matters of mutual concern.

We contribute to healthy, safe and secure workplaces

Northside Family Resource Centre is committed to conducting all its activities in a manner which achieves the highest practicable standards of health and safety.

Northside Family Resource Centre seeks to protect our employees, physical assets, information and reputation from potential security threats.

We have high standards of financial record keeping and reporting

Northside Family Resource Centre records all business transactions accurately, prudently and transparently, in compliance with the accounting policies as detailed in our Annual Report & Accounts and in accordance with best practice. The FRC ensures that the annual report and financial statements accurately reflect its situation and are not misleading or designed to be misleading.

Comprehensive assessment and management of risk, together with strong systems of internal control, serve to ensure that financial affairs are well managed and reported finances are accurate.

We respect the environment

Northside Family Resource Centre is committed to ensuring that, as far as reasonably practicable, any detrimental effects of our activities and services upon the environment are minimised.

The Code applies to all of us

Our Code applies throughout all our activities. Disregard or breach of this Code by an employee may result in disciplinary action.

Our Code is not intended to replace existing policies of Northside Family Resource Centre. It serves as a governing document to which other policies must adhere.

Northside Family Resource Centre expects and encourages volunteer directors, employees, and volunteers to bring promptly to the Board of Directors' attention any suspected or actual breaches of our Code.

Any employee making such information known through the appropriate channels will not face any adverse or unfavourable treatment for such disclosure.

Governance

The Voluntary Board of Directors of Northside Family Resource Centre has overall responsibility for this Code of Business Conduct and its review.

This Code of Business Conduct was discussed and agreed at a meeting of the Voluntary Board of Directors on 13th February 2018.

Child Care Act 1991 (Early Years Services) Regulations 2016 ([Síolta Standard 10: Organisation](#), [Síolta Standard 12: Communication](#)) ([National Standard 1: Information](#), [National Standard 2: Contract](#), [National Standard 4: Records](#), [National Standard 12: Health Care](#), [National Standard 16: Equal Opportunities](#))

Statement of Intent:

We aim to ensure that our enrolment criteria are fair and transparent and that it promotes equal access for all participants.

The following information applies for the enrolment of children in our early years services:

- Children must be over 3 months to attend the service.
- Places will be allocated based on the Childcare service priority list. Priority will be given to families from the local communities. The definition of will include families living in the area or have a familiar connection or work in the community. The priority areas for Sunshine are; Moyross, Ballynanty, Kileely, Thomondgate and residents of Knocklisheen. If places are available then childcare will be offered to parents from the wider northside community. The priority areas for Kings Island are St Mary's Park, Kings Island, Kileely and Thomondgate. If places are available, then childcare will be offered to parents from Garryowen and Corbally.
- Priority will also be given to parents who are in work or training (as long as they are in the priority areas)
- Priority will be given for parents who choose the outdoor preschool irrespective of where they live.
- In addition, the service will reserve approximately 10% of places in each age group for parents who are not in employment or training but wish to have a childcare place. The criteria for the allocation of these places will be
Referral from Social Work Department or HSE;
The child or parent is attending counselling, family support or a parenting class at the FRC (or equivalent in Kings Island);
The parent requires additional support, this may be due to the parent being homeless, a lone or teen parent, having 3+ children.
Parent is on a CE scheme.
- In the event of places being over-subscribed, places will be allocated based on the priorities listed above.
- Siblings are given priority if they meet the priority criteria.
- Parents/guardians are required to complete a Registration Form for each child.
- A waiting list is in operation
- Parents/guardians will be required to share any additional information about their children's needs at registration time. For ECCE registered children additional resources may be available through the Access and Inclusion Model [AIM]. The service will consult with the parents in relation to an application for the AIM programme where required.
- All details regarding a child's Application Form must be completed and any relevant important information or specific diet or health requirements must be noted.
- We reserve the right to refuse admission.

- We reserve the right to terminate our services.
- Parents/guardians should familiarise themselves with our Policies and Procedures. They will be reviewed, and changed accordingly, to incorporate any new developments from TUSLA, the Child and Family Agency.
- We will seek clarification on the legal guardians of the child at enrolment stage
- No uniform is necessary but we do ask that all children wear suitable, comfortable clothes, ideal for art work and outdoor messy play. (No 'good' clothes please). Velcro shoes are preferable. No hoop, long earrings or jewellery is permitted on the children for safety reasons.

The following are required with the child's name clearly written on all items:

- Nappies - Bottles - Drinks cups - Wipes - Sun cream - Sun Hat - Spare clothes - Wellies - Pain relief - Please ensure each item is clearly labelled

Procedures for Children with Allergies:

When parents/guardians start their children at the service they are asked if their child suffers from any known allergies. This is recorded on the Registration Form. A care plan may be required or a letter from their doctor.

Attendance:

It is essential to the efficient running of the service that you inform the Manager if your child is unable to attend the service and follow up with a telephone call to inform the Manager when the child will be returning. It should be noted that the income received by the service from the DCYA is based on regular attendance. A register of the times and days that children attend is kept. Continued failure to attend may result in your child's place being withdrawn.

If a child is absent for 4 weeks, the child will be designated a Leaver on PIP which means the service will be paid for the 4 weeks. If a child is absent for more than 4 weeks (without notice) the place can be filled by another child.

Admissions

- Admittance to childcare centre is by prior submission of a completed application form. Application forms are available from the Childcare office or reception.
- Completed Application Forms must be returned to the Childcare Manager. Applicants are then placed on a waiting list in order of date of application.
- All places are allocated following the criteria laid down by Childcare Management Committee.
- Priority will be given in the following order:
Children living in Ballynanty, Kileely, Thomondgate, Moyross & Children from the Northside of Limerick. Others
- When a place becomes available the parent is informed of the child's start date and invited for an induction meeting with the Childcare Manager and team leader of the room. They will outline the policies and procedures and general information of the Childcare Centre and answer any queries.
- Children who are on a waiting list and whose parents do not take available place when offered will be put to end of list
- Children of childcare staff will not be admitted to the childcare centre

Fee Payment Information

Sessions	Hours	Times
Full-time Plus	10 hours	8.30 AM – 5.30 PM
Full-time	5 hours 1 min	8.30 AM - 1.31 PM
Part-time mornings	3 ½ hours	9.00 AM - 12.31 PM
Part-time afternoons	3 ½ hours	1.30 PM - 5.01 PM
Sessional morning (Free Preschool)	3 hours	9.00 AM - 12.00 PM
Sessional afternoon (Free Preschool)	3 hours	1.30 PM - 4.30 PM
Junior & Senior Afterschool's	3 ½ - 4 hours	1.30 PM - 5.30 PM

Family discount of 5% is offered for second and subsequent children if in a Subvention Band

No discount if a family is Availing of ECCE

Fees:

Parents/guardians are required to sign a Parent fee payment Agreement regarding their funding scheme:

- Fees must be paid weekly by cash, laser card or standing order.
- A receipt will be issued for each payment.
- An up to date statement will be provided each Wednesday.

Childcare Fees Policy

- The fee charged is based on the cost of a childcare place and is approved by the Childcare Management Committee.
- The Childcare Fees are reviewed in the May Childcare Management meeting each year and are sent to the Limerick Childcare Committee for approval in June each year. Any subsequent changes have to be approved by the County Childcare Committee.
- All parents are expected to avail of the appropriate Government Schemes.
- The relevant subsidy will be applied to the fees charged to parents.
- In the case of a long term, medically certified illness of a child, parents/guardians are advised to keep in contact with the manager on a regular basis. Further arrangements will be discussed with the Parent/Guardian.

Procedure for fee collection:

- Fees are paid weekly unless a different payment schedule is agreed i.e. fees to paid fortnightly, monthly.
- Full week's fee must be paid even if child is absent.
- A waiver to the above applies only during times when the service is closed for holidays i.e. Christmas and August and bank Holidays.

- A verbal reminder is issued after 1 weeks missed payment
- A written reminder is issued on the bill after 2 weeks missed payment
- After three weeks, unless a payment schedule is agreed, the childcare place could be suspended and the parent (s) have 4 weeks to make payment or the place is forfeited
- If parent wishes to take up a place again for that child or a sibling the arrears must be paid.
- A full list of those in arrears will be brought to the committee twice in the year, for consideration for legal action.

Closure in Exceptional Circumstances:

In the event of the closure of the service in exceptional circumstances, that are beyond the control of the Management i.e. adverse weather conditions, the following will apply:

- No fees for the closure period.
- If the service is open during adverse weather and your child does not attend the full fee will be payable.

Late Collection of Child/Children from the Preschool:

Parents/guardians should note that due to legislative requirements under the Child Care Act 1991 (Early Years Services) Regulations 2016 and *Children First* – Child Protection Guidelines. Two members of staff are required to be with the child/children.

- Parents/guardians are advised to keep within their agreed time for collection of their child/children for the above reasons. We require that all children should be collected by the designated time in order that the service may follow health and safety practices to ensure that the service may close safely.
- Please see the Collections and Arrivals Policy and Procedure.
- Continued lateness will result in an additional charge.

Withdrawal of Children:

Signing the Parents/guardians Fee Agreement Form commits to:

- Give one months' notice the child/children are leaving the service
- Management also reserve the right to request the Parent/Guardian withdraw their child/children if they are not benefiting from the service. The Management agrees to give two weeks' notice to the Parent/Guardian so they can make alternative arrangements.

Non-payment of Fees

- Non-payment of fees may result in loss of placement.
- A repeated failure to pay fees may result in suspension or withdrawal of your child's place until the matter is resolved.
- Any delays in payments must be discussed in advance and agreed with management.

Settling In

Child Care Act 1991 (Early Years Services) Regulations 2016 ([Síolta Standard 9: Health and Welfare](#), [Síolta Standard 13: Transitions](#)) ([National Standard 1: Information](#), [National Standard 3: Working in Partnership with Parents/guardians or Guardians](#), [National Standard 6: Evaluation](#), [National Standard 8: Care, Play and Learning](#), [National Standard 9: Nurture and Well-Being](#))

Statement of Intent:

We aim to ensure children feel safe and secure in the absence of their parents/guardians. Due care and attention will be paid to a child's need for time to settle into our setting.

Policy and Procedure:

The service will therefore endeavour to make the settling-in process a positive experience for children and will work closely in partnership with parents/guardians to ensure this is achieved.

We recognise that in some cases there may be particular difficulties experienced by children, parents/guardians, and staff during the settling-in period and we are prepared to explore and consider various ways of settling children into the service. All children are individuals and we plan to meet their individual needs and resolve any difficulties quickly and smoothly. In order to accomplish this, we will ensure that:

Pre - Admission:

- The service invites the child and parents/guardians to visit at an agreed time.
- We offer phased/staggered settling-in periods.
- Prior to enrolment exchange of information will take place between parents/guardians and staff. In order to meet the needs of each child parents/guardians will be asked to fill out the "Getting to know your child" form. Parents/guardians are encouraged to provide us with information on their child's likes/dislikes, interests, achievements etc.

First Day:

- We will greet the child and parent together.
- Each child will be appointed a key person.
- The parent/guardian will be assured of the value of their presence to the child in this process.
- Parents/guardians are requested to stay for an hour of the child's first session.
- Some children may not be ready for a full session and Coordinator will advise the parents/guardians on this matter.
- Parents/guardians will be made aware of the necessity of interacting with their child and the other people in the service in order to reassure the child of the safety of their new surroundings.
- Children must be collected on time and promptly from their session at the agreed time.
- The parent will be provided with a copy of the illness policy, the Child's Record, parent booklet, the Centres holiday closures and the 3 week menu.

Ongoing Matters:

- We ask that Parents/guardians do not leave their child without saying goodbye.
- We will provide support and encouragement to parents/guardians during the settling-in period should the transition be difficult. Staff will phone parents/guardians to reassure them.
- We will assist parents/guardians through this separation process.
- The 'settling in' process has no time limits and may need to be repeated if a child becomes unsettled.
- When children are beginning to settle without their parents/guardians, they should be supported in observing, experimenting and discovering for themselves without any attempt to make them participate in activities.
- Opportunities will be made available for parents/guardians to exchange information on the child's progress at this stage.
- Parents/guardians and their children are encouraged to get to know the key people involved in their child's life.
- Children who are still clearly distressed having followed the above procedure may need longer to settle.

Drop off, Collection & Authorisation.

Statement of Intent:

This policy outlines the protocols in relation to the arrival and collection of children from the service and primary school.

Attendance:

It is essential to the efficient running of our service that parents/guardians inform us if their child is unable to attend the service and follow up with a telephone call to inform management when the child will be returning. A register of the times and days that children attend is kept.

Arrivals:

- Parents/guardians gain access to the service by the receptionist.
- A member of staff will register each child in the roll book allocated to their room.
- Parents/guardians are asked to ensure that all external doors are securely closed for the safety of all the children when they leave.
- If a child will not be attending, we request that parents/guardians advise us.

Covid 19 Procedure:

- Due to the unforeseen circumstances caused by the Covid-19 virus, the arrival and collection policies have been altered to ensure each child, family member and staff member is safe.
- Children will enter the centre via the large outdoor gates adjacent to the building. The back doors to each room are accessible via this entrance/exit.
- Hand sanitation stations are located at the gates for parents and children to utilise.
- Parents are provided with start and finish times for their children to allow for staggered drop offs and collections. Parents are requested to adhere to these times.
- Parents and children on arrival must socially distance, reminders for distance are displayed.
- Children and parents are greeted at the gate by designated staff members wearing appropriate PPE- Visors and aprons. The children are brought from the gate by the staff members to their rooms.
- Parents must wear masks at the gate.
- If a parent arrives late, they can come to reception where a staff member will meet the parent and bring the child to their room.

Collection Policy:

The Collection Policy will be achieved by:

- Parents/guardians must collect their child by the agreed collection time. Parents/guardians will be asked to give the names of at least two other people who are authorised to collect the child. If the parent is late arriving to collect the child, the person in charge will endeavour to contact the parent. In the event of being unable to contact the parent, the person in charge will contact the other named persons to collect the child.
- Children will not be released into the care of a person under the age of 18 years (parents exempt) or to a person who appears to be incapable of caring for the child.

Should this situation arise the staff will contact an authorised collector. If no one is available to collect the child, then the person in charge should contact the TUSLA social work child protection team.

- We ask that parents/guardians do not collect their child while under the influence of alcohol. This can lead to embarrassment and worry within the team. If parents/guardians feel that this situation may arise they should arrange for an authorised collector to collect their child.
- In the event of a parent collecting another child a prior arrangement must be made.

Covid-19 Procedure:

- Due to changes in procedure due to Covid-19, children will also be collected via the large outdoor gates adjacent to the building.
- Designated staff wearing appropriate PPE will greet the parents at the gate.
- Parents must socially distance and wear a mask.
- The staff member will collect the child from their room and bring them to the parents at the gate providing feedback on their day.

Attempted collection by a person who is not on the child's records:

Children should be collected only by the adult/s named on the Collection Authorization. Should the person responsible be unable to collect the child, the parent/guardian must speak directly to management to give temporary authorization

If the parent has not been personally contacted to authorize the collection of their child, the child will not be permitted to leave the premises until an authorized collector, as recorded in the child's records is available.

Late Collection of Children:

We understand that sometimes a parent is unavoidably delayed when coming to collect their child. We will ensure that the child receives a high standard of care in order to cause as little distress as possible. Parents/guardians in this situation must contact the Manager to say that they will be late and arrange with staff what to do. Children are only released from the service to individuals named by the parent.

Late Collection Fee

We reserve the right to charge a late collection fee for persistent lateness in collection of children. Our fee is €5 after ten minutes.

Separated and Divorced Parents:

- We ask that parents/guardians provide information on any person that **does not** have legal access to the child
- In situations where conflict arises between separated parent's mediation will be provided to formulate a tailored collection arrangement.

Attempted collection by a parent who has been denied access in a court order:

- A parent who has been denied access to a child through a court order will not be permitted on to the premises.

- If the parent who has been denied access becomes threatening or violent and insists on removing the child from the service, this will be viewed as trespassing. The service will in this event contact the Local Garda.

Managing Primary school Collections and Drop offs

- The Children attending Thomand Primary School are collected by Childcare staff from the After-school's service with the written consent from their parents.
- Parents are requested prior to their child commencing After schools to submit at least five changes of clothes which will be stored in their room in the Northside Family Resource Centre.
- Hand hygiene is of paramount importance and will be adhered to immediately upon arrival to the centre.
- Children upon arrival to the After Schools will be requested to change from their uniform into their clothes.
- Uniforms will be placed in bags for taking with them when collected at home time.
- Children being dropped to After schools by their parents must be already changed out of their uniform.
- Every Friday, five fresh sets of clothes must be dropped into the centre in preparation for the next week.
- Temperature will be taken upon arrival with the consent of the parents. If a child appears to have at least two symptoms, then parents will be contacted. Parents/Guardians must be contactable at all times. Children should not attend if they feel unwell.
- The room and equipment will be thoroughly cleaned daily.
- Uniforms/belongings must be labelled with the child's name and details to avoid loss of clothing.

Child Care Act 1991 (Early Years Services) Regulations 2016 (Síolta Standard 1: Rights of the Child)
(National Standard 8: Care, Play and Learning)

Statement of Intent:

Young children rely on responsible adults to care and protect them. Our staff are in a relationship of special trust - one that is powerful and important. We recognise that our role is multi-faceted and we have developed this code of ethics to provide the best quality service possible.

Policy and Procedure:

This Code of Ethics is underpinned by the following principles.

- The well-being of the individual child is of fundamental importance.
- We acknowledge the uniqueness of each child attending our service.
- We consider the needs of the child within the context of the family and culture, as the family has a major influence on the young child.
- We take into account the critical impact of self-esteem on the individual child's development.
- We base practice on sound knowledge, research and theories, while at the same time recognising the limitations and uncertainties of these.
- We work to fulfil the right of all children and their families for access to services of high quality.

Procedure:

Based on the above principles we have developed the following Children's Charter.

Children's Charter:

- Children's welfare and their rights to a secure, healthy and happy childhood are paramount.
- The experiences children receive in their early years are critically important in terms of future development.
- Children are entitled to expect that all adults will respect, uphold and preserve their rights and to ensure that their feelings and wishes are taken into account.
- Children should have the opportunity to make choices and develop a sense of responsibility for their own actions appropriate to their age.
- Children, parents/guardians should not be discriminated against, particularly in relation to colour, age, race, religion, gender, disability medical conditions or background.
- Parents/guardians should be recognised and respected as children's first and continuing educators.

Partnership with Parents

Child Care Act 1991 (Early Years Services) Regulations 2016 (Síolta Standard 3: Parents/guardians and Families, Síolta Standard 10: Organisation) (National Standard 1: Information, National Standard 2: Contract, National Standard 3: Working in partnership with Parents/guardians or Guardians, National Standard 4: Records, National Standard 6: Evaluation, National Standard 7: Complaints, National Standard 10: Behaviour, National Standard 11: Child Protection, National Standard 12: Health Care, National Standard 15: Children with Disabilities, National Standard 16: Equal Opportunities)

Statement of Intent:

The service recognises the importance of working in partnership with parents/guardians to promote the best interests of their children.

Policy and Procedure:

We have an open door policy where families are always welcome. Parents/guardians will be made feel welcome and regular exchange of information with parents/guardians and staff will enable a two-way process of support.

We will adopt the following procedure:

- Ensure parents/guardians views and needs are incorporated and all rights respected.
- Ensure we adhere to respect confidentiality at all times.
- Welcome comments and feedback. Parents/guardians are encouraged to engage with staff on a daily basis regarding what is working well for their children and any challenges they may experience.
- In the unlikely event of issues arising that cannot be solved informally parents/guardians are asked to follow complaints procedure.
- Ensure parents/guardians are given regular information about their child's progress through informal and formal feedback –verbal and written (via child paths).
- Ensure that all parents/guardians are informed about meetings and any other activities being organised.
- Ensure all parents/guardians are aware of the policies and procedures.
- Encourage parents/guardians to contribute their own skills, knowledge and interests through curriculum activities.
- If parents/guardians are separated, we may contact both parents/guardians to discuss a child's progress.

Where English is not the first language of the Parent/Guardian:

- Staff will make every effort to communicate with the parent/guardian using verbal/non-verbal methods.
- Staff will undertake to learn key phrases in the parent/guardian /child's language.
- Parents/guardians will be invited to become involved in the service and share with staff and children the culture/history of the country of origin.

Open Door Policy:

It is our policy to offer a bright, warm, welcoming environment. We understand the importance of consultation and building relationships with our children, parents/guardians and staff.

Procedure:

- All parents/guardians are welcome to visit the service at any time.
- However, parents/guardians should be aware that we might not be able to give them our full attention, as the supervision and needs of children in our care come first.
- We aim to give daily feedback on each child on their day to parents/guardians on leaving the service.
- Staff welcome parents/guardians advice each morning of any significant happenings at home e.g. child had a poor night's sleep.
- We organise open days and parental evenings.
- We work together when issues arise for children and families.

Babysitting:

Staff may not babysit for children that attend the service.

Working Together with Parents/Guardians:

- Strive to develop positive relationships with families that are based on mutual trust and open communication. Engage in shared decision making.
- Acknowledge families existing strengths and competence as a basis for supporting them in the task of nurturing their child.
- Acknowledge the uniqueness of each family and the significance of their culture, customs, language and beliefs.
- Maintain confidentiality and respect the right of the family to privacy.
- Consider situations from each family's perspective, especially if differences or tensions arise.
- Assist each family to develop a sense of belonging to the centre's services, in which their child participates.
- Acknowledge that each family is affected by the community context in which they live.

Code of Ethics working with children

Child Care Act 1991 (Early Years Services) Regulations 2016 ([Síolta Standard 1: Rights of the Child](#))
([National Standard 5 Organisation and Management](#), [National Standard 6: Evaluation](#), [National Standard 8: Care, Play and Learning](#), [National Standard 9: Nurture and Well-Being](#), [National Standard 10: Behaviour](#), [National Standard 11: Child Protection](#))

Statement of Intent:

We are committed to best practice and operate to the standards of the organisation.

We will adopt the following practices when interacting with children: Do...

- Provide constant supervision to ensure children are safe.
- Have positive interactions using verbal and non-verbal communication.
- Be at the child's level and focus on the child/children.
- Check the child is understood.
- Give encouragement and positive feedback.
- Work with children to develop their skills in relation to mediation and conflict resolution.
- Promote language development. Language, repeat words, extend language – in line with the child's developmental age. Repeat your message if needed.
- Ask questions, how did you do that?, tell me about that?, how?, why?
- Use props, picture books, puppets, everyday items.
- Be sensitive to the child's needs and partnering play.
- Ensure the child is comfortable and have fun.
- Use all occasions to engage children – greetings – mealtimes.
- Organise activities – that reflect children's interests – enjoyable, accessible to child.
- Follow the child's lead whenever possible, take charge whenever necessary.
- Listen, encourage and praise – applies to adults, children, parents/guardians.
- Be a positive role model. Remember children learn what they see and hear.

DON'T...

- Use mobile phones when supervising children.
- Use abusive/threatening behaviour or language.
- Use raised voices.
- Isolate children.

Child Care Act 1991 (Early Years Services) Regulations 2016 (Síolta Standard 1: Rights of the Child, Síolta Standard 3: Parents/guardians and Families, Síolta Standard 4: Consultation, Síolta Standard 5: Interactions, Síolta Standard 12: Communication) (National Standard 3: Working in Partnership with Parents/guardians or Guardians, National Standard 6: Evaluation, National Standard 7: Complaints, National Standard 9: Nurture and Well-Being, National Standard 10: Behaviour)

Statement of Intent:

Our policy is to encourage open and proactive communication within the organisation. In order to achieve this, we provide an open door policy whereby we do encourage each member of staff to communicate any issues or concerns that they may have. We have a Comments and Complaints policy to address any issues that parents/guardians may wish to raise and we listen to children's opinions and interests when planning our activities and curriculum.

Communicating and Interacting with Children:

We believe effective adult-child interaction is essential to a successful early childhood service. Appropriate language will be used at all times when dealing with children. Adult conversations should never take place in front of children.

Staff will encourage positive interactions between children. They will actively engage in interactions with children individually and in groups and support in the development of relationships between both children and staff and children together.

Staff look for natural openings in children's play and then join the child or children at their physical level.

Staff look for opportunities for conversations with children about the activities children are engaged in.

Staff at the service should ensure:

- We offer a warm, welcoming and relaxed atmosphere.
- Children are comfortable.
- Interactions between staff and children are positive.
- There are opportunities for children to play in pairs, groups or individually.
- Siblings and children of different age groups mix during the day.
- They use encouragement.
- Staff will encourage children to solve problems for themselves.
- They have read and understood the Child Care policies and procedures.

Communicating with Colleagues:

Any information received from a parent regarding a child should be passed on to the person in charge as soon as possible.

Communicating with the Manager/Person in Charge:

The person in charge is there to support, advise, and help staff where necessary. Any incidents that staff are concerned about will be brought to the attention of the person in charge.

Building Positive Relationships with Families:

A strong connection between families and early year's providers is essential for building a positive environment for young children. Staff will **not** discuss with parents/guardians any concerns about their child without first discussing the matter with the person in charge. Any developmental or behavioural concerns should be looked at in accordance with the Child Development policy before making any judgements.

Our early years professionals are committed to developing positive relationships. We are committed to:

- Learn about the individual personalities of young children by observing the interactions between children and their families. For example, what are the good-bye rituals or what do the parents/guardians do to comfort their child? The younger the child, the more necessary it is for professionals to acquire this knowledge through relationships with her family.
- We endeavor to build consensus when a parent brings a concern to our attention.
- Celebrating each child's cultural and family experience. Also we strive to reflect the diversity of these experiences in the toys, books, decorations, and activities we choose in creating our learning environment.
- Informing families of resources in the Centre and wider community.
- Making time for communication. Pick-up and drop-off times are often hurried occasions; however valuable information can be exchanged through these daily informal meetings.
- Healthy, reciprocal relationships between staff and families. Like most relationships, these require time to nurture mutual respect, cooperation, and comfortable communication.

1. Mission Statement

We at Northside Family Resource Centre aim to deliver the highest quality and standard of care. Children and young people will be encouraged to grow and develop to their full potential in a suitably planned environment, where they know what is expected of them and where clear limits are set appropriate to their age and stage of development and any special needs they may have.

2. Legislation and Regulatory Requirements

The Child Care Act 1991 (Early Years Services) Regulations 2016 require that a policy relating to supporting children with their behaviour skills is written and implemented. The Early Years Regulations 2016 require a policy that supports children's positive behaviour.

3. National Quality Frameworks

Tulsa Quality and Regulatory Framework.

Síolta: The National Quality Framework for Early Childhood Education.

Aistear: The Early Childhood Curriculum Framework.

Early Years Education Inspection (EYEI). Department of Education and Skills

4. The care we provide, on all occasions will have as its bedrock the values:

Caring

Fairness

Understanding

Respect

Restoration

5. Policy Statement

Northside FRC's approach to supporting and promoting children and young people's positive social, emotional, and behavioural well-being is reflective of up-to-date professional practice. We work with the children and young people to ensure they receive positive support, guidance, and encouragement to finding positive solutions to manage their own behaviour.

Children and young people will be set realistic expectations of behaviour in accordance with their ability and level of comprehension and children will be supported to recognise, understand, and express their feelings in appropriate methods. Children and young people are encouraged to respect themselves, others, and their environment and how to deal safely and positively with conflict.

Northside FRC advocates the Incredible Years Programme which promotes collaborating with parents to aid in reducing young children's behaviour problems and nurture children's social, academic, and emotional competence. School Age and young people engage in restorative practise where they learn empathy and repair. Parental involvement is integral and management and staff in the Centre work hard to ensure open lines of communication with parents is ongoing. The centre aims to create a caring, happy, supportive environment for all children, young people and their families.

Management and staff will act as role models and will work in partnership with other practitioners, children, young people, parents, and guardians. Training will be provided for staff and appropriate methods and strategies of dealing with behavioural issues will be created and utilised in an appropriate manner.

Physical punishment is prohibited, practices of threat, exploitation, intimidation, emotional or physical harm or neglect are prohibited. Each child must be positively supported and recognised as an individual.

6. Nurturing expression of feeling

We as a team will nurture and facilitate the child expressing:

- a. **Anger** – responding not reacting. We will listen and remain calm, speak quietly and calmly to the child and then deal with the issue at hand
- b. **Jealousy** – by giving the child positive choices. We will teach them to appreciate themselves by celebrating their efforts and talents. The child will also be encouraged to share.
- c. **Low self-esteem** – by praising the child. We will be genuine with the praise and recognise the individual's efforts
- d. **Low moods** – by building a relationship with the child. The staff will observe the child and will try to find out what interests the child and what activities (s) he enjoys.

7. The root causes of Challenging Behaviour

We at Northside FRC, are firmly committed to identifying the underlying support needs and root causes, so often communicated in a coded way in children and young people's behaviour. Identifying the root causes of various behavioural challenges, be they acting-in or acting-out, allows us to more positively and accurately develop, in partnership with parents a plan of action, which will ultimately promote positive behaviour.

At Northside FRC, we identify the following as the main root causes of challenging behaviour:

- Seeking a connection
- Experience of separation or loss by the child
- Difficulties in expressing and communicating needs
- Tiredness
- Unmet emotional needs and miscuing care givers

8. Discipline

At Northside FRC, we whole-heartedly believe in the promotion of positive behaviour through nurturing and respectful relationships. Discipline is the structure that helps the child fit into the real world happily and effectively. It is the foundation for the development of the child's own self-discipline. Effective and positive discipline is about teaching and guiding children, not to seek obedience. As with

all other interventions aimed at pointing out unacceptable behaviour, the child should always know that the caregiver likes and supports them. Trust should be maintained and constantly built upon.

Regardless of the developmental stage, age and capacity of the child, some basic principles can help guide the Early Years Practitioner, Afterschool Worker and Youth Worker:

- The purpose of effective discipline is to help children and young people organise their emotions, internalise rules and acquire appropriate behaviour patterns to support them in society.
- The temperaments of the child, particularly in the context of their sociocultural backgrounds, require flexibility. Children and young people with additional needs may require additional adjustments and support to problem solve.
- Effective discipline does not instil shame, negative guilt, a sense of abandonment or a loss of trust. Instead, it instils a sense of greater trust between the child and the practitioner.
- Anticipatory guidance offers Practitioners an opportunity for prevention, to discuss the type of discipline according to the child's needs. Undesirable behaviours are best avoided through prevention and by building supportive structures that include clear, consistent rules and positive nurturing relationships.
- Practitioners should consider the child's family and community context which may be influencing the child's behaviour.

We deal with discipline in the following way:

Step 1

Early Verbalisation– the Practitioner will explain in an appropriate way to the child that a rule has been broken and will explain the type of behaviour that is expected. Positive behaviours will be acknowledged. The child will continue to receive reminders and will only move to step 2 if the child is severely disrupting the work of other children or is hurting another child or themselves.

Step 2

If the child is behaving in a way that is hurting another child or is severely disrupting the work of other child/ren., then (s) he will be moved to another area of the room or to a different activity. The staff member will stay with the child and explain this behaviour is hurting another child and the type of behaviour that is expected. Children will never be left to organise their own feelings.

Step 3

If the child continues to engage in behaviour that hurts other children, the parents will be contacted to discuss the behaviour and to come up with a joint strategy for dealing with this behaviour both in the setting and at home. This should be done supportively and collaboratively.

5. Promoting Positive Behaviour

We at Northside Family Resource Centre, promote positive behaviour and independence of choice by employing a range of supportive strategies as follows:

- Reinforce desirable behaviour. Praise positive behaviour and “catch children being good”.
- Avoid nagging and making threats without consequences. The latter may even encourage the undesired behaviour.
- Apply rules consistently.
- Ignore unimportant and irrelevant behaviour, e.g., swinging legs while sitting.
- Set reasonable and consistent limits. Consequences need to be realistic and proportionate.
- Acceptable and appropriate behaviour must be attainable.

- Prioritise rules. Give top priority to safety, then to correcting behaviour that harms people and property, and then to minor behaviour for example interrupting.
- Know and accept behaviour that is appropriate for the child's ability. Accidentally spilling a glass of water is normal behaviour for a child. It is not wilful defiance. On the other hand, a child who refuses to wear a bicycle helmet after repeated warnings is being wilfully defiant.
- Offer choices and positive alternatives. Give children 'an out'. For example, offer the child the choice between different coloured helmets.
- Allow for the child's temperament and individuality.
- Use incentives and rewards. When everyone has finished their snack then we can paint.

9. Guidance for supporting Children in their World.

9.1 Guidance for conflict management and resolving an incident:

- Approach the situation calmly, stopping any hurtful actions.
- Remain omni-partial so children know the practitioner is on everyone's sides.
- Focus on the behaviour, not the child.
- Acknowledge the children's feelings with open statements, e.g. 'You seem upset...' and ask them if they agree with the observation and if so, do they want to talk about it? Start the negotiations with them by reflecting their behaviour and involving them in checking out the details.
- Restate the problem, e.g. 'So you both want to play with the train at the same time ...'
- Ask for ideas for solutions and decide on them together, e.g. 'What can we do to solve this problem?' Encourage the children to think of a solution and check to make sure that the solution is acceptable to the children involved and realistically achievable. Clarify all the feelings with the children involved so that you are aware of anything that remains unresolved for them.
- If a child uses positive problem-solving behaviour, reinforce this, for example by saying 'You solved the problem...' then state what they did.
- Stay near the child/children so that you are prepared to give follow up support and clarification.
- Follow through with your decisions but be prepared to change them if they prove inappropriate for the individual needs of the child/children.
- Explain the reasons behind why something cannot happen or why some behaviour is inappropriate.

9.2 Guidance for the Emotionally Overwhelmed Child

- When a child becomes angry, anxious or frustrated to the extent they themselves and others have been unsettled, it is important that staff remain calm and settles the situation for this child and the others around.
- Staff will stop a child's aggressive or destructive behaviour such as biting, kicking or hitting and give a reason for their action such as 'biting must stop, biting hurts'.
- Staff model positive behaviour to the child and will never mirror the child's behaviour by raising their tone of voice or acting inappropriately.

- When the situation has been diffused, it is important that staff offer support, time and further discussion with the child, to reflect on what happened and to plan an alternative coping strategy in case a similar issue arises again.
- A positive approach that the child may use in the future is reinforced such as walking away and playing elsewhere or by stating clearly that they do not like what is happening and/or it hurts.

9.3 Holding or restraining a child to prevent harm

- Physical holding as prevention must only be used:
 - To prevent an accident such as a child running across a road.
 - To prevent injury, e.g., if a child is having a temper tantrum.
- No matter what age the child is, physical restraint must only ever be used for immediate safety reasons, with the minimum force and for the minimum amount of time. The purpose of this intervention can only be to prevent injury to the child, another child or to an adult, or to prevent serious damage to property.
- Where a child is expressing feelings of anger, anxiety, or frustration, in a way which is unsafe for themselves and others and where reasoning has not stopped the behaviour, a staff member may assist the child in re-establishing control by holding them, to contain their feelings safely, as a last resort and for the minimum length of time. This intervention will only be used in an age-appropriate way, e.g. it may be appropriate to pick a very young child up.
- Great care will be taken when holding a child with particular attention paid to their individual needs.
- The intent of this action is to keep the child and others safe until their self-control is regained and they feel contained, but it will only be used in exceptional and rare circumstances.
- A calm and caring attitude on the part of the adult is critical in ensuring that this is supportive and in no way a punishment.

Note: Staff giving comfort by holding a child when they are distressed is not physical restraint. This should only take place when it is acceptable to all persons concerned.

9.4 Time to one side with support of an adult

- In some very rare situations, it may be appropriate to use time to one side with the support of an adult, for short periods of time, to enable a child to calm down. This may follow an incident in which the child may have felt very angry, anxious or frustrated to the extent that they themselves and others have been unsettled.
- Adult support is needed throughout this time and the child can decide when they feel able to continue to participate in the activities.
- A child must never be isolated in any space or room without adult support.
- The use of the 'naughty step' or similar is never used as this can lead to feelings of isolation and stigmatisation of the child.
- Outdoor time will never be taken away as a form of punishment.

10. Identifying, responding and managing Bullying

Bullying is unwanted negative behaviour, verbal, psychological or physical conducted, by an individual or group against another person (or persons) and which is repeated over time.

The following types of bullying behaviour are included in the definition of bullying:

- deliberate exclusion, malicious gossip and other forms of relational bullying,
- cyber-bullying and
- identity-based bullying such as homophobic bullying, racist bullying, bullying based on a person's membership of the Traveller community and bullying of those with disabilities or special educational needs.

Isolated or once-off incidents of intentional negative behaviour, including a once-off offensive or hurtful text message or other private messaging, do not fall within the definition of bullying and should be dealt with, as appropriate, in accordance with the school's code of behaviour.

However, in the context of this policy, placing a once-off offensive or hurtful public message, image or statement on a social network site or other public forum where that message, image or statement can be viewed and/or repeated by other people will be regarded as bullying behaviour.

Negative behaviour that does not meet this definition of bullying will be dealt with in accordance with the FRC's code of behaviour.

10.1 Managing Cyber Bullying

Bullying of any form is not permitted in the workplace and is subject to disciplinary action.

Staff working with children will ensure their safety at all times and will liaise with parents when using online media.

Below are some strategies to highlight safe and responsible use of social media for staff and children in our setting:

- ✓ Be selective and control what is posted online.
- ✓ Never post personal information.
- ✓ Do not share password or personal information with others.
- ✓ Do not attack or insult anyone while participating in discussion groups.
- ✓ Do not send or post messages or material that is likely to cause offence to another person or cause damage to the reputation to the Northside FRC.
- ✓ Confidential material are not to be posted.
- ✓ Staff will investigate and report any incidences of online bullying to parents and management.
- ✓ Children, parents and staff are urged to report incidents of cyberbullying.
- ✓ Staff are to adhere to Children First Act 2015 and Northside FRC policies.

Dealing with Cyberbullying with children using Northside FRC service:

Step 1

Staff member to listen and console the child being bullied. Gather as much information as possible and support the child. Contact parent of child and make them aware of what has happened and what actions are needed to move forward.

If the child/ren that are behind the cyberbullying are service users, following guidelines are used:

Step 2

Verbal reprimand – the staff member will explain in an age appropriate way to the child that a rule has been broken and will explain the type of behaviour that is expected. It will be communicated to the child that cyberbullying is not permitted in an age appropriate manner. If the child fails to continue to engage in such a manner or depending on the seriousness of the matter, staff will move onto step 3.

Step 3

If the child continues to engage in behaviour that hurts other children then the parents will be contacted to discuss the behaviour and to come up with a joint strategy for dealing with this behaviour both in the crèche and at home. This should be done very tactically and in a composed relaxed manner. It will be explained the serious nature of cyberbullying to all parties involved.

Step 4

Depending on the severity of the cyberbullying and outside factors/influence, staff may need to liaise with Designated Liaison Person (DLP) within Northside FRC due to grounds of concern from cyberbullying. If reasonable grounds for concern, the DLP will report to Tusla duty social worker.

11. A child leaves the service unaccompanied, if and without, authorization:

To ensure this never happens the groups have in place the following systems for the protection of children:

- All exits from the premises should be locked/guarded in a way which makes it impossible for a child to leave unobserved/unattended, while allowing rapid exit for the whole group in the case of an emergency.
- An accurate and up to date register must be kept and both adults and children, including visitors, should be signed in and out whenever they enter and leave the premises.
- Keyworkers of new children should take special care to ensure that both children and their parents know where they may and may not go. Keyworkers will also seek advice from parents new to the group so that they are forewarned about particularly adventurous children.
- All children in the group should know the rules, and the reasons for them.
- Prominent notices should alert any visitors to the need to keep doors closed and to the reason for this.

- The group should conduct a risk assessment in consultation with all the adults in the group so that they are aware of any potential dangers and can work together to avoid them.
- Parents and staff should work together for the safety of all the children in the group. New parents should be helped to take an active role by being made aware of the group's safety procedures and being encouraged to alert a member of staff if they notice a child whose behaviour suggest that s/he might be thinking of trying to leave.

In the best regulated situations, however, accidents can happen. These are the procedures to follow if you cannot find a child.

Find out quickly

The chances of finding a missing child safe are greatest if the child's absence is soon discovered. Know how many children should be present and make someone responsible for regular counted checks.

The keyworker system offers enormous advantages, as it is very easy for a keyworker to be aware of the few children for whom s/he is especially responsible - and if one seems to be missing, the keyworker will know at once who it is.

Search systematically

The group is responsible for the missing child and also for the other children in the group. One advantage of the high adult:child ratio is that in any emergency some adults can be freed to respond to the new situation without neglecting the needs of the other children. It can be useful to gather the remaining children into one large group -having a story perhaps while the other adults search.

Without alarming them, ask the children themselves whether they have seen the child who is missing. They can sometimes be a useful source of information.

Check that all the adults are present and that all know the problem. It is useful to establish, if you can, who last saw the child, when and doing what. It can also be helpful to have prepared in advance a checklist of possible hiding-places in and around the pre-school's premises.

Check every room in the building and also any accessible outside area.

11 Working in Partnership with Parents

We at Northside Family Resource Centre, are committed to maintaining good communication with parents. Parents are given feedback on their child and their progress and their behaviour. Parents are also encouraged and given suggestions on how to support their children.

11.1 Communication Plan (for staff & families)

It is the policy of the Northside Family Resource Centre to work in close collaboration with parents/guardians. All parents/guardians are informed of the policy on Behaviour Management on enrolment.

- Parents/guardians are supported and encouraged to share any difficulties/concerns they may be experiencing regarding their child's behaviour with management and staff in their child's room.
- It is our policy to work in partnership with the parents/guardians to develop strategies for dealing with any concerning behaviours for their child.
- Discussing the child's behaviour in front of the child or other children/parents should be avoided.
- Parents/guardians are encouraged to maintain on-going communication with staff whether by phone call or face-to-face when possible.
- Parents/guardians may receive a copy of the policy at any time upon request.
- Staff members receive training in the area of managing challenging behaviour and upskill in this area on a regular basis.
- A copy of the policy is available to all staff when required.

12. Related Policies, Procedures and Forms

- Settling- In Policy.
- Policy on Accidents, Incidents and First Aid.
- Complaints Policy and procedures for stakeholders.
- Supervision of Children Indoors and Outdoors.
- Partnership with Parents Policy.
- Interaction and Communication Policy.
- Key Person Policy.
- Child Observation and Assessment Policy.
- Code of ethics working with children.
- Children's Charter.
- Confidentiality Statement.

13. References/Supporting Documents/Related Legislation

- Child Care Act 1991 (Early Years Services) Regulations 2016.
 - The UN Convention on the Rights of the Child.
 - Tulsa: Quality & Regulatory Framework.
 - Aistear Siolta Practice Guide.
 - Aistear: The Early Quality Framework for Early Childhood Education Siolta Standard 5: Interactions; Standard 3: Working in Partnership with Parents/Guardians and Standard 10: Behaviour.
 - Carolyn Webster Stratton PH. D: Collaborating with Parents to reduce Children's Behaviour Problems: A book for Therapists using the Incredible Years Program, 2012.
 - Carolyn Webster Stratton: The Incredible Years: A trouble Shooting Guide for Parents of Children aged 2-8 years, 2006.
- Publications sourced on: www.incredibleyears.ie
- Early Years Education Inspection (EYEI) Framework. (Department of Education and Skills)
 - Canavan & Byrne Sample Policies.
 - Tulsa- Sample Policy on Managing Behaviour.

14. Who Must Observe This Policy

- Management/staff
- Work Placement Students
- Volunteers
- Parents

15. Actions to be followed if the Policy is not implemented

- As a member of management/staff or a parent/guardian, consider that the behaviour management policy is not being implemented; the Complaints Policy & Procedure can be followed and enacted to make a complaint.
- The Complaints Policy is available to staff in the workplace.
- Parents can request a copy of the Northside Family Resource Centre's Complaints Policy at any time which will outline the protocol and procedure to follow in the instance of making a complaint.

BEHAVIOUR MANAGEMENT POLICY

1

Keep hands, feet, objects and unkind words to ourselves.

2

If I hurt, disrupt or upset another person, a grown up will talk to me.

3

If I continue to be unkind, my parents will be called

4

I will be supported to make better choices

FOR MORE INFORMATION ABOUT THIS POLICY,
CONTACT CIARA KANE
CIARA@NORTHSIDEFRC.IE



16. Contact Information

If you require more information about this policy, contact:

Name	Ciara Kane
Phone number or email	ciarakane@northsidefrc.ie

17. Policy Created

Date this policy was reviewed	21/07/2021
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Key Person

Child Care Act 1991 (Early Years Services) Regulations 2016 (Síolta Standard 3: Parents/guardians and Families Standard 5: Interactions Standard 10: Organisation Standard 11: Professional Practice Standard 12: Communication, Standard 13: Transitions) (National Standard 3: Working in Partnership with Parents/guardians or Guardians Standard 5: Organisation and Management Standard 9: Nurture and Well-Being)

Statement of Intent:

We value the role of a key person and aim to use this system in our service. Every child attending the service is assigned to a key person.

- The key person will provide continuity between home and the service and have a 'special' responsibility for the child.
- The key person links closely with parents/guardians in helping to settle the child into the service.

This is achieved by:

- Understanding the child's/parent's needs.
- Understanding cultural differences/key words from child's own language.
- Bridging the worlds of home and the service.
- Providing opportunities for siblings to interact during the day
- The children are encouraged to develop relationships with other staff at the service.
- Key persons do not remain with their children all day (lunches, breaks, etc.) – this system provides for continuity of relationship without exclusivity.

Key Persons' Responsibilities:

The primary aim of the key person system is to provide close relationships between the practitioner and the child for whom the key person is responsible, and the parents/guardians of those children in order to assist in the development of the children.

The key person will:

- Keep records of our key children's developmental progress, contributing observations to records kept by colleagues and sharing records with parents/guardians (settling in book / initial assessment / previous reviews / records and reports).
- Observing our key children and analysing the information gathered through observation (observations to be put into Aistear Assessments / learning journals).
- Plan experiences for individual children based on observations of their interests and developmental stages.
- Write individual education plans for key children with special educational needs.
- Write reports for parents/guardians and hold regular meetings to discuss progress.
- Communicate with colleagues and other professionals.
- Plan key group times – these may include: Eating times, sharing stories singing and rhymes, music and movement.

- Organise a back-up key person who is known to the parent and child.
- Ensure smooth and planned transition when a child moves rooms and the key person changes, including the passing of information on development and progress.
- Follow up absences in consultation with the person in charge.

The person in charge will ensure there are opportunities for developing close relationships between children and key adults. This will be done by ensuring:

- Staff cover is provided by those who are already familiar to the children.
- A secondary key person who is already known to the child is able to step in when the key person is absent.
- Practitioners have regular opportunities to reflect on their own emotional responses to the children; their work - thinking about the children's progress and planning play experiences.

Key persons will ensure a positive relationship with children in their care by:

- Developing secure trusting relationships with key children and their parents/guardians.
- Interacting with key children at a developmentally appropriate level (e.g. when working with young babies using reciprocal sounds, facial expressions and gestures.)
- Providing a secure base for key children by supporting their interests and explorations away from the key person.
- Providing a secure base for key children by being physically and emotionally available to them to come back to, by sitting at their level and in close proximity to them.
- Using body language, eye contact and voice tone to indicate that you are available and interested, gauging these according to the child's temperament and culture.
- Understanding and containing children's difficult feelings by gentle holding, providing words for feelings and empathy in a way suited to each individual child.
- Comforting distressed children by acknowledging their feelings, offering explanations and reassurances calmly and gently.
- Acknowledging and allowing children to express a range of feelings, for example anger, joy, distress, excitement, jealousy, love.
- Settling new key children into the setting gradually.
- Whenever possible settling your key children as they arrive each day.
- Eating with your key children in small key groups.
- Holding key children who are bottle-fed on your laps to feed, maintaining eye contact and conversation.
- Changing and other personal care of a key child using sensitive handling and words that are familiar to them.
- Dressing and washing key children, offering help as needed but also supporting their growing skills.
- Having regular opportunities to reflect on the emotional aspects of being a key worker, with a skilled, knowledgeable manager or colleague.

Child Care Act 1991 (Early Years Services) Regulations 2016 (Síolta Standard 9: Health and Welfare, Síolta Standard 13: Transitions) (National Standard 1: Information, National Standard 3: Working in Partnership with Parents/guardians or Guardians, National Standard 6: Evaluation, National Standard 8: Care, Play and Learning, National Standard 9: Nurture and Well-Being)

Statement of Intent:

We aim to ensure children feel safe and secure. Due care and attention will be paid to a child's need for time to settle when transitioning from one room too another.

As children become older and more confident, they will gradually be introduced to the next room. Communicating effectively with parents is crucial in ensuring a smooth transition. At this stage the parent will meet formally with their child's key person to discuss progress and readiness for full transition sharing information about their child's interests and experiences outside of the setting. The transition period is facilitated in a sensitive, responsive and smooth manner which is very flexible and will take into account the individual needs of the child.

As transition time approaches, children's records move with children between key people and/or rooms. Parents/guardians are given their child's records as a keep sake.

Preparing the child is vital. Parents will visit the new room with their child having a look around together. Parents will be informed of their child's key person and introduced to the new staff team who will be caring for their child, while sharing information that is useful enabling staff the ability to form meaningful relationships and smoother transitions.

To start children will spend an hour or so each day in their new room, this will increase as the child is adjusting. The children may go through different stages - clinging, crying, needing reminders of home, special toys, blankets and soothers, and photographs of family, this may affect their daily routine as they adjust.

Graduation:

Parents/guardians, as well as younger siblings, are warmly invited to join the celebration, where children are celebrated and congratulated on their 'graduation'. We organise a graduation ceremony to support the transition to primary school.

Transition to Primary School:

We are committed to

- Liaising with the local primary schools.
- Include a programme regarding "Starting Big School" into our curriculum.
- Focusing on practical "independence and social" skills.

Child Care Act 1991 (Early Years Services) Regulations 2016 (Síolta Standard 2: Environments, Síolta Standard 7: Curriculum, Síolta Standard 6: Play, Síolta Standard 8: Planning and Evaluation) (National Standard 1: Information, National Standard 3: working in Partnership with Parents/guardians or Guardians, National Standard 6; Evaluation, National Standard 8: Care, Play and Learning, National Standard 9: Nurture and Well-Being, National Standard 16: Equal Opportunities, National Standard 19: Equipment and Materials)

“Encouraging each child’s holistic development and learning requires the implantation of a verifiable, broad-based, documented and flexible curriculum or programme”.

Síolta – the National Quality Framework for Early Childhood Education

“Active learning, relationships, play, language, and meaningful experiences are priorities for supporting children’s early learning and development”.

Aistear - The Early Childhood Curriculum Framework.

Statement of Intent:

The service offers a range of learning opportunities to children, which are appropriate to the child’s stage of development. The service is fully committed to being guided by the principles of Síolta and the curriculum framework Aistear.

We recognise how important high-quality early childhood experience can be in children’s lives. This Curriculum aims to encourage active learning, problem solving, effective communication, creativity and autonomy. It aims to give children a good start which will benefit their long-term success in life. We recognise the diversity of experiences and relationships that shape children’s lives.

Children learn best when they:

- Participate in making decisions as much as possible.
- Make choices and contribute to learning experiences.
- Share their opinions and diverse experiences and discuss their learning.
- Have positive role models within the staff team.
- Learn in a responsive and supportive social environment.
- Learn through multi-sensory experiences.
- Participate actively in experiences that engage them emotionally, physically, cognitively and socially.

Aistear: The Early Childhood Curriculum Framework

Our programme will follow the Aistear guidelines and principles. Aistear is Ireland’s curriculum framework for children from birth to six years. Aistear is designed to work with the great variety of curriculum materials currently in use in early childhood settings. Using the broad learning goals of Aistear we will adapt our curriculum to make learning even more enjoyable and rewarding for the children the service at. Aistear contains information for parents/guardians and practitioners that will help plan for and provide challenging and enjoyable learning experiences that can enable all children to grow and develop as competent and confident learners in the context of loving relationships with others. Aistear describes the types of learning (dispositions, values and attitudes, skills, knowledge, and understanding) that are important for children in their early

years, and offers ideas and suggestions as to how this learning might be nurtured. The Framework also provides guidelines on supporting children's learning through partnerships with parents/guardians, interactions, play, and assessment.

Aistear is based on 12 principles of early learning and development.

These are presented in three groups:

1. Children and their lives in early childhood:

The child's uniqueness, equality and diversity, children as citizens.

2. Children's connections with others:

Relationships, parents/guardians, family and community, the adult's role.

3. How children learn and develop:

Holistic learning and development, active learning, play and hands-on experiences, relevant and meaningful experiences, communication and language, the learning environment.

Aistear also uses four themes that connect and overlap with each other to outline children's learning and development.

The themes are: Well-being, Identity and Belonging, Communicating, Exploring and Thinking.

Each theme includes *aims* and broad *learning goals* for all children from birth to six years (see Figure 1). The aims and goals outline the dispositions, attitudes and values, skills, knowledge, and understanding that the adult nurtures in children to help them learn and develop.

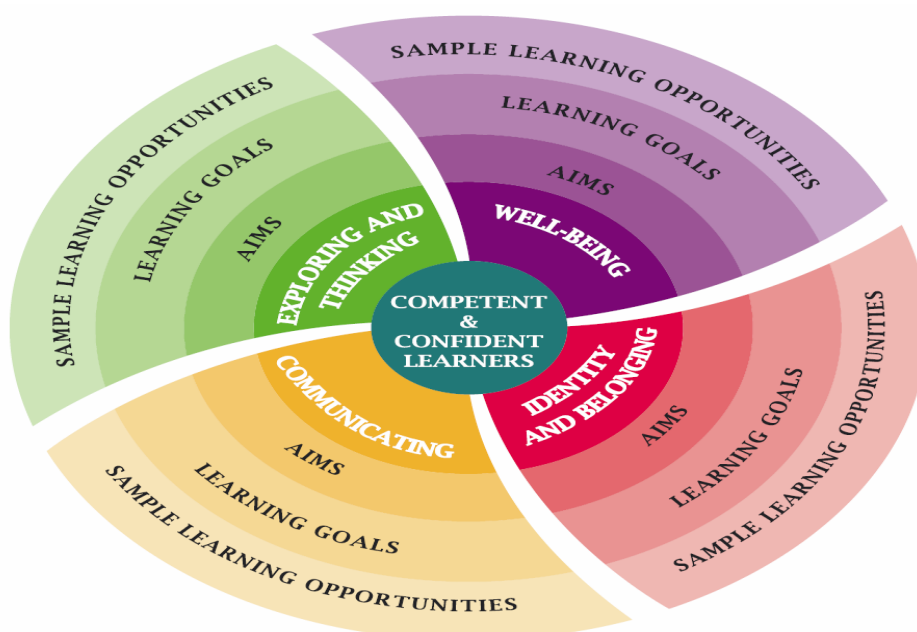


Figure 1: Curriculum

Staff will use curriculum planning sheets. A Curriculum timetable is used. Activities should be age and stage appropriate and should include a combination of child-initiated, staff-initiated, collaboratively planned and spontaneous activities. The Curriculum will ensure that children have a balance of activities from the 5 developmental areas listed above. The activities may be "theme based" depending on the interests of the children at the time. We aim to establish sensory-rich outdoor and indoor learning environments to support our curriculum.

The Role of Staff:

- To be a positive role model.
- To offer guidance, support and encouragement.
- To be calm and gentle in approach.
- Plan collaboratively with children as part of the curriculum decision making.
- Plan a responsive curriculum that reflects their needs and interests and complete curriculum planning sheets.
- Use a range of learning methods including free play, real-life experiences, focused learning, routines, equipment and play materials, etc.
- Organise environments that are dynamic and responsive to children's needs and interests.
- Celebrate diversity and challenge/question any racism, inequality and negative attitudes.
- To be non-judgemental and to be aware of our own values and assumptions.
- Work in close partnership with parents/guardians.
- Collect evidence on how children learn and recording this evidence through observation.

Understanding children's learning:

We will plan activities based on the following significant characteristics of young children's learning:

- They learn through personal experience.
- Their understanding of other people's talk is often at the literal level.
- They understand best what they can feel (emotionally), see, touch, hear, taste and smell.
- Their attachment to particular adults and peers deepens their ability to learn from and with them.
- They are egocentric and, through experience and guidance, they learn how to cooperate, share and play collaboratively.

Equipment:

The equipment, materials, and toys available are suitable, safe and age appropriate, while providing challenges and experiences for the developmental needs of children. Equipment is chosen carefully and is appropriate for each room.

- The layout of the room is carefully designed, and the equipment is at a low level and accessible for the children.
- The environment will encourage free choice and teaches the children to select, use and replace the materials/equipment after use.
- Some elements of the home environment will be established, play will include clearly defined areas of interest (e.g.) home/ imaginative, sand/water, art/creative and construction play.
- New materials will be introduced on a regular basis, based on the children's developmental needs and interests.
- We are responsible for the materials ensuring that all materials/equipment used are clean, safe and well maintained at all times.
- Parents/guardians can feel confident that their child is being cared for in a safe, happy environment.

We encourage learning through free play with a range of activities including:

Imaginative Play:

The children learn to play together, to share, to use their imaginations and to expand their vocabulary. This type of play encourages children to express their feelings and engage in imaginary situations such as doctors and nurses and going to the post office. This is a safe secure environment where children feel supported in their play.

Books: The children learn to listen when a story is being read. Acting out or reading stories and describing incidents from their own experiences helps to develop their language. Story telling is an activity, which fosters the enjoyment of books, and can be a motivating factor in learning to read.

Music Activities: Studies have shown that music has a powerful effect on the intellectual and creative development of children and creative development of children to:

- Inspire right-brain, creative thinking
- Induce relaxation
- Improve concentration and memory
- Increase verbal emotional and spatial intelligence

The children enjoy singing songs, using percussion instruments and listening to a wide variety of music, from rhymes to classical and pop music. This helps to stimulate their awareness and enjoyment of music and gives them an opportunity to use music as a form of expression.

Creative Play: Children are introduced to activities such as Art and Craft, paint and play dough, sand and water play.

Sand and Water Play: Children have great fun, but they also develop manipulative and pre-math's skills through exploring and experimenting. Many children can express their emotions and feelings when playing with sand and water as well as finding it a very relaxing and soothing activity.

Arts and Crafts: The children paint, draw, print, use scissors, glue and use clay. This allows the children to develop their creative and pre-writing skills. All this work gives the child a different medium to express their feelings, thoughts and emotions.

Play Dough: This is not just a fun activity for children; it can also help strengthen muscles in their hands and develop hand eye co-ordination. Once again this is an activity where the children's imagination can be encouraged and developed. Play dough also allows the child to manipulate the material, which may relieve such emotions as anger/frustration.

Jig Saw Construction and Manipulative Toys:

In this area children's pre-reading, pre-writing and hand eye co-ordination are developed. The development of reasoning and problem solving is also developed and encourages small motor movement.

Energetic Play: Organised energetic activities, such as running, jumping and skipping, will be a part of the Curriculum and encourages large motor movement. As well as aiding physical growth such activities can be a learning area and a great reliever of built up stress or tension.

NATIONAL STANDARDS FOR PRESCHOOLS:

These Standards have been developed to encourage providers to deliver a higher level of quality than is strictly required under the Child Care Act 1991 (Early Years Services) Regulations 2016. TUSLA -The Child and Family Agency will determine the precise manner in which these Standards will be taken into account in the course of preschool inspections. The Standards and the associated criteria will be kept under review, with a view to amending, adding to or subtracting from the document if experience demonstrates this to be necessary or appropriate.

The outcomes for the standards are as follows:

Standard 1: Information
Parents/guardians or guardians have sufficient information in order to make an informed choice about the Child Care service that they require.
Standard 2: Contract
Parents/guardians have a written contract with the service provider that has been agreed by both parties.
Standard 3: Working in Partnership with Parents/guardians
Are kept fully informed and involved as partners in their children's activities, achievements and progress.
Standard 4: Records
A register containing particulars of each child attending the service, records containing particulars relating to the service, is maintained in accordance with the Regulations.
Standard 5: Organisation and Management
Parents/guardians and children benefit from a well-organised and well-planned service.
Standard 6: Evaluation
An on-going system of reflection and evaluation is in place to continually enhance outcomes for children.
Standard 7: Complaints
Parents/guardians are satisfied that their complaints will be listened to, taken seriously and acted upon.
Standard 8: Care, Play and Learning
Children have the opportunity to engage in a range of activities and experiences that promote their learning and well-being and contribute to the Whole Child Perspective, which places the child at the centre and recognises that the child is an active participant in his or her development.
Standard 9: Nurture and Well-Being
Each child is secure, happy and comfortable with his or her carers and in the environment.
Standard 10: Behaviour
Children receive positive guidance and encouragement towards acceptable behaviour, and are supported in finding positive solutions to problems.
Standard 11: Child Protection
Children are safely cared for within the service. Any concerns coming to the attention of the service which relate to the safety and welfare of those children, either within or outside the service, are responded to in accordance with Children First: National Guidelines for the Protection and Welfare of Children.
Standard 12: Health Care
The health care needs of each child are identified and addressed as appropriate.

Standard 13: Food and Drink
Children are provided with regular drinks and food in adequate quantities for their needs. Food and drink are properly prepared, nutritious and complies with dietary and religious requirements. Meal times are social occasions where children are relaxed and comfortable.
Standard 14: Sleep
Each individual child's need for sleep or rest is facilitated.
Standard 15: Children with Disabilities
The welfare and development of children with disabilities who are attending the service is promoted in partnership with the parents/guardians or guardians and other relevant parties.
Standard 16: Equal Opportunities
All children attending the service are treated with equal concern and respect.
Standard 17: Premises
The premises in which the facility is located are of sound and stable structure, are safe, secure and suitable for their purpose, and are welcoming to children and their families.
Standard 18: Facilities
The facilities provided ensure the welfare and comfort of both children and staff.
Standard 19: Equipment and Materials
Children have access to furniture, equipment and toys that are developmentally appropriate, safe, and suitable for their needs.
Standard 20: Safety
Children have their needs met in a safe environment.

For further information and the full criteria for each standard go to
www.dohc.ie/publications/national_standards_preschool2010.html



Standard 1: Rights of the Child

Ensuring that each child's rights are met requires that she/he is enabled to exercise choice and to use initiative as an active participant and partner in her/his own development and learning.

Standard 2: Environments

Enriching environments, both indoor and outdoor (including materials and equipment) are well maintained, safe, available, accessible, adaptable, developmentally appropriate, and offer a variety of challenging and stimulating experiences.

Standard 3: Parents/guardians and Families

Valuing and involving parents/guardians and families requires a proactive partnership approach evidenced by a range of clearly stated, accessible and implemented processes, policies and procedures.

Standard 4: Consultation

Ensuring inclusive decision-making requires consultation that promotes participation and seeks out, listens to and acts upon the views and opinions of children, parents/guardians and staff, and other stakeholders, as appropriate.

Standard 5: Interactions

Fostering constructive interactions (child/child, child/adult and adult/adult) requires explicit policies, procedures and practice that emphasise the value of process and are based on mutual respect, equal partnership and sensitivity.

Standard 6: Play

Promoting play requires that each child has ample time to engage in freely available and accessible, developmentally appropriate and well-resourced opportunities for exploration, creativity and 'meaning making' in the company of other children, with participating and supportive adults and alone, where appropriate.

Standard 7: Curriculum

Encouraging each child's holistic development and learning requires the implementation of a verifiable, broad-based, documented and flexible curriculum or programme.

Standard 8: Planning and Evaluation

Enriching and informing all aspects of practice within the setting requires cycles of observation, planning, action and evaluation, undertaken on a regular basis.

Standard 9: Health and Welfare

Promoting the health and welfare of the child requires protection from harm, provision of nutritious food, appropriate opportunities for rest, and secure relationships characterised by trust and respect.

Standard 10: Organisation

Organising and managing resources effectively requires an agreed written philosophy, supported by clearly communicated policies and procedures to guide and determine practice.

Standard 11: Professional Practice

Practising in a professional manner requires that individuals have skills, knowledge, values and attitudes appropriate to their role and responsibility within the setting. In addition, it requires regular reflection upon practice and engagement in supported, ongoing professional development.

Standard 12: Communication

Communicating effectively in the best interests of the child requires policies, procedures and actions that promote the proactive sharing of knowledge and information among appropriate stakeholders, with respect and confidentiality.

Standard 13: Transitions

Ensuring continuity of experiences for children requires policies, procedures and practice that promote sensitive management of transitions, consistency in key relationships, liaison within and between settings, the keeping and transfer of relevant information (with parental consent), and the close involvement of parents/guardians and, where appropriate, relevant professionals.

Standard 14: Identity and Belonging

Promoting positive identities and a strong sense of belonging requires clearly defined policies, procedures and practice that empower every child and adult to develop a confident self- and group identity, and to have a positive understanding and regard for the identity and rights of others.

Standard 15: Legislation and Regulation

Being compliant requires that all relevant regulations and legislative requirements are met or exceeded.

Standard 16: Community Involvement

Promoting community involvement requires the establishment of networks and connections evidenced by policies, procedures and actions which extend and support all adult's and children's engagement with the wider community.

For further information, see www.siolta.ie

Early Childhood Education Framework Principles

The service recognises the value and contribution of early childhood education to lifelong learning.

The following set of principles provides a framework for staff as they make decisions about their curriculum activities.

1. Children are capable and competent and have been learning since birth

Recognising children as competent learner's means recognising what they know and can do, and using that as a starting point for new learning. Children learn in different ways – from feeling, touching, music etc. Therefore, the curriculum planning sheets will be used in all rooms.

2. Children build deep understandings when they learn through all senses and are offered choice in their learning experiences

Children develop holistically when they take in information in through all senses including touch, hearing, seeing, body movement and smell. Children engage more enthusiastically in learning when they are able to participate in decision making about learning experiences.

3. Children learn best through interactions, actively exploring, experimenting and using a variety of materials

Staff support children by encouraging them by facilitating their learning in a range of ways such as movement, painting, drawing, speaking, writing, construction, table top activities and role play.

4. Children's positive attitudes to learning, and to themselves as learners, are essential for success in school and beyond

Staff have an important role in encouraging children to develop attitudes such as perseverance and a willingness to engage in new learning. Children develop attitudes when they receive feedback as they question, explore, create, invent and interact with others. Positive attitudes towards learning are also fostered by providing learning experiences that are relevant to children's lives and interests.

5. Children learn best in environments where there are supportive relationships among all partners in the learning community

Staff develop supportive partnerships with children, families, communities and professional colleagues by:

- Building a sense of child centeredness by planning with children.
- Involving families in supporting children's learning through sharing information and allowing families to contribute their own knowledge and perspectives.
- Working with external professionals (Speech therapist, Early Years' inspection team etc.) to provide quality learning programs.

6. Early childhood programs are most effective when they recognise, value and build upon the cultural and social experiences of children

Children have diverse experiences in homes, communities, early care and educational settings. Staff should ensure that learning environments reflect this diversity of cultural and social experiences as well as shared ideas, values, beliefs, and identities. Learning programs therefore acknowledge or build on children's diverse ways of thinking, knowing and behaving.

7. Building continuity of learning as children move to and through school provides foundations for their future success

Children successfully manage transitions into school and through school when teachers establish continuities between children's prior, current and future learning.

8. Assessment of young children

Assessment involves the purposeful and ongoing monitoring of children's learning. The information gathered is used for future planning and to make judgments about a child's learning and development. Children's everyday learning experiences offer rich opportunities for gathering this evidence of learning.

Our Childcare Curriculum

Staff at Northside Family Resource Centre Childcare Centre believe that children learn by doing. We encourage a play based environment that enables the children to be capable and confident learners. We believe they learn from each other so we promote social interactions that encourage their independence, while giving them the freedom of choice to learn and develop at their own pace. Our curriculum is child lead and the approach is spontaneous. Staff follow their interests and extend the children's learning from their interests. We are the hands of security, that you as parents have entrusted your child too us. We strive to provide a stimulating, fun, loving, happy environment where the children feel respected and cared for enabling them to develop into the best that they can be. We aim to provide a safe special place for children, in which they can grow and develop to their full potential through a variety of stimulating activities and play, where children feel free to explore and experiment indoors and outdoors. We aim to ensure that you and your child feel relaxed, welcomed, valued and respected as individuals by all staff at the centre. We will work in partnership with parents and guardians to ensure best practice is common place and provide enriched play opportunities that are appropriate for your child's age, stage and development.

Child Care Act 1991 (Early Years Services) Regulations 2016 (Síolta Standard 1: Rights of the Child, Síolta Standard 2: Environments, Síolta Standard 6: Play, Síolta Standard 9: Health and Welfare) (National Standard 3: Working in Partnership with parents/guardians or Guardians, National Standard 8: Care, Play and Learning, National Standard 9: Child Development, National Standard 10: Behaviour, National Standard 15: Children with Disabilities, National Standard 12: Health Care)

Statement of Intent:

We are committed to developing a curriculum that incorporates child development, creates a child centred play based environment, which enables young children to actively pursue their own learning, based on the above principles. We aim to support children and their parents/guardians if developmental delay is identified. [See our Inclusion Policy].

We provide a balanced intervention and supports to encourage positive attitudes towards learning and play. The following are the outcomes that we consider when working with children:

Physical and Mental Well-being:

This dimension is concerned with growth and development as well as physical and mental health. We ensure that the appropriate accommodation, supports and opportunities are put in place, both indoor and outdoor, to promote all areas of children's physical and mental well-being. We promote the health and well-being of children, ensure nutritious diet, prevent the spread of infection and take positive steps to prevent harm.

Examples of Physical Development:

We allow children to develop both gross and fine motor skills, physical control, mobility and coordination and their mental wellbeing the service will provide suitable equipment, small and large, indoors and outdoors.

- To support this development all areas are supervised and children can play safely.
- Gross motor skills are encouraged through outdoor play, skipping, running, games, climbing frames and slides etc.
- Fine motor skills are developed with a wide range of equipment i.e. crayons, scissors, paintbrushes, puzzles, pegs and boards ect.
- There is a wide variety of natural materials, sand, water, clay etc. to enhance technological skills.

Emotional and Behavioural Well-being:

This area concerns children's feelings and actions. It includes their growing ability to adapt to change, to cope with stress and to demonstrate self-control. It also covers children's ability to empathise with others and behave in a socially responsible way. Children will be treated with respect and dignity at all times. Children will be supported to form positive attachments to their carers' and other children through strong affirming interaction. Children will be supported to develop a strong sense of self-esteem and self-confidence in an environment of emotional warmth and approval. Consistent boundaries are important to children's sense of security. Children will not be subjected to any degrading or abusive language or behaviour.

Examples of Emotional Development:

- Healthy emotional development is promoted in a relaxed and secure environment.
- This helps children to identify names and explore their feelings both positive and negative.
- Children can express their feelings and help them to grow in self-esteem and self-confidence. This will help their relationship with other children and adults.

Intellectual Capacity:

This dimension covers all areas of cognitive development, educational attainment and active learning from their surrounding environment. An environment that engages and enables, that responds and stimulates in support of active learning, will be provided with the appropriate access to resources, materials and social interaction to stimulate (empower) cognitive and linguistic capacity in accordance with each child's needs and abilities. The opportunity to learn through play is of particular importance.

Examples of Language Development:

We are aware that children's language develops at different rates therefore the variety of activities and opportunities for language will be as wide as possible. Early Years' Practitioners in the service play a vital role in helping language development by:

- Talking to the children and giving them the opportunity to practice listening and speaking.
- We provide a variety of groups: e.g. books, posters, interest tables to talk about and discuss.
- Everything in the room is labelled with pictures and names. Boxes that contain toys are labelled showing those toys etc.
- We encourage conversation in groups of different sizes. From one to one to small groups - on to the whole group.
- We provide a quiet time and quiet area for all the children to expand their listening skills
- We use rhymes and songs to enable children play with words.

Examples of Intellectual Development:

- To develop intellectually a child will be helped to learn how to learn.
- Children are encouraged to solve problems, through role play and modelling.
- Natural materials sand and water are available at all times, for children to play with. These develop concepts such as volume, weight, quantity, shape, size etc.
- There is also the natural material used i.e. wood, clay leading them into appreciation of science and math.

Spiritual and Value Systems Well-being:

This covers feelings, experiences and beliefs that stimulate self-awareness, wonder, reverence and the meaning and nature of life and death. Each child's own traditions of belief and observance of religious duties should be respected by the service and by other children attending the service. Children's developing sense of knowing right and wrong should be nurtured.

Identity:

The diversity of children's experiences, culture, gender, social background and traditions are nurtured and valued. We actively promote equality of opportunity, participation and anti-discriminatory practice with regard to all children. This includes the promotion of mutual respect between children.

Self-Care:

This includes the competencies that all children require in order to look after and respect themselves. We seek ways to support children's own abilities for self-care.

Family Relationships:

Children's capacity for development along this dimension is more likely to be met if they have a sense of belonging and in situations where changes of carer are kept to a minimum. Early year's providers should seek to support, work with and actively involve each child, child's family in the child's development by providing opportunity for on-going communication about the child. These should include on-going updates of the child's activities and regular reviews of the child's well-being.

Social and Peer Relations:

We encourage an ethos of peer education. This involves the child's ability to make friends and feel part of a peer group. We support children's capacity for social development through providing opportunities for the co-operation with others, collaboration and to develop friendships. Children will be protected from bullying and assisted in learning skills to manage bullying behaviour. The importance of play in learning valuable social skills will be recognised. Opportunities will be provided for children to contribute to the shaping of the Early years centre. Opportunities for children to participate in and understand the wider.

Examples of Social Development:

- Particularly relevant aspects are stories, songs, make believe play, outings and group projects.
- Staff provide opportunities for the children to play together in settings that encourage them to learn and assert themselves and fit in as part of the group.
- Staff are sensitive to the children developing play and avoid unnecessary interruption.

Social Presentation:

This concerns children's growing understanding of their capacity to engage with others and realise the impact of their actions, appearance and behaviour on others. Early year's providers should support children in their understanding of others and learn to engage in social situations.

National Child Care Strategy – The Whole Child's Perspective).**Child Development Milestone Guidelines:**

We cater for children from 6 months. The following is a guideline to staff in relation to development milestones according to this age/stage. Staff will follow the milestones to assist them in their observation of children. Children develop at different stages and in different ways. If Staff have concerns in relation to a child, they will communicate with management and parents/guardians to seek help from a professional or local Health services.

The following questions may be asked as general guidelines:

By 3 months of age does the child? *Motor Skills:*

- Lift their head when held at your shoulder
- Lift their head and chest when lying on their stomach
- Turn their head from side to side when lying on his/her stomach
- Follow a moving object or person with their eyes
- Often holds hands - open or loosely fisted
- Grasp a rattle or other object when given to him/her
- Wiggle and kick with arms and legs

Sensor and Thinking Skills:

- Turn their head toward bright colours and lights
- Turn toward the sound of a human voice
- Recognise when they are about to be fed (bottle or breast)
- React to the shaking of a rattle or bell

Language and Social Skills:

- Make cooing gurgling sounds
- Smile when smiled at
- Communicate hunger, fear, discomfort (though crying or facial expression)
- Usually quite down at the sound of a soothing voice or when held
- Anticipate being lifted
- React to "peek-a-boo" games

By 6 months of age does the child? *Motor Skill:*

- Hold their head steady when sitting with your help
- Reach for and grasp objects
- Play with their toes
- Help hold the bottle during feeding
- Explore by mouthing and banging objects
- Move toys from one hand to another
- Shake a rattle
- Pull to a sitting position on their own if you grasp their hands
- Sit with only a little support
- Sit in a high chair
- Roll over
- Bounce when held in a standing position

Sensory and Thinking Skills:

- Open their mouth for a spoon
- Imitate familiar actions you perform

Language and Social Skills:

- Babble, making almost sing-songs sounds
- Know familiar faces
- Laugh and squeal with delight

- Scream if annoyed
- Smile at themselves in a mirror

By 12 months of age does the child? *Motor Skills:*

- Drink from a cup with help
- Feed themselves finger foods like raisins or bread crumbs
- Grasp small objects by using her thumb and index or forefinger
- Use their first finger to poke or point
- Put small blocks in and take them out of a container
- Knock two blocks down together
- Sit well without support
- Crawl on hands and knees
- Pull themselves to stand or take steps holding onto furniture
- Stand alone momentarily
- Walk with one hand held
- Cooperate with dressing by offering a foot or an arm

Language and Social Skills:

- Babble, but sometimes “sounds like” talking
- Say their first words
- Recognise family members’ names
- Try to “talk” with you
- Respond to another’s distress by showing distress or crying
- Show affection to familiar adults
- Show mild to severe anxiety at separation from parent
- Show apprehension about strangers
- Raise their arms when they want to be picked up
- Understand simple commands

Sensory and Thinking Skills:

- Copy sounds and actions you make
- Respond to music with body motion
- Try to accomplish simple goals (seeing and crawling to a toy)
- Look for an object he/she watched fall out of sight (such as a spoon that falls under the table)

By 18 months of age does the child? *Motor Skills:*

- Like to pull, push, and dump things
- Pull off hat, socks, mittens
- Turn pages in a book
- Stack two blocks
- Carry a stuffed animal or doll
- Scribble with crayons
- Walk without help
- Run stiffly, with eyes on the ground

Sensory and Thinking Skills:

- Identify an object in a picture book
- Laugh at silly actions
- Looks for objects that are out of sight
- Put a round lid on a round pot
- Follow simple 1-step directions
- Solve problems by trial and error

Language and Social Skills:

- Say 8-10 words you can understand
- Look at a person who is talking to them
- Ask specifically for their mother or father
- Says “hi” and “bye” and “please” with reminders
- Protest when frustrated
- Asks for something by pointing or by using one word
- Direct another’s attention to an object or action
- Become anxious when separated from parent(s)
- Seek attention
- Bring toys to share with parent, act out a familiar activity in play
- Play alone on the floor with toys
- Compete with other children for toys
- Recognise themselves in the mirror or in pictures
- Seem selfish at times

By 2 years of age does the child? *Motor Skills:*

- Drink from a straw
- Feed themselves with a spoon
- Help in washing hands
- Puts arms in sleeves with help,
- Build a tower of 3-4 blocks
- Toss or roll a large ball
- Open cabinets, drawers, boxes
- Operate a mechanical toy
- Bend over to pick up a toy and not fall
- Walk up steps with help

Sensory and Thinking Skills:

- Like to take things apart
- Explore their surroundings
- Point to 5-6 parts of their body when asked

Language and Social Skills:

- Use 2-3 word sentences
- Have a vocabulary of several hundred words
- Say names of toys

- Ask for information about an object (asks, “shoe” while pointing to shoe box)
- Hum or try to sing
- Listen to short rhymes
- Like to imitate parents/guardians
- Sometimes get angry and temper tantrums
- Act shy around strangers
- Comfort a distressed friend or parent
- Take turns in play with other children
- Treat a doll or stuffed animal as though it were alive
- Apply pretend action to others (as in pretending to feed a doll)
- Show awareness of parental approval or disapproval for her actions
- Refer to self by name and use of “me” and “mine”
- Verbalise his desires and feelings (“I want cookie”)
- Laugh at silly labelling of objects and events (as in calling a nose an ear)
- Enjoy looking at one book over and over
- Point to eyes, ears, or nose when you ask

By 3 years of age does the child? *Motor Skills*

- Run around obstacles
- Walk on a line
- Balance on one foot
- Push, pull and steer toys
- Pedal a tricycle
- Use a slide without help
- Throw and catch a ball
- Manipulate play dough by making things like balls, snakes and other objects

Sensory and Thinking Skills

- Understand concepts like grouping and matching for example recognising and matching colours
- Organise materials for example stacking blocks or rings in order of size
- Draw, name and briefly explain what the picture means to him (the drawing starts to take on somewhat recognisable pictures)
- Actively seek information using why and how questions
- Tell you their full name and age
- Concentrate on an activity for longer periods of time (between 5 and 15 mins)
- Start to show an awareness of past and present (yesterday/today)

Language and Social Skills

- Follow a series of simple directions
- Share toys, taking turns with assistance
- Initiate or join in play with other children and make up games
- Pretend to go shopping, go on holidays, be an animal
- Use and understand sentences

- Understand sentences involving time concepts for example “Granny is coming tomorrow” and narrate past experiences
- Understand comparisons such as big and bigger, small and smaller
- Follow a series of two to four related directions
- Sing a song and repeat nursery rhymes

By 4 to 5 years of age does the child? *Motor Skills*

- Walk backwards
- Jump forward many times without falling
- Jump or hop on one foot
- Walk up and down steps without assistance, alternating feet
- Tumble or try handstands
- Use a safety scissors without assistance
- Cut on a line continuously
- Print a few letters

Sensory and Thinking Skills

- Play with words, create sounds and make rhymes
- Point to and name colours
- Understand order and process
- Draw people usually with detail such as hair, eyes, nose, ears and mouth
- Count up to 10.
- Tell where they live
- Tell a story with a beginning, middle and end

Language and Social Skills

- Show some understanding of reasoning for example ideas about good or bad behaviour
- Compare themselves with other children
- Develop friendships with other children
- Understanding or showing an awareness of other children’s feelings
- Retell a story (although sometimes the facts may be confused)
- Combine a variety of thoughts into one sentence
- Use words like ‘can’, ‘will’, ‘shall’, ‘should’, and ‘might’
- Understand the comparatives like loud, louder, loudest
- Listen to longer stories being told
- Understand sequencing of events when clearly explained for example, ‘First we put the plug into the drain hole in the bath, then we turn on the taps to run the water and then we get into the bath to wash’

Inclusion & Equality & Diversity

Child Care Act 1991 (Early Years Services) Regulations 2016 ([Síolta Standard 3: Parents/guardians and Families](#), [Síolta Standard 7: Curriculum](#), [Síolta Standard 9: Health and Welfare](#), [Síolta Standard 8: Planning and Evaluation](#)) ([National Standard 1: Information](#), [National Standard 3: Working in Partnership with Parents/guardians or Guardians](#), [National Standard 5: Organisation and Management](#), [National Standard 8: Care, Play and Learning](#), [National Standard 9: Nurture and Well-Being](#), [National Standard 10: Behaviour](#), [National Standard 15: Children with Disabilities](#), [National Standard 16: Equal Opportunities](#))

Inclusion Policy

This policy represents the agreed principles and commitments for inclusion, in line with the Early Childhood Care and Education National Inclusion Charter. This policy will be implemented to support and develop an inclusive environment for children and adults within our early years service.

Our mission is to value the ability, individuality and cultural background of all children by providing each child with the opportunities they need to reach their full potential as active learners within an inclusive ethos/culture.

Here at Northside FRC's Childcare Centre, we achieve care and inclusion in education by continually reviewing an anti-bias approach that is implemented by the service, working in partnership with families, children and the early childhood team, both individually through reflective practice, and in consultation with children and their families, so as to ensure that the education and care provided is fully inclusive of all children, families and agencies that attend and use our service.

Ethos of the service:

Northside FRC's Childcare Centre we will ensure an inclusive culture, recognising that every child is an individual and has their own learning style. We believe that all children are unique, but share many similarities, thus promoting equality and diversity throughout the service. The early childhood team will promote and nurture the identity of each child attending the service and ensure that their emotional and physical well-being is of paramount importance at all times.

'Inclusion' refers to:

A process involving a programme, curriculum or education environment where each child is welcomed and included on equal terms, can feel they belong, and can progress to his/her full potential in all areas of development (National Childcare Strategy 2006-2010).

Role of Inclusion Coordinator:

The Inclusion Coordinator within Northside FRC's Childcare Centre will be:

Core principles:

Northside FRC's Childcare Centre actively support learning and participation that does not hinder or exclude individual children or groups of children. This means that equality of opportunity must be

a reality for all children attending the service. This is achieved by using a child-centred equality and diversity approach to create an inclusive learning environment.

Core principles of this strategy are:

- Work in partnership with parents.
- Support children's ability, identity, cultural background and sense of belonging.
- Support children to become respectful of difference.
- Foster each child's critical thinking in order to confront bias and discrimination.

Implement a curriculum that meets the individual learning needs and emerging interests of the child *under Síolta: The National Quality Framework (2006) and Aistear: The National Curriculum Framework (2009)*.

- Respond to children's diverse and individual learning needs and styles through an emerging curriculum.
- Support continual development for all early childhood practitioners, so as to ensure that they are trained in an equality and diversity approach to providing care and education to all.

Early childhood practitioners work to ensure the following:

- Children feel secure and know that their contributions are valued.
- Children know they belong and are valued as unique individuals.
- All children's cultural backgrounds are respected and valued.
- Children feel strong and confident about their identity.
- Children are taught in groupings that allow them all to experience success.
- Children use materials that reflect a range of social and cultural backgrounds.
- Children have common curriculum experience that allows for a range of different learning styles.
- Children are encouraged to participate fully, having particular regard for and being cognisant of children with variety of abilities.
- If a child uses an aid or assistive technology to communicate, that the device is used solely for this purpose.

Responsibilities of management and practitioners:

All families and children are encouraged to participate, accessing learning experiences through the curriculum on offer. Within our service, we promote children's individual learning according to their stage of development in line with the Child Care Act, 1991; Child Care (Preschool Services) (No. 2) Regulations 2016; Disability Act 2005; Equal Status Acts 2000-2012; the United Nations Convention on the Rights of the Child, with particular attention to Articles 29 and 30; and Children First: National Guidance for the Protection and Welfare of Children, 2011.

Working in partnership with parents:

As children and families are the most knowledgeable about their background, culture, language and physical and developmental needs, NRFC Kings Island Community Crèche will ensure that families

are consulted when developing and implementing policy. Parents please refer to the parental handbook which contains details of policies and procedures.

An effective diversity and equality approach will ensure that ability and diversity are recognised and celebrated, and that discrimination, equality and exclusion are addressed.

Dealing with discriminatory incidents:

- The first step in handling incidents involving discrimination is to recognise and acknowledge what is happening.
- All children need to know that name-calling or physically hurting someone is unacceptable.
- When an incident occurs (hurtful remarks made by one child to another), both children learn from incident. Refer to the Behaviour Policy.
- Always determine the real reason for incidents involving exclusion or conflict. It may not be a discriminatory incident, so be careful not to make assumptions.
- Some issues may be brought into the setting by the child, arising from comments made by adults outside the setting. Recognise when it is an adult issue, and identify appropriate actions to address the issue with the child's parents or guardians.
- An incident should be considered from the perspective of all individuals involved as well as those that witnessed it. Appropriate actions need to be taken, at circle time or in group discussion, to address incidents witnessed by children who were not involved. This does not mean singling out children in the group.
- By showing empathy and expressing our feelings, we help children express their feelings.
- It is important to be aware of how our own attitudes can shape how we respond to a given situation. Be mindful that early years practitioners are role models for the children and the service.

Actions to be followed if the policy is not implemented:

If you, as a staff member or a parent, feel that this policy is not being implemented, you can follow the Northside FRC's Childcare Centre Complaints Policy and Procedure to make a complaint.

Monitoring and reviewing the policy:

The above policy will be re-evaluated at regular intervals throughout the year. All input from staff and parents alike, are of value within our setting.

Policy Creation Date: 25th June 2017.

Child Care Act 1991 (Early Years Services) Regulations 2016 (Síolta Standard 8: Planning and Evaluation, Síolta Standard 12: Communication Síolta Standard 15: Legislation and regulation) (National Standard 1: Information, National Standard 3: Working in Partnership with Parents/guardians or Guardians, National Standard 4: Records, National Standard 6: Evaluation, National Standard 8: Care, Play and Learning, National Standard 10: Behaviour, National Standard 14: Sleep)

Statement of Intent:

The service recognises that observation is a useful tool and enables staff plan the curriculum to meet the individual needs of children.

"Assessment is the ongoing process of collecting, documenting, reflecting on, and using information to develop rich portraits of children as learners in order to support and enhance their future learning" Aistear, the Early Childhood Curriculum framework.

Policy and Procedure:

By observing how children respond to activities, staff will be able to evaluate if the activities and resources they have provided meet the needs of all the children. It helps them to plan a broad, balanced and appropriate curriculum. Staff should refer to the Curriculum Policy. Observations also enable staff to provide challenge and extend the programme so that each child is able to progress.

All observations / records / assessments will be treated with confidentiality.

Sharing observations with parents/guardians strengthens the partnership between the home and the service, giving understanding and information and allowing staff and parents/guardians to do their best for each child.

Observation involves watching and listening to children and using the information gathered through this to enhance their learning and development. The adult may use different types of observations depending on what he/she wants to find out. Like conversations, observations can be planned or spontaneous and are best carried out by an adult who knows the children well.



Guidelines on carrying out observations

- Give parents/guardians information on observation system at parent's information sessions before the child starts in the service.
- Introduce each parent to their child's main worker.
- All aspects of development and learning should be considered when assessing children.
- Assessment must be based on detailed observations of what children do and say.
- Written records should contain factual information.
- Carry out observations on a regular basis and share these with parents/guardians at planned interviews and at any time of the year on request.
- Bring observations to staff planning meetings to assist in planning and organising the curriculum to help meet the individual needs of children.
- Ensure records are kept by the service in a secure place.
- Staff should be aware of their own values and beliefs and ensure they are observing and assessing impartially.
- In assessing, the observer looks for evidence of children's progress across *Aistear* themes:
 - **Dispositions:** for example, curiosity, concentration, resilience, and perseverance.
 - **Skills:** for example, walking, cutting, writing, and problem-solving.
 - **Attitudes and values:** for example, respect for themselves and others, care for the environment, and positive attitudes to learning and to life.
 - **Knowledge and understanding:** for example, classifying objects using colour and size, learning 'rules' for interacting with others, finding out about people in their community, and understanding that words have meaning.

We keep two forms of assessments;

1. Developmental Observations
(See Child Development Policy re Developmental Milestones)
2. Aistear Assessments

Both of these tell us something different about the child. For example, a developmental observation might tell us a child can hold a pencil using his pincer grip. An Aistear assessment tells us how children engage in their learning journey and they celebrate each child's individuality.

Aistear Assessment:

Assessment is the ongoing process of **collecting, documenting, reflecting on** and **using information** to develop rich portraits of children as learners in order to support and enhance their future learning.

Recording and Documenting Observations:

Recording observations and making assessments contributes to the quality of children's experiences, supports their development and helps to keep them safe. The child's Key Worker will carry out these observations.

Documentation can include written notes, stories, photographs, video footage, and samples of what children make, do and say, such as models, sculptures, pictures, paintings, projects, scribed comments, responses, or statements. Adults and children use this evidence of learning to celebrate progress and achievement, and to plan the next steps in learning. Documentation also enables the

adult and/or children to share information with parents/guardians. This can help parents/guardians to build on children's preschool experiences while at home, and so make learning more enjoyable and successful. In the case of some children, documentation provides critical information in helping to identify special educational needs, in putting appropriate supports in place, and in reviewing the impact of these interventions.

Report Writing:

A member of staff will complete written records. UPDATING OF RECORDS MUST BE DONE AT APPROPRIATE TIMES AND MUST NOT INTERFERE WITH CHILD SUPERVISION/OBSERVATION.

The following items should be included:

Eating pattern, child's general mood, activities attempted and completed, accidents, if any, areas of development: social, emotional and physical and any evidence of development across Aistear themes.

Regular meetings with parents/guardians are held to share information. In order to write positive and honest reports, staff should use the following points:

- Use straightforward language.
- Put opinions in their rightful place.
- Support your opinions.
- Focus on what you have observed.
- Describe rather than blame.

Reports should be:

Based on facts, reasonable, impartial, legible, accurate, confidential, available on request, dated and signed.

Confidentiality:

It is important to remember that reports may be used for other reasons than just sharing information with parents/guardians. Due regard should be given to the principles of the Freedom of Information Acts and the Data Protection Acts when compiling reports. Any queries on this matter should be directed to the Manager.

Confidentiality in report writing and sharing information must be maintained at all times except in Child Protection circumstances. The Manager should be consulted regarding any issues. A breach of confidentiality may invoke the Disciplinary Procedure. Please refer to Confidentiality Policy and Procedure.

Equipment and Materials

Child Care Act 1991 (Early Years Services) Regulations 2016 (Síolta Standard 2: Environments)
(National Standard 19: Equipment and Materials, National Standard 20: Safety)

Northside Family Resource Centre's, Childcare Centre endeavors to comply with the Early Years Services Regulations of 2016 in relation to Equipment and materials, where "a registered provider shall ensure that there is adequate and suitable furniture, play and work equipment and materials available on the premises of the pre-school service", as equipment plays a very important role in early childhood education and care.

The aims of this policy:

- Is that the equipment available is suitable, safe and age appropriate.
- That the equipment will provide challenges, new experiences for the developmental stages, interests and culture of the children in our care.

Procedures:

- Furniture, equipment and toys are of suitable design and condition, in good repair at all times, are non-toxic and are stored in a safe manner, conforming to recognised safety standards.
- Equipment should be free from rough edges, sharp corners, pinch and crush points, splinters, exposed bolts or nails.
- Furniture and equipment should be durable and easily cleanable or are manufactured from washable fabrics.
- All equipment is maintained in a clean and hygienic condition by staff and the Childcare cleaner.
- There are sufficient numbers of age-appropriate chairs and tables to allow flexible arrangements for groups of children to play and eat together.
- Suitable seating is be provided for staff.
- Children will be taught how to appropriately use and care for toys, games and equipment.
- Equipment and toys will be used under supervision.
- Low-level shelving is provided to ensure that play materials are accessible to children.
- Appropriately positioned storage space for coats are available for children's personal belongings.
- All new equipment and furniture is checked to ensure that the equipment and furniture is safe and suitable and not faulty or create a risk.
- In consultation with the coordinator, the childcare staff and the children will determine which equipment, furniture, materials and toys are most appropriate, taking into account durability, easy maintenance, cost, and benefit to the children.
- Children will be encouraged towards independence and the children's individual skill levels will be considered by staff when planning and supervising activities.
- Equipment will be Risk Assessed and this will be an ongoing process in line with Health and Safety.
- Staff will report any safety issues regarding equipment and materials to the coordinator and this will be recorded and dealt with immediately
- No glass or ceramic dishes are allowed on the childcare floor, as breakages could injure children.

Child Care Act 1991 (Early Years Services) Regulations 2016 (Síolta Standard 9 Health and Welfare) (National Standard 8: Care, Play and Learning, National Standard 9: Nurture and Well-Being, National Standard 10: Behaviour, National Standard 19: Equipment and Materials, National Standard 20: Safety)

Statement of Intent:

We ensure that children are safe both indoors and outdoors.

Young children are curious about their environment where they see opportunities for exploration and investigation in their indoor and outdoor environment. Children are especially vulnerable and rely on responsible adults to care and protect them. We will ensure there is a balance between children being able to explore the environment and remain safe.

Policy and Procedure:

Staff will be vigilant and observant in their supervision ensuring the safety, health and wellbeing of the children at all times. Staff will be familiar with the environment and any possible hazards. All equipment will be risk assessed by staff covering all possible safety hazards.

The staff child/ratios for indoor and outdoor play will be compliant with the Child Care Act 1991 (Early Years Services) Regulations 2016. Staff/child ratios will be applicable to the age range specified in the Child Care Act 1991 (Early Years Services) Regulations 2016.

Entrance Area:

- All staff will follow the practices in relation to access and egress of parents/guardians and children through the main door.
- When people reach the childcare door, staff not allow entry unless they are sure that the person is: a parent, an authorised collection person, a scheduled visitor or the Early Years Inspection Team.
- If in doubt, check with the Manager

Individual Rooms:

- A daily risk assessment of the indoors and out doors takes place.
- Staff will observe due care and attention at all times.
- Child Care safety latches are used on presses and doors as appropriate.
- Staff will do regular headcounts and ensure they match with the child register.

Outdoor Play Area [See also Outdoor Play Policy]

The staff child/ratios for outdoor play will be compliant with the Child Care Act 1991 (Early Years Services) Regulations 2016. A minimum of one staff for every group will be present at any one time. Staff will be vigilant about supervising children outdoors.

- Staff will ensure that their presence and position in the outdoor play area allows that all areas of the outdoor area are under constant supervision.
- The outdoor play area will be checked each morning and signed off for safety before use.
- Regular headcounts will take place while outside.
- Children will be made aware of any rules for playing outside.

Outdoor Play

Statement of Intent:

Outdoor play is an important part of our daily curriculum at the service. We aim to ensure that children play outdoors every day. Our intention, through our outdoor programme is to enhance gross motor skills, co-ordination, balance, and body awareness. It also gives children opportunities to socialise freely and use imagination and initiative.

Policy and Procedure:

Our well-planned environment provides opportunities for children to seek new challenge as they master old ones. Close observation is given in order to assess children's ability and to ensure appropriate planning and continuity for the outdoor curriculum. Staff are vigilant about supervising children outdoors. Staff are there to supervise and lead garden games or play and ensure that the children are in no danger to themselves or their peers.

Outdoor time is an extension of indoor activities therefore sitting should be kept to an absolute minimum.

- Staff ensure that their presence and position in the outdoor play area allows all areas of the outdoor area to be under constant supervision and all children are in the sight of at least one member of staff, at all times.
- The outdoor play area is checked by a member of staff for safety before any children use the outdoor play area, this is Risk assessed each morning and signed off.
- Staff engage with the children during the outdoor play time. The curriculum should be used outdoors as well as in the children's room.
- Children should not be allowed interfere with the gate in the outside area.
- Children will be given water on a regular basis while outside.
- We aim that each child spends a minimum of 30 minutes outdoors every day.
- The outdoor area is the responsibility of all staff to keep their area and garden tidy and safe.

Clothing:

It is important that children are dressed appropriately for outdoor activity. Parents are asked to ensure their children have the appropriate attire for the weather, wellies, rain coats, sun hats.

Sun Safety: We request:

- Parents apply sun cream to their child/children before they attend as in the first instance it is the responsibility of the parent to apply sun cream to their child/children.
- Parents/guardians provide a sunhat for children.

We will ensure that:

- On very hot days children will have reduced exposure to sunlight in the middle of the day.
- Where possible, children can seek shade when outside in the sun.
- Ensure that children will wear a sunhat if provided by the parent.

Adult/Child Ratios:

The adult/child ratio for outdoor play will be in compliance with the Child Care Act 1991 (Early Years Services) Regulations 2016, staff will be vigilant about supervising children outdoors.

Outdoor Programme:

- Children will have access to a range of outdoor activities to: climb, run, crawl, balance, jump, throw, catch, pour, sort, pretend and access different levels.
- The outdoor programme encourages children to participate in growing and planting flowers.
- A variety of activities take place outdoors and children can utilise a range of outdoor equipment such as slides, swings, bikes, scooters, a climbing wall, and a climbing frame.
- The outdoor play area will be safe and scaled to a child's size.
- The outdoor time will be maximised through an intentional, well-planned approach to arranging the space and using the time.
- The programme will create a positive tone supporting a child's natural curiosity and risk taking in playing outdoors.
- There will be opportunities for children to encounter and interact with each other.
- Children will be given the freedom to select safe materials to use outdoors to build upon their natural sense of exploration.
- The outdoor space offers choices for children.
- The programme will be child-led where active problem solving will be encouraged.
- Children and adults will interact in a relaxed and natural way.

Interactions:

Adults should be actively involved with children in their games and activities where appropriate and should not be solely in a supervisory role. Adults should be:

- Talking with children in a variety of ways (conversing, discussing, questioning, modelling and commentating).
- Helping children to find solutions to problems.
- Supporting, encouraging, initiating games and activities.
- Extending activities by making extra resources available and providing new ideas.
- Joining in games and activities when invited by children.
- Observing, assessing and recording.
- Aware of safety issues and report and safety concerns or jobs that need doing.
- Aware of every child's equal right of access to a full outdoor curriculum which is broad, balanced, relevant and differentiated regardless of race, culture, religion, gender or disability.
- Evaluating observations in order to plan appropriate resources and experiences.

Storage:

All moveable equipment such as balls, scooters, swings, ropes, toys etc should be stored and locked away appropriately at the end of each day.

Buntús:

Staff who have taken part in Buntús Start training will set games. Buntús is a comprehensive physical activity programme for children aged 2-5 years old. It has been designed for use in early years' settings so that Child Care practitioners can provide a wide range of learning opportunities for young children to develop their fundamental motor skills, manipulative skills, co-ordination and balancing skills and develop a positive attitude to physical activity.

Outdoor Safety:

- When setting out the equipment each day and during sessions, staff must lookout for **safety** and **remove any broken toys**.
- The area **will** be checked for animal droppings.
- Before children go outside a member of staff must check the main gate is closed.
- Staff must always be aware of the safety of the children in their care, be vigilant at all times and never leave the play area for any reason unless another member of staff has taken over responsibility.
- There must be at least two staff on duty in the outside area.
- It is most important for staff to move around the area constantly so that all areas are adequately supervised. Each person should position **themselves** in separate areas so that no area is unsupervised.
- At the end of the session the areas should be scanned carefully in case children should be left outside unsupervised.
- Hot drinks are not **permitted in the childcare centre** or taken to the outdoor areas.
- Students helping outdoors must never be left in charge of any area.
- All equipment should be stored away sensibly and carefully, to allow for safe and easy removal next day.
- If a child is injured, **they** should be taken indoors for treatment **quickly as possible**. Both child and staff should remain within sight of another member of staff while treatment takes place. The floating staff member or the member in the outside area should replace the staff treating the child so that supervision of the areas is interrupted for as short a period of time as **possible**
- Details of the accident must be written up as soon as possible in the **Acciden** book. The child's parent must be informed of the accident and treatment.
- Students/volunteers may not administer first aid.
- Climbing apparatus should only be set out on the safety surface **or grass**.
- Children's clothing should be monitored carefully e.g. unfastened shoelaces and buckles, scarves and ties on anoraks which are too long can easily cause accidents, particularly on wheeled toys and climbing equipment.
- If it is necessary for staff to put toys away whilst children are still in the play areas, there must always be at least one other staff supervising remaining children in the area.
- Encourage children always to look before they move on the slide, or when jumping off apparatus; **moving around on the seesaw**, also encourage children to leave space between themselves and the child in front.
- All equipment is risk assessed and children and adults know and understand the rules of use.
- **New children are shown how to use the equipment when they start.**
- Whenever children carry equipment (clearing away or carrying planks, blocks etc.) they should be taught how to do it and adults should be aware of the risks involved and minimise them to ensure safety.
- Sand and water pits build up with water from rain, these are to be emptied out each morning before children go outside, as not to cause drowning.
- The garden is to be checked in all places when returning to rooms so no child is left outside.

Outings and Excursions

Child Care Act 1991 (Early Years Services) Regulations 2016 ([Síolta Standard 9: Health and Welfare](#), [Síolta Standard 16: Community Involvement](#)) ([National Standard 5: Organisation and Management](#), [National Standard 8: Care, Play and Learning](#), [National Standard 20: Safety](#), [National Standard 12: Health Care](#))

Statement of Intent:

We are committed to planning and undertaking appropriate supervised outings. We visit farms, the local park, and play centres.

Policy and Procedure:

- The location for the outing are familiar to staff and a risk assessment will be carried out prior to the visit with the children. Risk assessment forms will be completed and kept for inspection.
- A consent form will be completed and signed by a parent/guardian for outings and scanned onto the centre server and retained for inspection.
- Insurance is in place to cover outings and trips.
- Ratio of children to adults will be in compliance with the Childcare Act 1991 (Early Years Services) Regulations 2016 and the Insurance Policy.
- A designated trained first aid person and first aid box will accompany the children on each outing.
- Each child wears a High Vis jacket.
- A photograph is taken of the group of children at the start of the outing and taken with them.
- A safety briefing will be given to all staff involved in the outing.
- Staff must be responsible for checking numbers of children, doing a head count and recording names of children, before leaving the premises, and several times while out on the outing, before returning and on return to the service.
- A charged mobile phone will be taken on outings.
- Contact details for all parents will be taken on outings.
- Staff are familiar with the critical incident plan.

Transport on Outings:

In the event that transport is required for outings the following apply:

- The private transport will be properly insured.
- A copy of the insurance policy should be requested and held on file.
- They must provide seat belts and if required parents and the centre will provide booster seats for the children.
- Information will be sought from the Road Safety Authority.

Managing medicines on trips and outings:

If children are going on outings, staff accompanying the children must include the key person for the child with a risk assessment, or another member of staff who is fully informed about the child's needs and/or medication.

- Medication for a child is taken in a sealed plastic box clearly labelled with the child's name and the name of the medication. Inside the box is a copy of the consent form and a card to record when it has been given, with the details as given above.
- On returning to the setting the card is stapled to the medicine record book and the parent signs it.
- If a child on medication has to be taken to hospital, the child's medication is taken in a sealed plastic box clearly labelled with the child's name and the name of the medication. Inside the box is a copy of the consent form signed by the parent.

In the Event of a Child going missing on an outing (Critical Incident):

- As soon as it is noticed that a child is missing, staff on the outing ask children to stand with their designated person/parent and carry out a headcount to ensure that no other child has gone astray.
- A staff member searches the immediate vicinity but does not search beyond that.
- The person in charge contacts the local Garda station and reports the child as missing. Then follow their instructions.
- The person in charge contacts the FRC and the parent, who makes their way to the setting or outing venue as agreed if they are not already with the group.
- Staff take the remaining children back to the setting.
- In an indoor venue, the Staff contact the venue's security who will handle the search and contact the local Garda Station if the child is not found.
- A full and thorough review of procedures and practices will take place to determine how the incident occurred and changes will be made if appropriate.
- An accident/incident form will be completed and appropriately signed.

Other critical incidents may include a child becoming ill. A parent or next of kin will be called immediately to collect the child or emergency services will be called. With all critical incidents the 'person in charge' takes responsibility for making calls and dealing with the direct incident. Other staff will take care of other children and call the service or emergency contact to come to provide additional help.

Outings to Farms or Zoos: Before the visit:

- Contact the farm or zoo being visit to discuss visit arrangements and ensure that adequate infection control measures are in place.
- Be satisfied that the pet farm/zoo is well managed and precautions taken to reduce the risk of infection to visitors.

- Ensure that handwashing facilities are adequate, accessible to small children, with running hot and cold water, liquid soap, disposable paper towels, clean towels, or air dryers and waste containers.
- Ensure that all supervisors understand the need to make sure the children wash, or are helped to, wash their hands after contact with animals.

During the visit:

- Children are well supervised at all times.
- Any cuts and grazes are covered with a waterproof plaster.
- Hands are washed with warm running water and dried thoroughly after contact with animals/animal's feed, before eating and drinking, using the toilet and leaving the farm. Children will require supervised handwashing.
- Children do not eat or drink anything while touring the farm.
- Children only eat in the designated areas.
- Children do not put fingers in their mouths or the mouths of animals.
- Children wear appropriate clothing, including sturdy shoes or Wellingtons but not sandals.
- Children do not drink from taps unless specifically labelled as drinking water.
- Children do not touch compost, animal waste and, after any accidental contact, should wash their hands thoroughly.
- Since boots and clothes can become contaminated during the visit, children will wash their hands after removing the clothes and boots and before doing anything else (e.g. eating). Dirty boots will be cleaned with hot water and detergent. Footwear will be changed or cleaned before leaving and then hands washed.
- If a member of the group shows signs of illness after a farm/zoo visit, they are advised to visit their GP and explain that they have had recent contact with farm animals.
- If two or more members are ill please follow the above action. The Manager will also contact their local Department of Public Health, as further action may be necessary.

(Source: Health Protection Surveillance Centre, Preschool and Child Care Facility Subcommittee, Management of Infectious Disease in Child Care Facilities and Other Child Care Settings)

Outings Checklist

✓ Risk Assessment

The location for the outing should be familiar to staff and a risk assessment should be carried out prior to the visit with the children. Risk assessment forms should be completed and kept for inspection.

✓ Consent form signed by parents/guardians

A consent form must be given to and signed by a parent/guardian for trips or outings and retained in the child's file for inspection.

✓ Contact numbers for each child — parents/guardians

All contact numbers should be stored in the phone.

✓ Mobile phone

Ensure it is charged properly and if credit is needed that there is plenty of credit in the phone. All contact numbers should be stored in the phone.

✓ **Food/snacks and plenty of fresh water**

Especially if it is a hot day these should be chilled before leaving.

✓ **Sun cream and sun hats or rainwear**

Depending on the weather.

✓ **Balls, rings, skipping ropes etc.**

For the children to play games if appropriate.

✓ **A watch with the correct time**

Before leaving the staff will say what time they will be returning and if the time runs late they should ring the manager to inform them of this.

✓ **Always bring a good supply of tissues or baby wipes**

✓ **First Aid Kit and First Aider**

Always bring a small travel first aid kit. A qualified first aider should always accompany the children. Don't forget any medication for children with identified conditions.

✓ **Buggies**

✓ **Even if children are old enough to walk, bring at least one buggy in case a child gets tired.**

Missing Child

Child Care Act 1991 (Early Years Services) Regulations 2016 ([Síolta Standard 9: Health and Welfare](#)) ([National Standard 4: Records](#), [National Standard 5: Organisation and Management](#), [National Standard 6: Evaluation](#), [National Standard 20: Safety](#))

Statement of intent:

We aim to keep children safe at all times and to avoid a situation whereby a child is missing.

Procedure:

- Children are welcomed into the setting by staff, who marks their presence in the daily register.
- Reception staff remain on duty covering access to the Childcare door throughout the arrival and departure period of the service and until all parents/guardians have left the premises.
- The main door is activated by a pin code keeping the door securely locked at all times.
- Children's times of arrival and departure are noted on their room register, and staff are informed if a child is to leave early or with another adult.
- The outdoor area is supervised when children are outside and securely fenced and the gate secure at all times.
- Staff are deployed throughout the setting during the session, ensuring that no child is left alone for any period of time without an adult being aware of their location.
- Children are supervised at all times both indoors and outdoors.
- If all Staff and children are outside and a child needs to come inside, a member of staff will accompany them inside.

In the event of Staff not being able to locate a child on the premises:

- The premises will be searched thoroughly and immediately.
- The register will be checked to determine which child(ren) are missing.
- The grounds surrounding the service will be searched.
- Staff will call the local Garda.
- Staff will inform the parents/guardians.
- A full and thorough review of procedures and practices will take place to determine how the incident occurred and changes will be made if appropriate.
- An accident/incident form will be completed and appropriately signed
- A TUSLA Notification of Incidents Report is completed and sent to, ey.registration@tusla.ie.

In the Event of a Child going missing on an outing (Critical Incident):

Parents/guardians usually attend outings and are responsible for their own child. However, the following procedures are to be followed.

- As soon as it is noticed that a child is missing, staff on the outing ask children to stand with their designated person/parent and carry out a headcount to ensure that no other child has gone astray.

- A staff member searches the immediate vicinity but does not search beyond that.
- The person in charge contacts the local Garda station and reports the child as missing. Then follow their instructions.
- The person in charge contacts the parent, who makes their way to the setting or outing venue as agreed if they are not already with the group.
- Staff take the remaining children back to the setting.
- In an indoor venue, the Staff contact the venue's security who will handle the search and contact the local Garda Station if the child is not found.
- A full and thorough review of procedures and practices will take place to determine how the incident occurred and changes will be made if appropriate.
- An accident/incident form will be completed and appropriately signed.

Biting happens in almost every Childcare settings where young children are together and dealing with biting can be challenging. It is a natural development stage that many children go through. It is usually a temporary condition that is most common between 12-24 months. The safety of the children at Sunshine Childcare Centre is our primary concern. As childcare practitioners we must Recognise children's reasons for biting

- React appropriately
- Take proper measures to prevent further incidents
- Work with parents, which is essential
- Staff here at Sunshine Childcare Centre will aim to carefully and thoughtfully handle a biting situation
- When an incident occurs on the childcare floor, the child who has bitten will be comforted and their needs will be attended to straight away.
- Both parents/guardians of the child who bit and the child who was injured will be contacted and informed of the incident that took place.
- A staff member will write up the incident in the incident/accident record book and request the book to be signed off by the team leader in charge of the room or by the childcare manager.
- The child who has bitten will be monitored by the staff team involved and if a further occurrence happens, parent/guardian will be asked to be involved with working together to deal with the issue and come with a solution
- Confidentiality of all children involved will be maintained

Biting Project Introduction

In today's society childcare providers are experiencing a high prevalence of challenging behavior behaviours within their settings. Biting is one of these challenging behaviors and at present there is little information for childcare providers on how to manage this challenging behaviour. This resource was developed as a guide to offer information and support to childcare providers on how to manage biting within early childhood settings in Ireland.

Biting Overview

- A child often bites other children and this is common in childhood.
- Biting is considered a normal stage of child development.
- Not all children bite.
- Biting is one of the most difficult challenging behaviors to manage within early childhood settings.
- Biting emerges in childhood around the toddler age group as children at this stage of development do not have the appropriate skills to communicate and do not have the cognitive ability to understand that biting another child is not an appropriate behaviour (Legg, 1993).
- Biting can happen within any childcare service and when biting happens it can be scary, frustrating and stressful for children, childcare staff and parents (Greenman and Stonehouse, 1994).

Why Children Bite

- Biting can happen for different reasons on children's circumstances, but by looking at why biting is happening (NCNA, 2011), the childcare staff can put measures in place to reduce biting.
- Biting can occur for the following reason such as frustration, lack of communication skills, imitation, teething, exploration, developing social skills (Reguero de Atilas, 1997) lack of self-control, attention, excitement, over stimulation (Greenman and Stonehouse, 1994) tiredness, cause and effect (Stephens, 2008), lack of routine, competition for toys and adult attention (Greenman, 1995).

How staff should manage biting behaviour within childcare services

Observation

- It is important that childcare staff observe a child who is biting over a period of time to find the reason of why a child is biting.
- Observation should observe children's behaviour and conditions that lead to the biting incident (Stephens, where it happened, what precipitated the biting (if anything), who was involved (a particular child or children) and time of the day in which the incident happened (Legg, 1993).

Do not reinforce the biting behaviour

- When a child is biting focus your attention on the bitten child (Sparrow, 2008).
- When the child who was bitten is cared for using the first aid box and settled, get down to the biting child's level and use appropriate verbal and non-verbal language depending on the stage of the development (Greenberg, 2004). Use word sentences maximum and firm. Example, not nice.

Reinforce the child's positive behaviors

- When the child who is biting is involved in activities or play and not biting use positive reinforcement to support positive behaviors.
- Reward for the positive behaviour that childcare staff want to see (Greeburg, 2004).
- Positive reinforcement is an event which follows a pleasant response and increases its probability of happening again (Coon, 2004)
- A positive reinforcement should be something extra which the child does not have access to.

Example of a positive reinforcement menu for a child who is biting

Define the behaviour you want a child to do. Every time the child plays with a toy and does not bite a person within a two minute timeframe they will get one of the following reinforcement

- **Tactile** - A squeeze of a rubber a rubber ball for one minute – cosy cushion for one minute.
Run hands under flowing water for one minute – pouring of sand over there are for a minute.
- **Visual** - Favourite book for one minute – photo of family for one minute.
Bubbles for one minute – disco ball for one minute.
- **Edible** - Slice of apple – piece of pineapple – a raisin – a grape – 2 corn flakes.
- **Social** - Mexican wave – jump for joy – thumbs up – high five – round of applause.

Change to the room environment

- Children's routines and play resources should be changed and updated on a regular basis so that children do not become bored or frustrated.

- If a routine or resources within a preschool service is not enticing to a child this may lead to biting.
- Have plenty of duplicated play equipment so children do not have to be involved in parallel play.
- Children at toddler age are at the stage of development where they can only see things from their point of view and find it difficult to share.

Strategies for addressing a child's biting habit

- Observe the child to learn where, when and in what situation biting occurs.
- Sometimes an adult may need to stay close to prevent biting.
- Pay attention to signals, stay close and step in if the child seems ready to bite.
- Help the child communicate what they want and needs.
- Use a reminder system to help the child express strong feelings with appropriate words and actions.
- Reinforce positive behaviour by acknowledging child's appropriate words and actions.
- Provide opportunities for your child to make choices and feel empowered.
- Be sure your expectations are age appropriate and individually appropriate for the child.
- Offer foods with a variety of textures to meet the child's sensory needs.
- Teach the child words for setting limits, no, stop, that's mine.

What strategies are not helpful? These strategies should not be used to address a child's biting habit.

- Avoid labeling a child as a biter as negative labels can affect how you view your child and even affect the child's feelings about themselves.
- Never bite a child back to punish or show them how it feels to be bitten
- Biting a child sends the message that using violence is an acceptable behavior that can be used to solve problems.
- Avoid getting angry, yelling or shaming a child.
- Avoid giving too much attention to a child who bites after an incident as this is negative attention.
- Do not force a child who bit and the child who was hurt to play together.
- Do not punish children who bite, punishment does not help children to learn discipline and self-control instead it makes the child angry, upset, defiant and embarrassed. It also undermines the relationship between the adult and the child.

Understanding and responding to children who bite

Biting is a typical behavior often seen in infants, toddlers and 2 year olds. As children mature, gain self-control and develop problem-solving skills, they usually outgrow this behavior. While not uncommon, biting can be upsetting and potentially harmful behavior. It's best to discourage it from the very first episode. This will help to understand the reason young children bite and give you some ideas and strategies for responding appropriately.

Why do young children bite?

Some children bite instinctively, because they have not developed self-control. A child might bite to: Relieve pain from teething – explore cause and effect what happens when I bite – experience the sensation of biting – satisfy a need for oral-motor stimulation – imitate other children and

adults – feel strong and in control – to get attention – act in self-defense – communicate needs and desires as hunger or fatigue – communicate and express difficult feelings, frustration, anger, confusion, fear if too many people around them.

What can families do to prevent biting?

There are a variety of things that families can do to prevent biting. It helps to

- Have age appropriate expectations for a child's behavior based on their current skills and abilities.
- Make sure the child's schedule, routines and transitions are predictable and consistent. At meal and bedtimes, try to do things in the same way and at the same times. Young children thrive when they know what will happen next.
- Offer activities and materials that allow a child relax and release tension. Some children like yoga or deep breathing. Offer playdough, foam balls, bubbles, soft music and stress reducing objects.
- Use positive guidance strategies to help develop self-control. Offer gentle reminders, be sure to share toys, you can each have a turn.
- Provide items to bite on such as teething rings or clean, wet, cold washcloths stored in the refrigerator, this helps children learn what they can bite safely without hurting anyone.

How should I respond when a child bites?

While every situation is different, here are some general guidelines for responding to biting.

Infants – learn about the world around them by exploring it with their hands, eyes and mouths.

But infants often need help to learn what they should and shouldn't bite. If infants takes an experimental bite on a mother's breast or grandparents shoulder, stay calm and use clear signals to communicate that it is not ok for one person to bite another, a firm no or no biting, is an appropriate response.

Toddlers and preschoolers – have strong emotions that they are just learning to manage. Toddlers may bite to express anger or frustration because they lack the language skills to express feelings. Biting is less common in preschoolers than toddlers. When a preschooler bites, it may be due to something at home or their childcare programme is causing the child to be upset, frustrated, confused or afraid. A preschooler may also bite to get attention or to act in self-defense.

Follow the steps below with both toddlers and preschoolers

- If you see the biting incident move quickly to the scene and get down to the child's level. Respond to the child who did the biting. In a serious firm tone make a strong statement No biting. Biting hurts, I can't let you hurt anyone, next offer a choice, you can help make the child you hurt feel better or you can sit quietly until I can talk to you, help the child follow through on the choice if necessary.
- Respond to the child who was hurt by offering comfort through words and actions. I'm sorry you are hurt, use an ice pack to perform. The child who did the biting can help comfort the bitten child, if both children agree. Help the child who was hurt find something to do.
- Talk to the child who bit using simple words in a calm firm tone , making eye contact, you felt angry they took your ball you can't hurt others, no biting

Preventative strategies to reduce biting

- Do not label children as biters (Greenberg, 2004)
- Watch for triggers to biting.
- Constantly observe children who might bite. (NCNA, 2011)
- When you think a child is going to bite intervene by redirecting the child to another play activity.
- Devise a key worker system so staff members shadow potential biters (Legg, 1993).
- Keep a predictable routine to limit boredom and frustration (Greenman,1995).

Children with intellectual disabilities or special needs requirements

- Many childcare services in Ireland have children attending who have intellectual disabilities or special need requirements.
- Children with intellectual disabilities or special needs do show challenging behaviors such as biting.
- Children who bite and have intellectual disabilities or special needs mainly bite due to frustration because they cannot verbally communicate what they may want or need.

How to manage children who bite with an intellectual disability or special need

Introduce the Picture Exchange Communication System (PECS).

- This method of communication relies on visual based communication rather than verbal language (Charlop et al, 2008)
- Customize PECS for individual children based on their daily lives, interests and routines.
- Children can point to a picture or physically hand an image to a staff member to tell them what they want to do and vice versa.

Introduce Lamh.

- Lamh is a manual sign system which children with intellectual disabilities and special needs can be taught so that they can communicate (Lamh, 2011).
- Speech is always used with Lanh so the children can see and hear what is communicated (Lamh, 2010).

Protective Measures

- Staff meet with preschool manager for advice and support throughout this crisis (Greenman, 1995).
- Involve all staff and ask for positive suggestions on how to manage the biting.
- Data collection – record every occurrence along with location, time and children involved, circumstances, behaviors and staff present (NCNA, 2011).
- Keep written records of staff responses to ensure that the appropriate attention and actions is given to the bitten child and the child who is biting.
- Analyse the biting occurrences to see if there is pattern in the behaviour.
- Shadow the child who is biting and anticipate when the biting is going to happen and redirect the child's attention (Legg, 1993).
- Consider early transitions to and from activities for the child who is biting and use verbal and nonverbal communication as well as visual aids to assist with transitions (Greenman, 1995)
- Partnership with parents and guardians is crucial. Involve them in this process, offer advice and be open to positive suggestions from parents.

- Never tell the parents the name of the child who is biting. Reassure parents that you are doing the utmost to resolve the biting.
- Ask the parents of the child who is biting for information about the child when they are not in the Childcare Centre. By asking for this information about the child's behavior outside of the Centre the biting might become apparent.

What to do if childcare staff cannot manage a child who is biting

- Never exclude a child from a service because staff cannot manage a biting behavior.
- Involve the parents of the child who is biting.
- Set up a programme of care and reintroduce the child back into the childcare service.
- Get the parent to stay in the childcare service with the child for periods of time then gradually increase the time the child & child stay for in the service.
- The purpose of this is to get the child who is biting to stop biting and gradually the parent will spend less time in the service finally the child will be able to attend the service on their own

Child Care Act 1991 (Early Years Services) Regulations 2016 (Siolta Standard 9: Health and Welfare) (National Standard 1: Information, National Standard 3: Working in Partnership with parents or Guardians, National Standard 4: Records, National Standard 9: Nurture and Well-Being, National Standard 12: Health Care, National Standard 14: Sleep, National Standard 18: Facilities, National Standard 19: Equipment and Materials)

Statement of Intent:

This service will ensure every effort is taken to ensure a safe sleep and rest environment for children. Early Years Practitioners should be made aware of the infant's usual sleeping environment and practices. Children will never be forced to sleep and their own choices and routine will dictate their sleep times. All Early Years Practitioners working in this service, will receive training on our **Safe Sleep Practices**. Our safe sleep practices will be regularly reviewed and all new staff will be made aware of this policy at their induction.

Policy and Procedure:

The following procedures will be carried out to ensure safe sleep and rest practices.

Safe Sleep Practices:

- The Safe Sleep Checklist is displayed within the room.
- We risk assess the area daily.
- Infants are only placed on their backs to sleep with their feet to the foot of the cot.
- If the infant is less than six months old and it is observed that they have turned onto their tummy, they will be gently re-turned onto their back.
- We do not place a hat on an infant's head when putting them down to sleep unless it has specifically been recommended for medical reasons.
- We will ensure bedclothes are firmly tucked in and no higher than just under the infant's shoulders, so that they can't wriggle down under the covers.
- All infants (under two) will be placed in a standard cot to sleep. The Child Care Act 1991 (Early Years Services) Regulations 2016 **does not permit** beanbags, chairs, bouncers, highchairs and sofas as a sleep surface.
- Toddler beds are provided for the children over two years.
- Steps are taken to keep infant/child from getting too warm or overheating by regulating the room temperature, avoiding excess bedding and not over-dressing or over-wrapping the infant.
- We check an infant's temperature.

Cots:

The number of cots provided will ensure that each child's individual need for sleep or rest are facilitated. The usage of cots is documented on a daily basis.

Visually Checking Sleeping Babies/Children:

Sleeping infants/children are checked, every 10 minutes, by assigned staff. This record is on display and added to Childpaths. The Sleep Chart will be kept on file for one year after the

reporting year. We will be especially alert to monitoring a sleeping infant/child during the first weeks the infant/child is in our care.

We check to see if the child's skin colour is normal, watch the rise and fall of the chest to observe breathing and look to see if the infant is sleeping soundly. We check the child for signs of overheating including flushed skin color, body temperature by touch and restlessness.

The sleep information will be recorded on a Sleep Chart including:

- The sleeping position
- Colour/pallor
- Breathing pattern

Safe Sleep Environment:

- Room temperature will be kept between 16⁰ and 20⁰ Celsius and a thermometer kept in the sleep room.
- The room will be well ventilated.
- Cot mattresses/rest mats/toddler beds are covered in a waterproof fabric such as PVC. All mattresses are regularly inspected for signs of damage to the waterproof fabric and if punctured, cracked, or torn, will be replaced immediately.
- We will ensure the gaps between the bars of the cot are less than 6.5 cm and the space between the mattress and the cot is no more than 4cm.
- All bedclothes are changed after each use.
- Infants will not have pillows, duvets, bumpers, soft toys, or comforter blankets in their cot.
- We use cellular blankets. We do not use fleece blankets
- Infant/child's heads will not be covered with blankets or bedding.
- Bedding is laundered each day and a record is kept.
- No bottles are permitted in cots.
- Soothers are allowed for children in their cot while they sleep, no strings to be attached.
- Only one infant/child will be in a cot at a time, unless we are evacuating babies/children in an emergency.
- We will help children to relax by creating a calm atmosphere.

Soothers:

- Parents decide if their child is to use a soother. If used we will offer it at every period of sleep, including daytime naps.
- We don't use a neck cord attached to a soother.

Swaddling or Wrapping an Infant:

We will consider how infants are placed to sleep at home and ensure that this practice is consistent with the care they provide. All parents/guardians will be asked whether they routinely swaddle their infant.

Nappy Changing and Toileting:

- Nappies are changed prior to putting the infant/child down to sleep and again on waking.
- Children are encouraged to go to the toilet prior to sleeping and again upon waking.

Further information on safe sleep practices may be found at:

First Light

(Irish Sudden Infant Death Association)

Carmichael House

4 North Brunswick Street

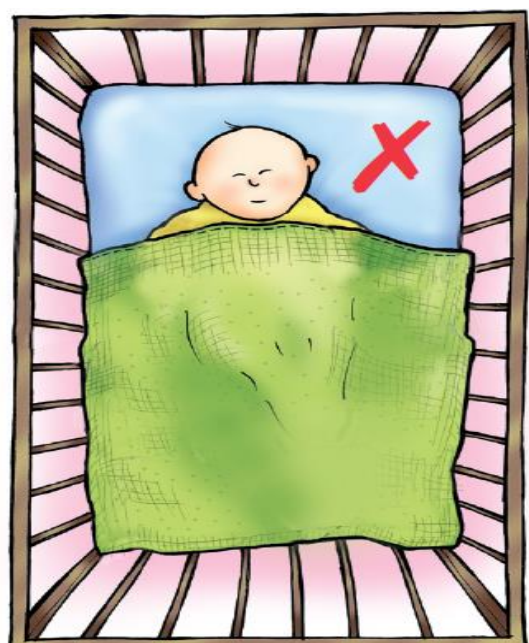
Dublin 7+353 (0) 1 8732711

National Lo Call 1850 391 391

24 Hour Hotline +353 (0) 872 42 3777

APPENDIX I: SAFE SLEEP CHECKLIST (FOR DISPLAY)

- Infants are always be placed on their backs to sleep with their feet to the foot of the cot.
- Sleeping infants/children will be checked **every** 10 minutes.
- The sleep information will be recorded for each sleep, including the sleeping position, colour/pallor, and breathing pattern.
- Check to see if the infant/child's skin color is normal, watch the rise and fall of the chest to observe breathing and look to see if the infant is sleeping soundly.
- Check the infant for signs of overheating including flushed skin color, body temperature by touch and restlessness.
- Room temperature will be kept between 16⁰ and 20⁰ Celsius and a thermometer kept in the sleep room.
- Infant/child's heads will not be covered with blankets or bedding.
- No loose bedding, duvets, pillows, bumper pads, will be used in cots.
- Tuck any blankets in at the foot of the cot and along the sides of the cot mattress.
- No toys and stuffed animals in the cot when the infant/child is sleeping.
- No bottles will be permitted in cots.
- Soothers are allowed in cots while infant/child sleeps.
- Only one infant/child will be in a cot at a time, unless evacuating babies/children in the emergency cot.
- No smoking is permitted on the premises or the surrounding areas adjacent to the premises.



APPENDIX J: COT DEATH PROCEDURE

What is Cot Death?

“Cot death” is a term used to describe the death of a previously healthy infant, who has died for no apparent reason. It is sometimes referred to as Sudden “Unexpected Death in Infancy” (SUDI), which is defined as “the sudden death of an infant or young child which is unexpected by history and in which a thorough post mortem examination fails to demonstrate an adequate cause for death”. The term “Sudden Infant Death Syndrome” (SIDS) is sometimes used on death certificates although it is more commonly recorded as “Sudden Unexpected Death in Infancy” (SUDI).

What happens?

In a typical case an apparently healthy infant is put down to sleep without the slightest suspicion that anything is out of the ordinary, although there are sometimes signs of a slight cold or tummy upset. When next checked, the infant is found to have died. Sometimes the time interval is only minutes. Although the term “cot death” is used, babies can be found in car seats, prams, in an adult bed or on a sofa or chair. There is often no sound or sign of a struggle, or of any distress. Whilst most cot deaths occur during the night, they can also happen during the day.

Which babies are at risk?

All babies are potentially at risk of cot death, however, there are certain circumstances where the risks are increased:

- The risk of cot death is highest during the first 6 months of life, and decreases quite dramatically after this. However, a small number of cot deaths still occur in babies over 6 months, and very occasionally over 1 year old.
- There is a clear gender difference in cot death with boys being almost twice as likely to suffer a cot death as girls. The reason for this is uncertain.
- Cot death is more common in the winter months with approximately 60% of deaths occurring during the winter/spring compared with 40% in summer/autumn
- Second and later born infants in a family are at greater risk than first born.
- Research has shown that young mothers (under 20 years old) are more likely to lose an infant to cot death than older mothers. The average age of cot death mothers is two years younger than the general maternal population.
- Preterm (less than 37 weeks’ gestation) or low birth weight babies (under 5½ lbs) are more likely to die from cot death than full term infants. Twins are also more vulnerable.
- There is a seven-fold increase in the risk of cot death if the mother smokes during pregnancy. This risk is further increased if the father also smokes
- The infants of mothers who misuse substances are also more vulnerable to cot death and alcohol consumption by adults in the home seems to have an adverse effect.

(Source <http://www.scottishcotdeathtrust.org/skyblucms/resources/early-years-guide-31.08.15.pdf>)

Procedures for dealing with a Cot Death:

- If you think that a child has stopped breathing or may be dead, a member of staff will immediately commence resuscitation, while another member of staff should:
(a) Phone 999, 911 or 112 or the local GP and request assistance.

(b) Give the ambulance /GP relevant and direct information:

- Your name.
- Address and telephone number of the premises.
- The circumstances of the emergency.
- The age and gender of the child.
- Try to remain calm.

What happens next?

- The Garda will probably arrive.
- Under the Coroner's Act, 1962, the Garda are required to notify the Coroner and as the Coroner's agents are required to inquire into the circumstances of any sudden deaths where the deceased has not been seen or treated by a doctor within one month prior to the date of death, or of any death for which medical certificate as to the cause of death is not procurable.
- Contact the child's family immediately. Advise them that their child is seriously ill and that you have called an ambulance/doctor. If the ambulance/doctor wishes to immediately take the child to hospital and this is before the parents arrive, a staff member will, if possible, accompany the child on the journey to the hospital. If possible, remember to take the child's personal file with you.
- If the above has occurred, when contacting the parents tell them what hospital, and contact the hospital to let them know of the parents intended arrival.

If the parents arrive at the service:

- When the parents arrive at the service, immediately bring them to where their child is based.
- Allow them some private time to be with and hold their child.
- Explain to the parents that because their child has died suddenly and unexpectedly, the Garda will call to visit them, and that you as the carer will be asked some questions.
- The GP or a member of the Garda, will have the task of officially informing the parents of the death of their child.
- Parents usually want to know the details there and then surround the death of their child.
- Let them know that you are willing to give them all the details and answer any questions they have.
- Be aware that parents may wish to visit you repeatedly to go over the events.
- The parents may apportion blame to you and the staff. Therefore, professional help will be sought for staff as this is a highly emotional and distressing time for everyone.

What to do back at the service:

- Try as best as possible to retain some form of normality for the sake of the other children as they will very quickly notice the vibes and the emotionally charged atmosphere making them feel insecure and afraid. It may be necessary to take the other children out of the service to a pre-arranged meeting point for parents to collect them
- Ensure that the child's clothes and personal belongings are not thrown out.
- Do not launder any of the bed cloths that the child was using.
- Keep the area where the child was sleeping intact i.e. the cot, mattress, play pen etc., as this may be required by the Garda for research.

How to inform the other parents:

- Telephone all parents and tell them what has happened, and request them if possible to come and collect their child.
- When parents arrive at the service to collect their child, privately explain to them their child's reaction to the infant/child's death and try to reassure them.

What to say to the children:

- Try to continue the children's daily routine as normally as possible.
- Answer the children's questions honestly and simply reassure them that their familiar staff member will be staying with them until their parents arrive to collect to them.
- The older children may ask direct questions e.g. 'is he dead?', you must answer them truthfully, but be sure that you inform their parents of their question and your answer.
- Be aware that children's reactions to, and perceptions of death are dependent on their age, experience, personality, and family circumstances.

The next stage, the days after:

- Contact First Light for support and advice.
- Organise counselling for the children, staff, and parents by contacting the Public Health Nurse, the Hospital or First Light.
- Discuss and seek permission from parents if they wish their child to avail of professional counselling.
- Call a parent/staff meeting and invited along a health professional to talk to, reassure the parents, and answer any questions that they may have.
- Representation of staff and parents to attend the infant/child's funeral can be discussed at the meeting, and the infant/child's parents contacted to seek their approval.
- Decide whether you will close the service down for a period of time.

Supporting the parents:

- Demonstrate your support to the infant/child's family, but remember they may not want to have any communication with you as they find it too painful or they may be angry and blame you for what has happened, so be prepared for this reaction.
- If communication with the family is maintained, always refer to the infant/child by name.
- Make the child's personal belongings they had in the service available to the parents if they wish.
- Provide ongoing support by remembering the child's birthday and their anniversary, by keeping the child's memory alive.
- A tree could be planted, or a garden created in memory of the infant/child, which may add the grieving process.

These guidelines are recommended by:

First Light

4 North Brunswick Street

Dublin 7 - Tele: 01) 8732711 Helpline Call Save: 1850 391391

7

Cot Room Usage


Date week of:

Monday		Tuesday		Wednesday		Thursday		Friday	
Toddler	Toddler	Toddler	Toddler	Toddler	Toddler	Toddler	Toddler	Toddler	Toddler
Toddler	Toddler	Toddler	Toddler	Toddler	Toddler	Toddler	Toddler	Toddler	Toddler
9.00 - 10.00		9.00 - 10.00		9.00 - 10.00		9.00 - 10.00		9.00 - 10.00	
10.00 - 11.00		10.00 - 11.00		10.00 - 11.00		10.00 - 11.00		10.00 - 11.00	
11.00 - 12.00		11.00 - 12.00		11.00 - 12.00		11.00 - 12.00		11.00 - 12.00	
12.00 - 1.00		12.00 - 1.00		12.00 - 1.00		12.00 - 1.00		12.00 - 1.00	
1.00 - 2.00		1.00 - 2.00		1.00 - 2.00		1.00 - 2.00		1.00 - 2.00	
2.00 - 3.00		2.00 - 3.00		2.00 - 3.00		2.00 - 3.00		2.00 - 3.00	
3.00 - 4.00		3.00 - 4.00		3.00 - 4.00		3.00 - 4.00		3.00 - 4.00	
4.00 - 5.00		4.00 - 5.00		4.00 - 5.00		4.00 - 5.00		4.00 - 5.00	
5.00 - 6.00		5.00 - 6.00		5.00 - 6.00		5.00 - 6.00		5.00 - 6.00	
Signed:		Signed:		Signed:		Signed:		Signed:	

Cot Room Usage

Date week of:

Monday		Tuesday		Wednesday		Thursday		Friday	
Babies	Babies	Babies	Babies	Babies	Babies	Babies	Babies	Babies	Babies
Babies	Babies	Babies	Babies	Babies	Babies	Babies	Babies	Babies	Babies
9.00 - 10.00		9.00 - 10.00		9.00 - 10.00		9.00 - 10.00		9.00 - 10.00	
10.00 - 11.00		10.00 - 11.00		10.00 - 11.00		10.00 - 11.00		10.00 - 11.00	
11.00 - 12.00		11.00 - 12.00		11.00 - 12.00		11.00 - 12.00		11.00 - 12.00	
12.00 - 1.00		12.00 - 1.00		12.00 - 1.00		12.00 - 1.00		12.00 - 1.00	
1.00 - 2.00		1.00 - 2.00		1.00 - 2.00		1.00 - 2.00		1.00 - 2.00	
2.00 - 3.00		2.00 - 3.00		2.00 - 3.00		2.00 - 3.00		2.00 - 3.00	
3.00 - 4.00		3.00 - 4.00		3.00 - 4.00		3.00 - 4.00		3.00 - 4.00	
4.00 - 5.00		4.00 - 5.00		4.00 - 5.00		4.00 - 5.00		4.00 - 5.00	
5.00 - 6.00		5.00 - 6.00		5.00 - 6.00		5.00 - 6.00		5.00 - 6.00	
Signed:	Signed:	Signed:	Signed:	Signed:	Signed:	Signed:	Signed:	Signed:	Signed:

Date:											
Room:											
Age Group:											
Max Children Per Session:											
Number of Staff Present:											
Adult/Child ratio comply with Tusla Regulations:											
											
<h2 style="text-align: center;">Daily Cot Room Risk Assessment</h2>											
<p>Employees must report to the Health and Safety Officer/Manager without reasonable delay any defect in the building, equipment toys, place of work or system of work which might endanger the safety, health and welfare of children and employees.</p>											
	Mon	Tues	Wed	Thurs	Fri		Mon	Tues	Wed	Thurs	Fri
Cot room areas to be checked on a daily basis	Y/N	Y/N	Y/N	Y/N	Y/N		Y/N	Y/N	Y/N	Y/N	Y/N
Staff know the position to placed a child in and how to monitor.											
Are equipment like bouncers, buggies used for sleeping children.											
Is the temperature controlled between 16 to 20 degrees C.											
Is bedding clean and changed on a daily basis.											
Are floors clean and dry with no tripping hazards.											
Are there any falling hazards or trailing wires in the cot room.											
Are cot sides are in upward position.											
Are duvets, toys or pillows allowed in cot to avoid suffocation.											
Are cots positioned away from blinds and hanging cords.											
Are all Sockets covered with safety covers.											
Are bibs, soother strings or shoes worn while child is sleeping.											
Are bottles allowed in the cot room.											
Are all sleeping children daily sleeps record available.											
Is the cot room kept free from equipment and clutter.											
Children sleep in a area separate to their main room.											
Are walls and ceilings in good repair and clean condition.											
Are safety mattresses in all cots.											
Are mattress placed at the lowest setting in the cot.											
Is there a viewing panel into the sleep room.											
Sleeping children are monitored every 10 mins.											
Is a sleeping policy on display in the sleep room.											
Is consideration given to new children for their sleep routine settling.											
All rooms have a copy of Safe Sleep Prevention of Cot Death Guide											
Comments & Issues											



For breakfast I ate	All <input type="checkbox"/>	Most <input type="checkbox"/>	Some <input type="checkbox"/>	None <input type="checkbox"/>	
For morning break I ate	All <input type="checkbox"/>	Most <input type="checkbox"/>	Some <input type="checkbox"/>	None <input type="checkbox"/>	
For lunch I ate	All <input type="checkbox"/>	Most <input type="checkbox"/>	Some <input type="checkbox"/>	None <input type="checkbox"/>	
For afternoon break I ate	All <input type="checkbox"/>	Most <input type="checkbox"/>	Some <input type="checkbox"/>	None <input type="checkbox"/>	
For evening break I ate	All <input type="checkbox"/>	Most <input type="checkbox"/>	Some <input type="checkbox"/>	None <input type="checkbox"/>	



I drank a bottle at	Time	OZ	
I drank a bottle at	Time	OZ	
I drank a bottle at	Time	OZ	
I drank a bottle at	Time	OZ	



I had this many wet nappies	1	2	3	4	5	
I had this many soiled nappies	1	2	3	4	5	



Nap time ...	I fell asleep at	<input type="text"/>	I woke up at	<input type="text"/>
Nap time ...	I fell asleep at	<input type="text"/>	I woke up at	<input type="text"/>
Nap time ...	I fell asleep at	<input type="text"/>	I woke up at	<input type="text"/>

Please bring in tomorrow	Baby wipes <input type="text"/>	Baby formula <input type="text"/>	Nappies <input type="text"/>	Clothing <input type="text"/>
--------------------------	------------------------------------	--------------------------------------	---------------------------------	----------------------------------

My fun activities: Outdoor Play / Water Play / Play Dough / Tummy Time / Floor Play / Ball Pit / Songs Puzzle Play / Story Time / / Bouncy seat / Treasure Basket Swing / Construction Play / Touch & Feel / Ball play	I have noticed: Runny nose Congestion Rash Cough Bruise Cut	Special notes:
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------	----------------

Signed: _____

Safe Sleep for your Baby

Always place
your baby on
their back to
sleep.

Make sure
your baby's
head and face
stay uncovered
when asleep.

Keep your
baby smoke free
during pregnancy
and after birth.



The safest
place for your
baby to sleep
at night is in
a cot in your
room.

Never fall asleep
with your baby
on a sofa or
an armchair.

Breastfeed
your baby if
possible.

Share this information with everyone who looks after your baby

If you would like more information,
please contact:
National Paediatric Mortality Register
George's Hall, Temple Street Children's University
Hospital, Temple Street, Dublin 1
Telephone: 01 878 8455 www.sidsireland.ie

IN AN EMERGENCY
Phone 999 or 112
Ambulance • Fire • Gardaí

Visit www.hse.ie/childsafety
for more information on child
safety and the prevention of
injuries (accidents).

Nappy Changing

Child Care Act 1991 (Early Years Centres) Regulations 2016 (Síolta Standard 9: Health and Welfare) (National Standard 1: Information, National Standard 3: Working in Partnership with Parents/guardians or Guardians, National Standard 9: Nurture and Well-Being, National Standard 12: Health Care, National Standard 18: Facilities)

Statement of Intent:

We will ensure that nappies are changed in a caring and hygienic manner in a way agreed with the parents/guardians.

Policy and Procedure:

- Separate nappy facilities are provided.
- Changing rooms are equipped with gloves and aprons for staff to use at all times when changing.
- Labelled cubby hold children own nappies, barrier creams and wipes.
- There is no cross use of any of the creams. In the event that any supplies run out parents/guardians are notified ideally in advance to say that supplies are running low. Parents are asked to replace these supplies as quickly as possible.
- A record of all nappy changes is kept on a daily basis for each child on their daily record form.
- Nappies are checked regularly. A child will never be left in a uncomfortable situation and nappies will be changed as regularly as a child's comfort and hygiene demands. Children will be told they are being changed.
- Staff will follow the nappy changing rota and ensure that adequate staff ratios are adhered to.
- Staff will be sensitive to the child's needs and will treat the child with respect and dignity at all times.
- Staff will interact by chatting and reassure the child appropriately during the nappy change routine.
- All staff are trained in Infection Control procedures.
- Changing mats will be checked daily for tears and replaced as necessary.
- The changing mat area will be cleaned before and after each nappy change with anti-bacterial cleaner and dried with a paper towel.
- The nappy changing room is cleaned and checked at regular intervals throughout the day and this is documented on the cleaning chart.
- Nappy bins will be emptied at regular intervals after the 11.00, 1.30 and 4.00 o'clock set changes, and will always be emptied at the end of each day.
- Staff will report to the DLP immediately after the nappy change if the child is unduly upset or if they have any concerns or notice any marks, rashes bruising ect.
- Children will never be left unattended. If required another staff member is always available to provide assistance.
- Single use disposable gloves must be worn.
- Nappies must be changed in the designated changing area.
- The door to the changing area should be closed when the area is in use and after leaving the area.

- Place or assist the child onto the change table. **Never move away from the child while they are on the change table even for an instant.** Always keep one hand on them to prevent them rolling or climbing off the change table.
- Keep everything that could be a safety hazard out of the child's reach.
- Remove any clothes with urine or faeces on them.
- Clean the child with the appropriate wipes – always ensure that girls are cleaned from front to back to prevent infection of the urethra.

Facilities

- The changing areas have adequate ventilation via openable windows or by ceiling vents.
- The surfaces of the areas worktops, walls, floors, are smooth durable and easy to clean.
- There is one nappy changing unit and wash hand basin provided for every 10 children in nappies.
- Each wash hand basin has running cold and hot water, disposable liquid soap and paper towel dispensers.
- A pedal bin is provided for the disposal of paper towels and a separate one for nappies.
- Changing mats are waterproof, have easily cleanable cover and in a good state of repair.
- Single use disposable gloves are available close to hand on the changing unit.
- Appropriate shelving and storage is provided to accommodate all necessary nappy changing equipment.
- Ensure all equipment are at hand and that hands are washed and clean before starting a change.
- Clean and dry the changing mat after each use

Changes and abnormalities to be reported and recorded:

- Any change in colour, frequency or consistency of stools.
- Green stools.
- Blood.
- Watery stools and unpleasant smell.
- Passing urine less frequently.
- Urine which is dark in colour may be due to dehydration.
- Nappy rash.
- Bruises or marks.
- Baby cries when opening the bowels.

Hand washing

Both adults' and children's hands are washed after nappy changing and toileting.

Children never share water in communal basins or bowls for hand washing.

Hand sanitisers or alcohol-based hand rubs are not a substitute for hand washing.

Gloves are not a substitute for handwashing – hands must always be washed before leaving the changing area.

Staff members undertaking nappy changes should not be involved in the preparation, cooking or serving of food. If this is unavoidable, the staff member should wear a disposable apron as well as gloves and wash their hands. Please note: The apron for food preparation must be a new apron separate from any used for nappy changing.

Keep changing area clean

- All surfaces must be cleaned and disinfected daily including nappy changing unit and surrounding surfaces.
- The changing mats must be checked on a regular basis and discarded if the cover is torn or cracked, inform management.
- Ensure the nappy changing area is well ventilated and bins are emptied frequently.

Change gloves:

- After caring for each child.
- After doing different care activities on the same child.
- Wash hands after gloves are removed.

References, Supporting Documents and Related Legislation

- [Tusla: Quality Regulatory Framework](#)
- [Management of Infectious Disease in Childcare Facilities and Other Childcare Settings](#) (2012) Preschool and Childcare Facility Subcommittee Health Protection Surveillance Centre (HPSC)
- [Síolta the National Quality Framework for Early Childhood Education](#)
- [Aistear: The Early Childhood Curriculum Framework](#)
- [Infection Prevention and Control in Childcare Settings \(Day Care and Childminding Settings\)](#) October 2016 Health Protection Scotland NHS National Centres Scotland
- [Toileting and Nappy Changing Principles and Practices](#) Australian Children's Education and Care Quality Authority October 2016
- Licensing criteria for centre-based ECE Centres Ministry of Education New Zealand Government <https://www.education.govt.nz/early-childhood/running-an-ece-centre/the-regulatory-framework-for-ece/licensing-criteria/centre-based-ece-centres/health-and-safety/hygiene/hs3-nappy-changing-procedure/>
- [Nappy changing facilities for early learning and childcare centres: information to support improvement](#) Scottish Care Inspectorate June 2018
- Children's Handwashing Poster <http://www.safefood.eu/Education/Pre-school/Pre-school-handwashing-poster.aspx>
- Adults' Handwashing Poster <http://www.hse.ie/eng/centres/list/5/publichealth/publichealthdepts/resources/handwashing.pdf>



Nappy Changing Procedure 2019



Step 1: Assemble all the supplies needed

Wash hands before you start. Gather the nappy, wipes, any barrier cream provided by the parents, disposable latex gloves and apron, clean clothes for the child if needed, and have a foot peddled operated bin near the changing unit to dispose of the nappy and gloves and aprons and used wipes.



Step 2: Assist or place the child on the changing mat

Go collect the child, Place or assist child onto the changing table. Put on the gloves and apron. Remove any soiled clothing and place in a plastic bag to send home. Unfasten the nappy, holding the child's legs leave the soiled nappy closed but under the child. Always keep a hand on the child at all times.



Step 3: Remove the soiled nappy and clean soiled area

Use disposable wipes cleaning the child thoroughly, wipe from front to back, using a new disposable wipe each time. Roll up the soiled nappy with used wipes inside and dispose in the foot peddled operated bin. Remove and dispose of the gloves without touching your skin. If the nappy was soiled put on new gloves.



Step 4: Put on a clean nappy

Holding and raise the child's legs check the area for any spillages, if none slide a clean fresh nappy under the child. Examine the skin for any redness. Use a tissue or a wipe to apply any necessary creams. Fasten the nappy securely. Remove the gloves and apron placing them in the bin and redress the child fully.



Step 5: Wash the child's hands with soap and warm water

Encourage and help the child with hand washing if the child is too young to wash their own hands, wet the child's hands and place the soap on the child's hands and rub them together, then rinse the soap off and dry well with a paper towel. Return the child to their room.



Step 6: Clean and disinfect the diaper table

Return to the changing room wash your own hands. Then spray the changing unit and changing mat with a disinfect spray leave the spray on the surface for at least two minutes, then wipe dry with a paper towel and dispose in the foot operated pedal bin. Wash hands again.

Toileting

Child Care Act 1991 (Early Years Services) Regulations 2016 ([Síolta Standard 9: Health and Welfare](#)) ([National Standard 3: Working in Partnership with Parents/guardians or Guardians](#), [National Standard 9: Nurture and Well-Being](#), [National Standard 12: Health Care](#), [National Standard 18: Facilities](#))

Policy Statement:

Northside Childcare Services is committed to safeguarding and promoting the wellbeing of all of the children in our care. We are committed to ensuring that all staff members responsible for the personal care of children undertake their duties in a professional manner at all times. All hygiene and safety practices used in the service are consistent with recommendations from the *Health Protection Surveillance Centre (HPSC)* and the *HSE*.

We respond to children's individual personalities, sensitivities and needs in relation to nappy changing, toileting and toilet training. We work in close partnership with parents/guardians to share information and provide continuity of care. This includes asking for information from parents about the words and practices used at home for nappy changing or toileting and supporting toilet training.

Our intention is that no child will ever be left in wet or soiled clothing. As soon as a member of staff responsible for a child is aware of the child having wet or soiled themselves they will clean them. The wet or soiled clothing will be wrapped in a plastic bag and sealed for parents to take home. At all times the member of staff will pay attention to the level of distress and comfort of the child and will only help them to change with their agreement. We will do our best to provide reassurance and encouragement to the child. In the event a child is reluctant and then refuses, their parent/guardian will be contacted immediately. If the child is ill the staff member will phone their parent/guardian.

We will do our best to avoid drawing attention to such events and to positively support and encourage children in their efforts to become as independent as they are able. Where there is a decision made in partnership with parents to devise an individualised toilet training plan – based on the child's developmental level and their readiness to learn – this is co-ordinated with the parents/guardians and records are kept in the child's individual record.

At all times interactions are warm and positive and children's cues are responded to quickly. Children who are out of nappies or who are training have unrestricted access to the toilet.

We work with parents to support toilet training, when a child shows readiness - unless there are medical or other developmental reasons why it may not be appropriate for toilet training to begin. Where specialist equipment and facilities, above what is currently available in the service, are required, every effort will be made through accessing the support of AIM (Access and Inclusion Model) to provide appropriate facilities in a timely fashion. This will be done following agreement with parents/guardians and with the support of a Physiotherapist and/or an Occupational Therapist if necessary.

[Issues can sometimes cause toilet training to be delayed and up to about the age of 4 years some young children may not be ready for training. Also it may not always be apparent if a delay in a child's

independent toileting is due to a medical need or delayed development. It is important to make reasonable adjustments for all children, given that later identification of impairment/disability may occur.]

One child will be cared for by one adult unless there is a sound reason for having more than one adult present. In such a case, the reasons are documented. Personal care arrangements are discussed with parents/guardians on a regular basis and recorded on the child's individual care plan. The needs and wishes of the child and their parents are taken into account wherever possible, within the constraints of staffing and in accordance with equality legislation.

In the event of their child having an unexpected need for help with personal care (for example in the case of a toilet 'accident' or wet clothing), parents/guardians are always informed on the day. This information is communicated to the parent discreetly in person, by phone or by sealed note.

All children are treated with respect at all times and in particular in relation to toileting and when personal care is given. No child will be attended to in a way that causes distress, embarrassment or discomfort. The privacy and dignity of each child is maintained and respected at all times.

Policy and Procedure:

We respect each child's development and assess their readiness before introducing them to toilet training in consultation with parents/guardians.

- Parents/guardians and staff will discuss what methods they use to introduce their child to potty/toilet training. We will remain consistent in the approach so that the child is clear and has a good understanding of what is involved.
- We will offer parents/guardians practical advice and support.
- We will take a slow approach to toilet training.
- Toilet training will always be done in a relaxed environment.
- Where children are being toilet trained parents/guardians are advised to inform the teachers what procedures and methods are working best for their child.
- We recommend that parents/guardians provide several full sets of clothes (labelled) in case of accidents.

General Toileting Procedures:

We will respect the rights and needs of the children in our care. When a child needs to use the toilet we will allow them the privacy to do so. If the child asks a staff member to accompany them to the toilet they will be facilitated. In this event we will:

- Go to the bathroom door and ask the child if they want the toilet door left open or closed.
- Reassure the child and wait outside the door where they can call if they need to.
- Help undo buttons or zippers where necessary.
- Ensure no two children will be permitted to enter a toilet cubicle together.
- Encourage and help with self-care, wiping bottoms, flushing toilet, washing hands.
- Use disposable gloves and aprons provided.
- Be sensitive to accidents.
- Maintain a pleasant atmosphere.

- Respect the child's privacy.
- Ensure good hand washing practice.

Toileting Accidents:

A full set of labelled clothing should be provided by parents/guardians so that if a child has a toileting accident, they will be offered fresh clothing

Guidelines for use of potties

Potties must be used in the toilet area only.

After a child has used a potty:

- Put on disposable gloves and apron and put contents of the potty into a toilet.
- Remove residue with toilet roll and flush down the toilet.
- Clean the potty with detergent and hot water or paper towel with detergent and hot water.
- Dry with paper towel.
- Remove gloves and apron.
- Wash your hands.
- Then help the child to wash their hands.
- Put potty in a clean, dry area — do not store potties one inside the other.
- Potties must never be washed in the designated hand washing sink.
- Potties must be stored out of reach of children when not in use.

References/Supporting Documents/Related Legislation

- [Tusla: Quality Regulatory Framework](#)
- [Management of Infectious Disease in Childcare Facilities and Other Childcare Settings](#) (2012) Preschool and Childcare Facility Subcommittee Health Protection Surveillance Centre (HPSC)
- [Síolta the National Quality Framework for Early Childhood Education](#)
- [Aistear: The Early Childhood Curriculum Framework](#)
- [Infection Prevention and Control in Childcare Settings \(Day Care and Childminding Settings\)](#) October 2016 Health Protection Scotland NHS National Services Scotland
- [Toileting and Nappy Changing Principles and Practices](#) Australian Children's Education and Care Quality Authority October 2016
- Children's Handwashing Poster <http://www.safefood.eu/Education/Pre-school/Pre-school-handwashing-poster.aspx>

Adults' Handwashing Poster

<http://www.hse.ie/eng/services/list/5/publichealth/publichealthdepts/resources/handwashing.pdf>

Appendix A

Children's Handwashing Technique Poster

<http://www.safefood.eu/Education/Pre-school/Pre-school-handwashing-poster.aspx>



Adults Handwashing Technique Poster

www.hse.ie/eng/services/list/5/publichealth/publichealthdepts/.../handwashing.pdf

Additional posters for Children's Handwashing can be accessed on pages 72, 73 and 74 of Management of Infectious Disease in Childcare Facilities and Other Childcare Settings.

Child Care Act 1991 (Early Years Services) Regulations 2016 (Síolta Standard 9: Health and Welfare) (National Standard 12: Health Care, National Standard 18: Facilities)

Statement of Intent:

It is our aim to minimise the spread of infection for staff and children through the implementation of controls which reduce the transmission and spread of germs. We aim to promote and maintain the health of children and staff through the control of infectious illnesses.

(with references from: Health Protection Surveillance Centre, Preschool and Child Care Facility Subcommittee, Management of Infectious Disease in Child Care Facilities and Other Child Care Settings)

Policy and Procedure: Exclusion:

Exclusion guidelines as recommended apply in the case of all suspected infectious conditions. These guidelines are contained in our policies and procedures and displayed in the service.

- Parents/guardians will be informed should staff, children or visitors to the service report the presence of any contagious condition to the manager. Unwell children and staff will be excluded from the service until the appropriate exclusion period for that illness is finished.

Any child or adult with symptoms of an infectious illness will be asked not to attend the service until they are no longer infectious. The management of the service will ensure all areas of the premises are thoroughly disinfected, including play areas, toilets, toys and all equipment.

Infectious illness can cause significant ill health among young children and can be transmitted by direct or indirect contact including:

- Contact with infected people or animals.
- By infecting oneself with the body's own germs.
- By hand to mouth transmission.
- By the air / by insects, pests, animals.
- Indirect transmission e.g. toys, door handles, toilets, floors, table tops etc.
- By direct – person to person.

Communication Plan:

All parents/guardians are to be informed of the policy and procedures regarding Infection Control on enrolment and made aware that it is applied equally to all children, aimed at maintaining a healthy environment for all children and adults.

Staff members will check with parents/guardians that they have read and understood the policy and provide any assistance needed.

This policy will also be reviewed with staff at induction and annual staff training. Parents will be informed of the policy upon enrolment and a summary will be made available to them.

Handouts on infection may be given to parents/guardians/carers as a guide.

A copy of all policies will be available during all hours of operation to staff members and parents/guardians in the Policy Folder located at reception and in the Childcare Office.

Parents/guardians may receive a copy of the policy at any time upon request. Parents/ guardians and all staff members will receive written notification of any updates.

Who must observe this policy:

This policy must be observed by all managers and all staff members.

Reporting/Recording of Illness:

- Staff and parents/guardians must report any infectious illness, or similar, to the manager.
- Manager (or nominated person) will record the outbreak on an incident form and report an outbreak to TUSLA/ Environmental Health Officer and the Public Health Department.
- Manager will record all details of illness reported to them by staff, or reported by parents/guardians of a child attending the service. These details will include the name, symptoms, dates and duration of illness.

Exclusion from the Service:

- We advise parents that sick children or adults should not attend
- Children and staff will be excluded from the service based on the time frames outlined in the exclusion table [see below]
- A doctor's certificate may be required for certain conditions to ensure they are no longer contagious before children or staff return to the service.
- In the event of an outbreak of any infectious disease, all parents/guardians will be verbally informed. A dated notice informing all parents/guardians of any infectious disease outbreak will be displayed on the notice board.

To ensure the safety and health of all our children and staff those who have any of the following conditions will be excluded from the service:

- Acute symptoms of food poisoning/gastro-enteritis.
- An oral temperature over 38 degrees which cannot be reduced.
- A deep, hacking cough.
- Severe congestion.
- Difficulty breathing or untreated wheezing.
- An unexplained rash (see exclusion list also).
- Vomiting (48 hours from last episode).
- Diarrhoea (48 hours from last episode).
- Lice or nits – [see Head Lice Policy in Infection Control Policy]
- An infectious /contagious condition.
- A child that complains of a stiff neck and headache with one or more of the above symptoms.

Immunisations:

All children must provide up to date record of immunisations (see immunisation table). This should contain dates of immunisations. Where dates are not available all attempts to get these should be recorded and Staff in the service will be immunised against infectious diseases. Immunisation is a simple, safe and effective way of protecting people against harmful diseases. Immunisation not only protects individuals, but also others in the community, by reducing the spread of disease. As our services cater for the most vulnerable in society, that is, the very young and the very old, Northside FRC requires *all* children to have their vaccinations in date, or in the

process of, as per the HSE Primary Childhood Immunisation Schedule. Parents must provide the Childcare Centre with their child's Immunisations records and any documents as their child receives any further Immunisations while attending the Childcare Centre.

The list of diseases in which the Immunisation programme protects children from can be found in "Your Child's Immunisation – A Guide for Parents (2016). This is available from the local Health Centre or on the HSE Website.

Policy

Parents will be encouraged to immunise their children against all diseases appropriate to the child's age. Families seeking a childcare placement for a child who is less than 7 years old will need to meet the HSE immunisation schedule or have an approved exemption.

Exemption

Any exemptions will be subject to scrutiny by a medical practitioner appointed by Northside FRC. Final decisions rests with the CEO and decisions may be appealed to the Board of Management of Northside FRC.

Children who have received an exemption or are over 7 years of age upon enrolment, and are not immunised, may be excluded from services during outbreaks of some infectious diseases, even if they are well.

Staff

It is desirable that all childcare staff have up to date vaccinations. It is also recommended that staff have the Seasonal flu jab. Compliance with infection control requirements is considered an essential contractual prerequisite for all employees. It is recommended that all staff working with children have evidence of immunity to measles, mumps and rubella, either through natural infection or vaccination with two doses of MMR.

Pregnant staff

In relation to pregnant staff if it is important to remember that the greatest risk of Infection to a pregnant woman is from her own children rather than the workplace.

However

Chicken pox can affect the pregnancy if the woman has not already had the infection, close contact with Shingles may also cause infection in a pregnant worker who has not been infected with chicken pox. If a pregnant woman develops a rash or has been in close contact with a potentially contagious rash, she must attend her doctor.

Pregnant staff who come into contact with:

- German Measles (Rubella)
- Hepatitis A
- Hepatitis B
- Fifth's Disease commonly referred to as Slapped Cheek Disease
- Measles
- Chicken Pox
- Mumps Tuberculosis (TB)

Must report exposure to family doctor / antenatal clinic.

Procedure

- Families are required to complete the Childcare Centre's standard enrolment form for children under 7 which includes a declaration of immunisations. Management reserves

the right to seek proof of immunisations. This can be by letter from child's doctor, Health Centre; Public Health Nurse; Baby's Personal Health Record (orange book); or Your child's immunisation - A Guide for parents. Families are required to inform services when immunisation is updated.

- Services are to provide information on and encourage all children and staff to have up to date age appropriate immunisation in accordance with the current National Immunisation Programme.
- Ensure that cases of infectious diseases have been confirmed by a doctor.
- Inform all staff, children and visitors that there have been confirmed cases of immunisable diseases in the centre.
- Report outbreaks, in accordance with infection control guidelines, of vaccine preventable diseases to the HSE Infections Prevention and Control.
- Seek advice in relation exclusion of those (staff and children) whose immunisation is not up to date and children who are too young to be immunised.
- Refer to Northside FRC exclusion policy for recommended exclusion periods

Hand Hygiene:

Hand Washing is the single most effective way of preventing the spread of infection; its purpose is to remove or destroy germs that are picked up on the hands.

Staff must wash their hands:

Before:

- The start of the work shift.
- Eating, smoking, handling/preparing food or assisting/feeding a child
- Preparing meals, snacks and drinks (including babies' bottles).

After:

- Using the toilet or helping a child to use the toilet.
- Nappy changing/ handling potties.
- Playing with or handling items in the playground – e.g. toys, sand, water.
- Handling secretions e.g. from a child's nose or mouth, from sores or cuts.
- Cleaning up vomit or faeces.
- Handling or dealing with waste.
- Removing disposable gloves and/or aprons.
- Handling pets/pet litter, animals/cages/animal soil, etc.
- Cleaning the service
- Washing/Handling of soiled clothes
- Coughing and sneezing
- When hands are dirty

Children should hand wash:

Before:

- Eating

After:

- Using the toilet

- Nappy changing
- Playing with or handling items in the playground
- Handling secretions
- Handling or dealing with waste.
- Coughing and sneezing
- When hands are dirty

Hand Washing should be performed as follows:

- Wet hands under warm running water to wrist level.
- Apply liquid soap. Lather it evenly covering all areas of the hands for at least 10 seconds. Include the thumbs, finger tips, palms and in between the fingers, rubbing backwards and forwards at every stroke (see posters on hand washing technique in the resources section).
- Rinse hands off thoroughly under warm running water.
- Dry with paper towel using a patting motion to reduce friction, taking special care between the fingers
- Use the disposable paper towel that has been used to dry the hands to turn off taps.
- Dispose of the disposable paper towel in a waste bin using the foot pedal to avoid contaminating hands that have just been washed.
- Staff should provide assistance with hand washing at a sink for infants who can be safely cradled in one arm and for children who can stand but not wash their hands independently.
- A child who can stand should either use a child-size sink or stand on a safety step at a height at which the child's hands can hang freely under the running water.
- After assisting the child with hand washing, the employee should wash his or her own hand



Facilities for Hand Washing:

We provide the following:

- Wash hand basins with hot and cold running water. The hot water is controlled at a maximum of 43 degrees
- Paper hand towels, hand dryers and liquid soap.

Alcohol-based Hand Rub/Gels:

When soap and running water are not readily available, for example on a field trip or excursion, an alcohol based hand rub/gel may be used (the alcohol content should be at least 60%). The alcohol based hand rub must be applied vigorously over all hand surfaces. Alcohol based hand rubs are only effective if hands are not visibly dirty, if hands are visibly dirty then liquid soap and water should be used. It is safe to let children use alcohol based hand rubs/gels but it is important to let children know that it should not be swallowed. Supervision is vital. It is also important to store it safely so children cannot get access to it without an adult. The alcohol content of the product generally evaporates in 15 seconds so after the alcohol evaporates it is safe for children to touch their mouth or eyes. Water is not required when using an alcohol rub/gel.

Alcohol based hand rubs/gels are not a substitute for hand washing with soap and running water.

Respiratory Hygiene and Cough Etiquette:

Everyone should cover their mouth and nose when coughing and sneezing to prevent germs spreading. In addition:

- A plentiful supply of disposable paper tissues should be readily available for nose wiping.
- Foot operated pedal bins that are lined with a plastic bag should be provided for disposal of used/soiled tissues.
- Cloth handkerchiefs should not be used.
- A different tissue should be used on each child, and staff must wash their hands after nose wiping.
- Children and staff should be taught to cover their mouth when they cough or sneeze and to wash their hand afterwards.
- Everyone (staff and children) should put their used tissues in a bin and wash their hands after contact with respiratory secretions.
- Outdoor activities should be encouraged when weather permits.
- Cots or sleeping mats should be spaced at least a half metre apart.

Nose Blowing Procedure:

Tissues are available always and children will be taught the following etiquette for nose blowing.

- Get a tissue
- Fold it in half
- Blow nose gently
- Wipe nose clean
- Throw tissue away in bin
- Wash hands
- Staff supporting children to clean their nose must wash their hands before and after helping.

	
Get a tissue.	Fold the tissue in half.
	
Blow nose gently.	Wipe nose clean.
	
Throw tissue away.	Wash hands.

Nappy Changing: [see separate policy on nappy changing]

Hygienic nappy changing practice is important to prevent germs being transmitted to other children, staff, and to the surrounding environment:

- The nappy changing procedure will be on display in the nappy changing area
- Staff undertaking nappy changes should not be involved in the preparation, cooking or serving of food. If this is unavoidable, staff should wear appropriate disposable gloves and aprons and wash their hands.
- Ensure you have all the equipment at hand and that your hands are clean before you start.
- Single use disposable gloves must be worn, i.e. powder free synthetic vinyl or latex gloves.
- Ensure creams and lotions are not shared between children. Creams and lotions for each child should be individually labelled
- Dispose of nappies and gloves by placing in a leak proof, cleanable and sealable/airtight container.
- Non-disposable nappies should be double bagged and placed directly into plastic bags to give to parents.
- Solid faecal matter may be disposed of into the toilet.
- Never rinse or wash non-disposable nappies because the risk of splashing may cause germs to spread to staff or children.
- Clean and dry the changing mat after each use.
- If soiled, clean, then disinfect using a disinfectant, (according to manufacturer's instructions), rinse and dry after use.
- All surfaces must be cleaned and disinfected daily (including nappy changing unit and surrounding surfaces).

- Staff must always wash their hands after every nappy change using warm water and liquid soap.
- Hands should be dried by means of single use disposable paper towels.
- The changing mats must be checked on a regular basis and discarded if cover is torn or cracked.

Cleanliness and Hygiene:

- The premises will be maintained in a clean, hygienic state throughout the day and a cleaning record is kept.
- Staff are responsible for the materials and equipment used and ensures they are clean, hygienic and safe at all times.
- Children will be encouraged to care for their environment.
- Cleaning routines and procedures are in place and are closely monitored and recorded.
- Disposable cloths will be used for all cleaning purposes and discarded regularly.

Toilets and Potties: [see toileting policy]

- Toilet areas are cleaned frequently during the day in accordance with the cleaning schedule and immediately if soiled. Attention paid to toilet seats, toilet handles, door handles and wash hand basins, especially taps.
- Each child is assigned their own potty.
- Potties are emptied carefully into the toilet and cleaned with hot water and detergent, wiped over with a disinfectant and dried thoroughly using disposable paper towels.
- Separate cloths are used for cleaning the toilet and wash hand basin to reduce the risk of spreading germs from the toilet to the wash hand basin.
- Trainer seats are thoroughly cleaned and disinfected after each use.

Spillages of Body Fluids: (e.g. urine, faeces or vomit)

- Put on disposable plastic apron and gloves.
- Use absorbent disposable paper towels or kitchen towel roll to soak up the spillage.
- Clean the area using warm water and a general purpose neutral detergent, use a disposable cloth.
- Apply a disinfectant to the affected surface.
- Dry the surface thoroughly using disposable paper towels.
- Dispose of soiled/sodden paper towels, gloves, apron and cloths in a manner that prevents any other person coming in contact with these items e.g. bag separately prior to disposal into a general domestic waste bag.
- Wash and dry hands thoroughly.
- Change clothing that is soiled immediately.

Blood Spillages:

- Put on disposable plastic apron and gloves.
- Use absorbent disposable paper towels or kitchen towel roll to soak up the spillage.
- Apply a disinfectant to the affected surface. It should be left in contact with the surface for at least two minutes (check the manufacturer's instructions).

- Wash the area thoroughly with warm water and a general purpose neutral detergent and dry using disposable paper towels.
- Dispose of soiled/sodden paper towels, gloves, apron and cloth in a manner that prevents any other person coming in contact with these items e.g. bag separately prior to disposal into a general domestic waste bag.
- Wash and dry hands thoroughly.
- Change clothing that is soiled immediately.

Dealing with Cuts and Nose Bleeds:

When dealing with cuts and nose bleeds, staff should follow the preschool's first aid procedure.

They should:

- Put on disposable gloves and apron.
- Stop the bleeding by applying pressure to the wound with a dry clean absorbent dressing.
- Place a clean dressing on the wound and refer the child for medical treatment if needed, e.g. stitches required or bleeding that cannot be controlled.
- Once bleeding has stopped, dispose of the gloves and apron safely immediately in a manner that prevents another person coming in contact with the blood, i.e. bag separately prior to disposing into general domestic waste bag.
- Wash and dry hands.

Children who are known to be HIV positive or hepatitis B positive should not be treated any differently from those who are not known to be positive. Intact skin provides a good barrier to infection, and staff should always wear waterproof dressings on any fresh cuts or abrasions on their hands. Staff should always wash their hands after dealing with other people's blood even if they have worn gloves or they cannot see any blood on their hands.

Gloves:

Wear disposable gloves when dealing with blood, body fluids, broken/grazed skin and mucous membranes (e.g. eyes, nose, mouth). This includes activities such as:

- Nappy changing.
- Cleaning potties.
- Cleaning up blood – e.g. after a fall or a nose bleed.
- General cleaning.
- Handling waste.

Gloves should be single use and well fitting.

Change gloves:

- After caring for each child.
- After doing different care activities on the same child.
- Wash hands after gloves are removed.

Remember gloves are not a substitute for hand washing.

Types of Gloves:

- Disposable non-powdered latex or nitrile gloves are recommended. Synthetic vinyl gloves may also be used but users should be aware that gloves made of natural rubber latex or nitrile have

better barrier properties and are more suitable for dealing with spillages of blood or body fluids.

- Gloves should conform with the European Community Standard (CE marked).
- Polythene gloves are not recommended as these gloves tear easily and do not have good barrier properties.
- Latex free gloves should be provided for staff or children who have latex allergy.

How to Remove Gloves:

- Peel the first glove back from the wrist.
- Turn the glove inside out as it is being removed. Remove the glove completely and hold in the opposite hand.
- Remove the second glove by placing a finger inside the glove and peeling it back. Pull the glove off over the first glove.
- The outside surface of the glove should not be touched.
- Handwashing should be performed following glove removal.

Aprons:

Wear a disposable apron if there is a risk of blood or body fluids splashing onto your skin or clothing, for example during activities such as cleaning up spillages of body fluids (e.g. blood, vomit, urine) or dealing with nose bleeds. Change aprons after caring for individual children. Wash hands after removing the apron. Aprons should be disposable, single use and water repellent. The apron should cover the front of the body from below the neckline to the knees. Cloth aprons or gowns are not recommended. Remove the apron by breaking the neck ties first, then break the ties at the back and roll up the apron without touching the outer (contaminated) surface. If gloves and an apron are worn remove the gloves first followed by hand washing.

Food and Kitchen Hygiene:

Germs can be spread in many ways while working with foods in the kitchen. In order to prepare food hygienically, it is important to ensure that a high standard of personal hygiene is maintained in conjunction with effective cleaning of food preparation areas and equipment. This is necessary in addition to careful handling, preparation, cooling etc. of food.

Unless unavoidable, those staff involved in toileting children or nappy changing should not be involved in food handling. Where this situation is inescapable, care workers should change their outer clothing and wash their hands thoroughly prior to handling food.

Cleaning:

Cleaning is essential in the prevention of infection. Thorough cleaning followed by drying will remove large numbers of germs but does not necessarily destroy germs. Deposits of dust, soil and microbes on environmental surfaces have been implicated in the transmission of infection. Routine cleaning with household detergents and warm water is considered to be sufficient to reduce the number of germs in the environment to a safe level. **A “clean as you go” policy is currently in place:**

- Play surfaces are cleaned, rinsed and dried before use or when visibly soiled.
- Routine cleaning is accomplished using warm water and a general purpose neutral pH detergent.

- Manufacturer's instructions are always followed when using detergents and disinfectants with regard to the use of personal protective clothing and dilution recommendations.
- We do not guess measurements and always use a measure. Extra measures will not kill more bacteria or clean better – it will damage work surfaces, make floors slippery and give off unpleasant odours.
- Water is changed frequently as dirty water is ineffective for cleaning.
- Disinfecting surfaces are then rinsed.
- Toilets, sinks, wash hand basins and surrounding areas re cleaned when required at least twice daily.

Laundry:

- Linen used for cots and sleep mats are washed daily. Each child has their own linen.

Cleaning Cloths:

- Cleaning cloths used in the playrooms, kitchen and sanitary accommodation are washed separately. A colour coding system is in place.

Toys and Equipment:

In order to reduce the risk of cross infection, all toys are cleaned on a regular basis (i.e. as part of a routine cleaning schedule) and toys that are shared are cleaned between uses by different children.

Outings to Farms :

Before the visit:

- Contact the farm being visited to discuss visit arrangements and ensure that adequate infection control measures are in place.
- Be satisfied that the pet farm is well managed and precautions taken to reduce the risk of infection to visitors.
- Ensure that handwashing facilities are adequate, accessible to small children, with running hot and cold water, liquid soap, disposable paper towels, clean towels, or air dryers and waste containers.
- Ensure that all supervisors understand the need to make sure the children wash, or are helped to, wash their hands after contact with animals.

During the visit:

- Children are well supervised at all times.
- Any cuts and grazes are covered with a waterproof plaster.
- Hands are washed with warm running water and dried thoroughly after contact with animals/animal's feed, before eating and drinking, using the toilet and leaving the farm. Children will require supervised handwashing.
- Children do not eat or drink anything while touring the farm.
- Children only eat in the designated areas.
- Children do not put fingers in their mouths or the mouths of animals.
- Children wear appropriate clothing, including sturdy shoes or Wellingtons but not sandals.
- Visitors do not drink from taps unless specifically labelled as drinking water.

- Visitors do not touch compost, animal waste and, after any accidental contact, should wash their hands thoroughly.
- Since boots and clothes can become contaminated during the visit, children will wash their hands after removing the clothes and boots and before doing anything else (e.g. eating). Dirty boots will be cleaned with hot water and detergent. Footwear will be changed or cleaned before leaving and then hands washed.
- Pregnant staff members will not handle sheep or new-born lambs after the visit.
- If a member of the group shows signs of illness (e.g. vomiting and/or diarrhoea) after a farm/zoo visit, they are advised to visit their GP and explain that they have had recent contact with farm animals.
- If two or more members are ill please follow the above action. The Manager will also contact their local Department of Public Health, as further action may be necessary.

Children's Rooms:

- Checklists are in place and checked daily, weekly and monthly.
- Staff are responsible for keeping their rooms and out door area clean and tidy.
- All room environments must be clean always. Toys and equipment must organized.
- During the day the room should be ventilated regularly.

If A Child Becomes Ill When Attending The Service:

- Parents/guardians will be informed of our concerns and procedures we are taking and will be asked to collect their sick child. We may need to call a GP or use emergency.
- services
- If a parent cannot be reached the next named on the emergency list will be contacted.
- If a child's temperature is raised it will be monitored, recorded and medication administered, if required.
- We advise that sick children must be kept at home.

EXCLUSIONS: This is minimum exclusion periods as recommended by the HSE. The service may impose longer periods if it has a concern

Chickenpox:	Until scabs are dry; this is usually 5-7 days after the appearance of the rash.
Conjunctivitis:	Exclusion of affected children until they recover, or until they have had antibiotics for 48 hours.
Diarrhoea:	48 hours from last episode.
Diphtheria:	Very specific exclusion criteria apply and will be advised on by the Department of Public Health.
Food poisoning:	Until authorised by GP.
Glandular Fever:	Exclusion is not necessary.
Haemophilus Influenzae Type B: (Hib)	Children with the disease will be too ill to attend the service. Contacts do not need to be excluded.
Hand, Foot and Mouth Disease:	While the child is unwell he/she should be kept away from service. If evidence exists of transmission within the day centre exclusion of

	children until the spots have gone from their hands may be necessary.
Head Lice:	Exclusion is not necessary [if treated]
Hepatitis A: (Yellow Jaundice, Infectious Hepatitis):	Recommended while the child feels unwell, or until 7 days after onset of jaundice, whichever is later.
Hepatitis B: (Serum Hepatitis)	Children will be too ill to attend the service and families will be given specific advice about when their child is well enough to return.
Impetigo:	Until lesions are crusted and healed, or 24 hours after commencing antibiotics.
Influenza and Influenza-like Illness: (Flu and ILI)	Remain at home for 7 days from when their symptoms began. Children should not re-attend the service until they are feeling better and their temperature has returned to normal.
Living with HIV/AIDS:	Exclusion is not necessary.
Measles:	Exclude the child while infectious i.e. up to 4 days after the rash appears.
Meningitis:	Children with the disease will be too ill to attend the service. Contacts do not need to be excluded.
Meningococcal Disease:	Children with the disease will be too ill to attend the service. Contacts do not need to be excluded.
Molluscum Contagiosum:	Exclusion is not necessary.
MRSA: (Meticillin-Resistant Staphylococcus aureus)	Children/infants known to carry staphylococcus aureus (including MRSA) on the skin or in the nose do not need to be excluded from the Child Care setting. Children who have draining wounds or skin sores producing pus will only need to be excluded from a Child Care setting if the wounds cannot be covered or contained by a dressing and/or the dressing cannot be kept dry and intact.
Mumps:	The child should be excluded for 5 days after the onset of swelling.
Pediculosis (lice):	Until appropriate treatment has been given
Pharyngitis/Tonsillitis:	If the disease is known to be caused by a streptococcal (bacterial) infection the child or member of staff should be kept away from the service until 24 hours after the start of treatment. Otherwise a child or member of staff should stay at home while they feel unwell.
Polio:	Very specific exclusion criteria apply and will be advised on by the Department of Public Health.
Poliomyelitis:	Until declared free from infection by GP
Pneumococcus:	Children with the disease will be too ill to attend the service. Contacts do not need to be excluded.
Respiratory Syncytial Virus:	Children who have RSV should be excluded until they have no symptoms and their temperature has returned to normal. Contacts do not need to be excluded.
Ringworm:	Children need not be excluded from service once they commence treatment.
Rubella:	For 7 days after onset of the rash, and whilst unwell.

(German Measles)	
Scabies:	Not necessary once treatment has commenced.
Scarlet fever:	Once a patient has been on antibiotic treatment for 24 hours they can return to the service, provided they feel well enough..
Shingles:	Until scabs are dry.
Slapped Cheek Syndrome:	An affected child need not be excluded because he/ she is no longer infectious by the time the rash occurs.
Temperature:	Over 38 degrees
Tetanus: (Lockjaw)	Children with the disease will be too ill to attend the service. Contacts do not need to be excluded.
Tuberculosis (TB):	Recommendations on exclusion depend on the particulars of each case, e.g. whether the case is “infectious” or not. The Department of Public Health will advise on each individual case.
Typhoid and Paratyphoid:	Very specific exclusion criteria apply; your local Department of Public Health will advise.
Viral Meningitis:	Children with the disease will usually be too ill to attend the service. Contacts do not need to be exclude.
Vomiting:	48 hours from last episode of vomiting
Whooping Cough: (Pertussis)	The child is likely to be too ill to attend the service and should stay at home until he/she has had 5 days of antibiotic treatment or for 21 days from onset of illness if no antibiotic treatment.
Worms:	Exclusion is not necessary.
Verrucae:	Exclusion is not necessary.
COVID 19 – positive case	Exclusion for 14 days

VACCINATION SCHEDULE: Preschool immunisation schedule for children born since July 2008

Age to Vaccinate:	Type of Vaccination:
At birth (Note: BCG no longer given since October 2016)	BCG tuberculosis vaccine (given in maternity hospitals or a HSE clinic)
At 2 months Free from your GP	6 in 1 <ul style="list-style-type: none"> • Diphtheria • Tetanus • Whooping cough (Pertussis) • Hib (Haemophilus influenzae B) • Polio (Inactivated poliomyelitis) • Hepatitis B PCV (Pneumococcal Conjugate Vaccine)
At 4 months Free from your GP	6 in 1 <ul style="list-style-type: none"> • Diphtheria • Tetanus • Whooping cough (Pertussis) • Hib (Haemophilus influenzae B) • Polio (Inactivated poliomyelitis) • Hepatitis B Men C (Meningococcal C)
At 6 months Free from your GP	6 in 1 <ul style="list-style-type: none"> • Diphtheria • Tetanus • Whooping cough (Pertussis) • Hib (Haemophilus influenzae B) • Polio (Inactivated poliomyelitis) • Hepatitis B Men C (Meningococcal C) PCV (Pneumococcal Conjugate Vaccine)
At 12 months Free from your GP	MMR (Measles, Mumps, Rubella) PCV (Pneumococcal Conjugate Vaccine)
At 13 months Free from your GP	Men C (Meningococcal C) Hib (Haemophilus influenzae B)
At 4 - 5 years Free in school or from your GP	4 in 1 <ul style="list-style-type: none"> • Diphtheria • Tetanus • Whooping cough (Pertussis) • Polio (Inactivated poliomyelitis) MMR (Measles, Mumps, Rubella)
At 11 - 14 years Free in school	Td <ul style="list-style-type: none"> • Diphtheria • Tetanus
At 12 years (1st year second level school) Girls only Free in school	HPV (Human Papillomavirus)

APPENDIX F: SPECIFIC DISEASES

Head Lice:

Head lice can be a common problem in preschool children. Head lice crawl and require head to head contact for transmission. It is our policy to be proactive and manage the treatment. Parents/guardians have a responsibility to adhere to all our recommendations, working together to address this common health concern.

- Parents/guardians have the primary responsibility for the detection and treatment of head lice.
- Parents/guardians must check their child's head regularly, even if they don't suspect their child has head lice.
- All cases must be reported to the person in charge. Parents/guardians must state when appropriate treatment was commenced.
- Parents/guardians will be informed and advised on the correct procedures to take.
- Notification will be displayed on the parent's notice board and information given if required.
- Confidentiality will be adhered to in every case reported.
- We suggest children with long hair should have it tied back.
- There are a variety of effective preparations, shampoos and lotions available. It is vital that parents/guardians follow instructions accurately.

It is important to remember that anyone can get head lice, however infestation is more likely among small children due to nature of how they play. Head lice do not reflect standards of hygiene either in the home or preschool environment

Meningitis and Meningococcal:

Both these diseases are most common in children, there are over 150 cases reported per year in this age group in Ireland (Meningitis Trust). Although relatively rare, the speed at which children become ill, and the dramatic and sometimes devastating course of events make it a terrifying disease. Having a good knowledge and understanding of meningitis and being able to recognise the signs and symptoms early as well as getting medical attention quickly, may save lives. Although cases can occur throughout the year, the majority of cases occur during the winter months. Meningitis is an inflammation of the membranes that surround and protect the brain and spinal cord. The most common germs that cause meningitis are viruses and bacteria:

Viral Meningitis is rarely life threatening, although it can make people very unwell. Most people make a full recovery, but sufferers can be left with after effects such as headaches, tiredness and memory loss.

Bacterial Meningitis can be life threatening and needs urgent medical attention. Most people who suffer from bacterial meningitis recover but many can be left with a variety of after effects and one in ten will die.

Signs and Symptoms:

Meningitis and septicaemia (blood poisoning) are not always easy to recognise, and symptoms can appear in any order. Some may not appear at all. In the early stages, the signs and symptoms can be similar to many other more common illnesses, for example flu. Trust your instincts. If you suspect meningitis or septicaemia, get medical help immediately. Early symptoms can include fever, headache, nausea (feeling sick), vomiting (being sick), and muscle pain, with cold hands and

feet. A rash that does not fade under pressure (see 'The Glass (tumbler)Test' below) is a sign of meningococcal septicaemia. This rash may begin as a few small spots anywhere on the body and can spread quickly to look like fresh bruises.

The spots or rash are caused by blood leaking into the tissues under the skin. They are more difficult to see on darker skin, so look on paler areas of the skin and under the eyelids. The spots or rash may fade at first, so keep checking.

However, if someone is ill or is obviously getting worse, do not wait for spots or a rash to appear. They may appear late or may not appear at all.



























Spots or a rash will still be seen when the side of a clear drinking glass is pressed firmly against the skin.

A fever, together with spots or a rash that do not fade under pressure, is a medical emergency.

Trust your instincts. If you suspect meningitis or septicaemia, get medical help immediately.

Procedure for Managing a Suspected Case of Meningitis:

- If a member of staff suspects that a child is displaying the signs and symptoms of meningitis the child's doctor or our doctor on call will be contacted immediately and the child's parents/guardians called.
- If a GP is not available, the child will be taken straight to the nearest A and E department. A member of staff will escort the child to hospital if the parent is unavailable.

Babies and Toddlers		Children and Adults	
Meningitis  and Septicaemia  often occur Together 		Meningitis  and Septicaemia  often occur Together 	
 Fever, cold hands & feet	 Floppy, listless, unresponsive	 Fever, cold hands & feet	 Stomach cramps & diarrhoea
 Refusing food	 Drowsy, difficult to wake	 Vomiting	 Spots/Rash see Glass Test
 Vomiting	 Spots/Rash see Glass Test	 Drowsy, difficult to wake	 Severe headache
 Pale, blotchy skin	 Rapid breathing or grunting	 Confusion & irritability	 Stiff neck
 Fretful, dislike being handled	 Unusual cry, moaning	 Severe muscle pain	 Dislike bright lights



Procedure when a case of Meningococcal Disease (Meningitis and /or Septicaemia) Occurs within an Early Years' service:

- The public health team will usually issue a letter to other parents/guardians to inform them of the situation. The aim of this letter is to give information about, reduce anxiety and prevent uninformed rumours.
- Meningitis literature (out-lining signs and symptoms) will be provided for parents/guardians by the public health team. The Meningitis Trust can provide further information and support free of charge.
- Antibiotics will be offered to persons considered to be 'close contacts'. These are usually immediate family members or 'household' contacts. Antibiotics are given to kill off the bacteria that may be carried in the back of the nose and throat: this reduces the risk of passing the bacteria on to others. In certain situations, a vaccine may also be offered. These actions are coordinated by the public health team.
- There is **no reason** to close the Child Care service.
- There is **no need** to disinfect or destroy any equipment or toys that the child has touched.

The likelihood of a second case of meningococcal disease is extremely small. However, if two or more suspected cases occur within four weeks in the same Child Care facility, then antibiotics may be offered to all children and staff, on the advice from the public health doctor. During this time staff and parents should remain vigilant. Parents/guardians are advised to contact their GP if they are concerned or worried that their child is unwell.

For more information, www.meningitis-trust.ie or 24-hour helpline 1800 523196

Hand, Foot and Mouth:

Hand, Foot and Mouth (HFMD) is a viral illness that causes fever, painful blisters in the throat and mouth, and sometimes on the hands, feet and bottom. HFMD is often confused with foot-and-mouth (also called hoof-and-mouth) disease, a disease of cattle, sheep, and swine; however, the two diseases are not related—they are caused by different viruses. Humans do not get the animal disease, and animals do not get the human disease.

The viruses that cause it are called Coxsackie viruses that live in the human digestive tract. Several types of this family of viruses can cause Hand, Foot and Mouth so unfortunately you can get it more than once. These viruses are usually passed from person to person through unwashed hands and via surfaces which have viruses on them. They can also be spread by coughing. It is more common to catch them from someone when they are in the early stages of their illness. Although anyone is at risk of becoming infected, children are generally more susceptible. HFMD is more common in summer and autumn and there is no immunisation.

Symptoms:

- The disease usually begins with a fever, poor appetite, malaise (feeling vaguely unwell), and often with a sore throat.
- One or 2 days after fever onset, painful sores usually develop in the mouth. They begin as small red spots that blister and then often become ulcers. The sores are usually located on the tongue, gums, and inside of the cheeks.
- A non-itchy skin rash develops over 1–2 days. The rash has flat or raised red spots, sometimes with blisters. The rash is usually located on the palms of the hands and soles of the feet; it may also appear on the buttocks and/or genitalia.
- A person with HFMD may have only the rash or only the mouth sores.

How Hand, Foot, and Mouth Disease Is Spread:

- Infection is spread from person to person by direct contact with infectious virus. Infectious virus is found in the nose and throat secretions, saliva, blister fluid, and stool of infected persons. The virus is most often spread by persons with unwashed, virus-contaminated hands and by contact with virus-contaminated surfaces.
- Infected persons are most contagious during the first week of the illness.
- The viruses that cause HFMD can remain in the body for weeks after a patient's symptoms have gone away. This means that the infected person can still pass the infection to other people even though he/she appears well. Also, some persons who are infected and excreting the virus, including most adults, may have no symptoms.
- HFMD is not transmitted to or from pets or other animals.

Treatment of HFMD:

There is no specific treatment and antibiotics are not effective as it is a viral infection. Most children with HFMD recover completely after a few days resting at home. Plenty of fluids help. Any fever or discomfort can be helped with a children's pain relief such as Calpol.

Prevention of HFMD:

A specific preventive for HFMD is not available, but the risk of infection can be lowered by following good hygiene practices.

- Hand washing is the mainstay of prevention of transmission and control of outbreaks. Children and carers should wash their hands before eating or preparing food, after using the toilet or especially after changing nappies, after contact with an ill child, after contact with animals and whenever hands are visibly soiled. (See Infection Control Policy)
- Cleaning dirty surfaces and soiled items, including toys, first with soap and water and then disinfecting them by cleansing with a solution of chlorine bleach (made by adding 1 part of bleach to 4 parts water)

- Avoiding close contact (kissing, hugging, sharing eating utensils or cups, etc.) with persons with HFMD
- **Children should be kept away from the service whilst unwell. If evidence exists of transmission within the service, exclusion of children until the spots have gone from their hands may be necessary.**

Note: HFMD is communicable immediately before and during the acute stage of the illness, and perhaps longer as the virus may be present in the faeces for weeks.

The incubation period is 3 to 6 days and the condition may last from 7 to 10 days.

Actions for caring for a child who becomes ill with symptoms suggestive of Pandemic (H1N1) 2009 influenza while in the service:

- Parents/guardians should be contacted to bring the child with influenza like illness (ILI) home as soon as possible.
- The service will encourage parents/guardians to seek early medical assessment for all children less than 5 years of age and for children with flu-like symptoms at higher risk of complications from flu. Staff with flu-like symptoms at higher risk of complications from flu should do the same
- The service will have prior permission from parents/guardians to enable urgent medical assessment if required.
- We will ensure there is appropriate space (a separate sick room where possible) which can be used for the care of children who feel ill, before their parents/guardians can collect them. Ideally this space should be away from other children to help prevent spread of the infection. We will ensure that the space is well stocked with appropriate medical supplies and is prepared for children with the symptoms of flu. An employee will be nominated to look after the child in an isolated area, if possible, apart from the remainder of the children. When providing care for the child, the staff member will observe good hand hygiene practices.
- When the child has gone home, the isolation area will be thoroughly cleaned.
- Staff at risk of complications if infected will not care for symptomatic children
- Employee should clean their hands thoroughly with soap and water or alcohol hand rub before and after any contact with symptomatic children or other staff and their environment.
- Employee and children should be encouraged to avoid touching their eyes, nose and mouth.

In the event that cases of influenza due to Pandemic (H1N1) 2009 occurs in the service the following actions will be implemented:

- The child/staff member with H1N1 2009 influenza will be advised to stay at home for at least seven days from the onset of symptoms. The Department of Public Health will be contacted and advised of the diagnosis. The Department may consider closure of the service, or individual room, if there is concern about the potential for spread of the virus, particularly if there is more than one person confirmed with Pandemic (H1N1) 2009 influenza. If closure is advised, alternative arrangements will be needed for care of children.

Actions in the event of an unusual number of people presenting with influenza like illness or unusual severity of illness (e.g. child requiring admission to ICU)

The Department of Public Health will be contacted by phone.

Closure:

In the event that cases of influenza due to pandemic (H1N1) 2009 virus occur in the service and that the circumstances are such that Public Health advises closure, it will be essential to have a communications plan which will include:

- Up to date contact details of the children's parents/guardians.
- An estimate of the number of children who may need to remain in the service e.g. parents/guardians working and unable to collect until specified time – these children may need to be isolated and cared for until collected.

Staff Required to Stay at Home in the Event of Family Illness:

Employees who are well but who have an ill family member at home with H1N1 flu should come to work as usual. There is no need for any staff member or child (including those at risk of complications and those who are pregnant) to stay at home from the service if they are well. An employee should monitor their health every day and follow the service's sick leave policy and procedure in the event they become ill. Employees must ensure that they inform the proprietor in the event they are diagnosed with H1N1 flu. Employees must take more than usual precautions in terms of contact with co-workers and personal hygiene. Employees who have an underlying medical condition or who are pregnant should call their doctor for advice, because they may need to receive influenza antiviral drugs to prevent illness.

Exclusion Policy:

The service will operate an exclusion policy for seven (7) days. We will remind parents/guardians that children displaying flu-like symptoms while at home (weekends and holidays) should stay at home and not return to the service for seven days from onset of symptoms.

Keep Up-to-Date:

The service will review and update this policy as information is updated through the World Health Organisation.

Covid-19:

COVID-19 is included in the list of infectious diseases and must be notified within three working days of becoming aware of a notifiable incident. A notification form for COVID-19 has been created and incorporates additional information regarding the risk of closure as a result of COVID-19.

Caring for children :

- The spread of infection is minimised by organising children and staff into groups or "play-pods" to the extent that this is practical.
- A 'play-pod' comprises a group of children and the adult(s) who remain with that group as keyworker(s). The intention is that the same staff and children stay together each day, through the day, as far as possible.
- The objective is to limit interactions and sharing of facilities between play-pods.
- Children's extra clothing beakers, bottles, soothers, wipes, sun cream, wellies and nappies will be delivered to the service minimum of 3 days prior to use to allow to avoid cross contamination and will remain onsite in the service.

Note: *It is not possible to observe physical distancing when caring for a young child and it is not practical or advisable to enforce physical distancing between young children who are cared for as a group / play-pod.*

Staff:

- The service will complete a pre-return to work screening form with each employee in advance of their return to work – includes Covid-19 screening form and Return to Work After Illness form.
- Staff rosters will ensure that child/staff ratios are compliant with the regulations.
- Allocated staff will be assigned to one group /play-pod of children. Floating /relief staff members who move from group to group will be essential but limited as much as possible.
- The service will continue to operate within the regulatory adult-child ratios, where a minimum of two-adults will be located in a 'play-pod'.
- Staff breaks will be staggered and avoid congregating in communal areas within the service or outside so as to maintain social distancing.
- Staff will be required to complete specific training to support minimising Covid-19 infection in the service which includes WHO training on infection control, PPE, cleaning and hand washing; prior to commencing work.
- Staff must ensure that their temperature is checked each day upon arrival and recorded
- All staff must ensure that they have their 'fobs' or access pass with them at all times for contact tracing purposes while at work.

The service:

- The service ensures that Covid-19 Compliance Committee meet regularly to review compliance within the service and update staff regularly on any changes.
- The service has created a contact tracing system of 'fobs' or access passes for staff for each room located within the service.
- Temperature checking system has been put in place for all staff to do each day prior to commencing their working day.
- The service will have a plan in place to address absenteeism due to COVID19 and how staffing levels will be maintained in such instances of staff absences.
- The service will ensure good communication /training and regular staff meetings to manage Covid-19.
- The service will screen all visitors prior to them visiting the service via phone call.
- Procedures were revised of drop off and collection of children.

Communication with parents and visitors:

- All information will be current and accessible to all parents and visitors
- Enrolment forms updated as the person(s) authorised to collect the child may have changed due COVID-19.
- Parents/guardians are informed of changes to drop off and collection of children.
- Parents and visitors are kept informed of any changes via phonecalls, text messages, digital platforms.

- Various methods will be used by the service to communicate effectively with parents/guardians. Consideration will be given to providing such information in a language easily understood by the parents/guardians of the children attending.
- Prior to visitors attending the service, a phone call in order to screen visitors regarding Covid-19 related symptoms etc.

Suspected case of Covid-19:

- **Any child/staff who is a close contact of a person who has a confirmed diagnosis or is suspected of having COVID-19 must not attend the service, and remain at home in quarantine for 14 days.**
- If an infection of COVID-19 is suspected, parents/guardians will be contacted so that they can collect the child immediately and consult their GP. In the meantime, the child will be kept comfortable and away from the main group of children and have tissues available and water to drink.
- Use of an infrared non-contact thermometer will be used with child to monitor temperature.
- If a child or adult diagnosed with COVID-19 spent time in a communal area like a play area or sleeping area, or if they used the toilet or bathroom facilities, these areas will be cleaned with household detergent followed by a disinfectant as soon as is practicably possible.
- Special attention will be given to frequently touched sites including door handles, backs of chairs, taps of washbasins, toilet handles.
- If a staff member is diagnosed with Covid-19, all those in contact with staff member will be informed through contact tracing of areas the staff member has been in contact with.

APPENDIX G: CLEANING ROUTINES

Cleaning Routines for Toys: Toys may be implicated in the transmission of potentially harmful germs and the development of infection in young children. Steps must be taken to ensure toys are maintained in a safe and usable state by regular inspection, scheduled cleaning and appropriate storage.

Soft Toys: should be kept to a minimum because they are porous, support microbial growth and can be difficult to clean. Soft toys must be subject to machine washing (Monthly or more often as necessary) and thorough air drying/tumble drying (according to manufacturer's instructions). Repeated decontamination of soft toys can compromise the integrity of the fabric and create a choking hazard, therefore ensure thorough checking takes place before and after use.

Hard Surface Toys: should be washed at least monthly or sooner if visibly soiled. Toys with moving parts or openings can harbour dirt and germs in the crevices and must be washed and scrubbed using soap and warm water/detergent wipes, before thorough rinsing and drying.

Mechanical/Electrical Toys: should be surface wiped monthly or more often as necessary, using a damp cloth that has been rinsed in hot, soapy water or detergent wipes followed by thorough drying.

Books: should be inspected weekly and the surfaces wiped using a disposable cloth that has been rinsed in hot, soapy water/ detergent wipes followed by thorough drying. Books with signs of dampness or mildew must be discarded.

Dressing up Clothes: All clothes must be washable and washed at a temperature of 60 degrees. Clothes must be laundered weekly or more often as necessary. The storage box or rail must also be cleaned regularly. Due to COVID 19 dress up clothes are put into storage.

Sand Pit: Rake the sandpit every morning and afternoon, keep the sandpit covered when it is not being used. Sieve the sand weekly and wash the sand play toys weekly and allow to dry. Replace sand every 2 or 3 months or more often as necessary.

Toilets: Toilets are checked regularly and cleaned appropriately as necessary.

Potties: Potties should be washed with hot water and detergent and dried with a paper towel after each use.

Bins : Peddle bins are in each room and bathroom. Children will be encouraged to use the appropriate bins. Staff should ensure that bins are never allowed to overflow. If it is full empty it. The bins should be emptied and rinsed out at the end of every day.

Staff Hygiene: It is imperative to wash hands after handling bins, changing nappies, cleaning up vomit or urine, cleaning children's noses, before handling food, after handling food etc. This will help in the battle against infections.

Hand Sanitizers:

As most common germs are transmitted through hand contact we have placed hand sanitizers inside the front door for all visitors to use to help reduce the risk of spreading infection.

Soother Storage: Soothers, once washed, are stored in an airtight sterilised container with their name on it.

Cleaning of Soothers: If a soother falls or is not been used, the soother will be washed with hot water and sterilised. The soother will then be placed into the child's sterile container.

Spillages and Hazards: The Safety, Health and Welfare at Work Act, 2005 applies.

In the interests of health and safety the following procedures must be used when cleaning up spillages:

- Disposable gloves are provided by the service and must be used by staff to clean up any body spillages or faeces. When changing nappies or any clothing, which has urine or faeces on it, this procedure should also be observed.
- Warning notices should be displayed where appropriate.
- Any vomit or blood should be dealt with immediately by wearing disposable gloves and applying Milton directly on to the spillage, before cleaning up.

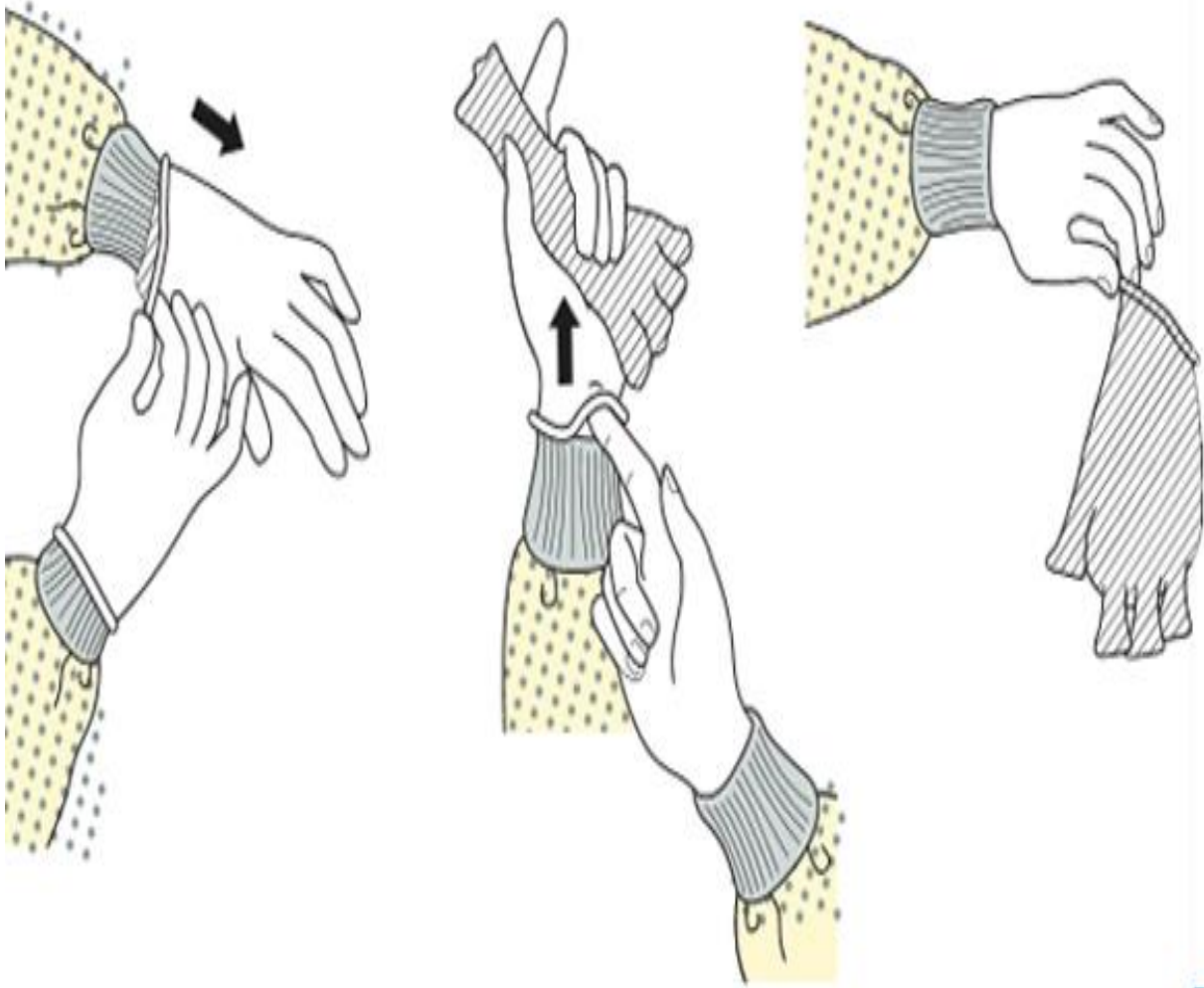
Hazards: If you discover anything, which may be a potential hazard to you, the children, other staff or members of the public who may be using the service you must take immediate remedial action. Report the hazard to the Manager who will record the hazard and take the appropriate action to rectify the hazard

SAMPLE DAILY CLEANING ROUTINE:

- Wipe down all shelves in warm soapy water.
- Wash all table tops and wipe down table legs with a mild disinfectant.
- Wash down sink and surrounding counter area.
- Clean fridge as required, check dates on food, and remove if necessary.
- The fridge should be wiped out inside with antibacterial spray.
- The outside of the fridge is to be cleaned with a mild disinfectant.
- Wipe down window sills in warm soapy water. Clean windows with warm soapy water if necessary.
- Wipe all exposed woodwork with a mild disinfectant.
- Wash all skirting boards with warm soapy water.
- Empty bin and replace bag.
- Replace hand towels and hand washing liquid as required.
- Clean toilet and disinfect toilet seat and base.
- Wash sink and disinfect taps.
- Empty bins and replace new bag, paper towels and toilet paper.
- Sweep/vacuum and wash floors with warm soapy water.

References/Supporting Documents/Related Legislation

- [Child Care Act 1991 \(Early Years Services\) Regulations 2016](#)
- [Tusla: Quality and Regulatory Framework](#)
- [Management of Infectious Disease in Childcare Facilities and Other Childcare Settings](#) (2012) and Appendices
- [Guidance on Infection Control in Schools and other Childcare Settings](#) (2016) Public Health England produced with the assistance of the Royal College of Paediatrics and Child Health.
- [Infection Prevention and Control in Childcare Settings \(Day Care and Childminding Settings\)](#) October 2016 Health Protection Scotland NHS National Services Scotland
- [A Guide to The Safety, Health and Welfare at Work Act, 2005](#) Health and Safety Authority
- [A Guide to Risk Assessments and Safety Statements](#) (updated 2016) Health and Safety Authority



Source: US Centers for Disease Control and Prevention


Appendix A Sample of Hand Washing Guide

Washing your hands

Hand washing is important:


- ◆ If hands are not clean they can spread germs.
- ◆ **You should wash your hands thoroughly and often** with soap and warm water and **especially:**
 - * When hands look dirty
 - * Before and after preparing, serving or eating food
 - * Before and after dealing with sick people
 - * Before and after changing the baby's nappy
 - * Before and after treating a cut or a wound
 - * After handling raw meat
 - * After going to the toilet or bringing someone to the toilet
 - * After blowing your nose, coughing or sneezing
 - * After handling rubbish or bins
 - * After handling an animal or animal litter/droppings
 - * After contact with flood water
- ◆ A quick rinse will not work – your hands will still have germs. To wash hands properly:
 - ~ Rub all parts of the hands and wrists with soap and water for **at least 15 seconds** (or as long as it takes to sing the *"Happy Birthday to you"* song two times!)
 - ~ Don't miss out on washing your finger tips, between your fingers, the back of your hands and the bottom of your thumbs – the pictures here will help.

Getting ready to wash your hands:




1

◆ Remove hand & wrist jewellery - rings, watch, bracelets



2


◆ Wet hands thoroughly under warm running water



3


◆ Apply a squirt of liquid soap to cupped hand

Washing your hands - take at least 15 seconds/the time it takes to sing the "Happy birthday to you" song twice!



4


◆ Rub palm to palm 5 times making a lather/suds



5

◆ Rub your right palm over the back of your left hand and up to your wrist 5 times


◆ Repeat on the other hand



6


◆ With right hand over the back of left hand, rub fingers 5 times

◆ Repeat on the other hand




7

◆ Rub palm to palm with fingers interlaced



8


◆ Wash both thumbs using rotating movement



9


◆ Wash nail beds—rub the tips of your fingers against the opposite palm

Rinsing and drying your hands:



10

◆ Rinse hands well making sure all the soap is gone



11

◆ Dry hands fully using a clean hand towel or a fresh paper towel

◆ Bin paper towel after use

Remember -
Clean hands save lives &
stop the spread of many infections

HE

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Compiled by Dept of Public Health, Midlands.
January 2016

[Other handwashing posters are available on pages 72–74 of [Management of Infectious Disease in Childcare Facilities and Other Childcare Settings](#)]

Coughing and Sneezing

- Turn your head away from others
- Use a tissue to cover your nose and mouth



- Drop your tissue into a waste bin



- No tissues? Use your sleeve



- Clean your hands after discarding tissue using soap and water or alcohol gel for at least 15 seconds




Seek medical attention immediately if you are worried that someone has Meningitis / Septicaemia.

Meningitis and septicaemia

Know the symptoms

Red symptoms are more specific to meningitis and septicaemia and less common in milder illnesses. Not everyone gets all these symptoms.



MENINGITIS	SEPTICAEMIA
Fever and/or vomiting	Fever and/or vomiting
Severe headache	Limb/joint/muscle pain
Rash	Cold hands and feet/ shivering
Stiff neck	Pale or mottled skin
Dislike of bright lights	Breathing fast/ breathless
Very sleepy/vacant/ difficult to wake	Rash
Confused/delirious	Very sleepy/vacant/ difficult to wake
Seizures (fits)	Confused/delirious

Fitness to Work Assessment Form

Staff should be 'fit to work' at all times. This means that they must not be suffering from, or carrying, an illness or disease that could cause a problem with safety. People who are not 'fit to work' could spread bacteria to food, clients and/or colleagues. No employee with gastroenteritis should work while they have symptoms. Any member of staff who has diarrhoea and/or vomiting must by law report it to their manager immediately. They may be asked to stay at home or go home straight away and consult their doctor.

Responsibility rests with employers to satisfy themselves that no employee pose a risk to food safety, client safety or to other colleagues. If staff are not 'fit to work' they should be sent home and the company sick leave policy applies.

Work areas should be disinfected. Staff who have had diarrhoea and/or vomiting should not return to work until they have had no symptoms for 48 hours. Cuts and sores should be completely covered with a brightly coloured waterproof dressing. The fitness of the employee should be checked before they return to work after illness.

This form may be used for existing employees, new employees on recruitment and for return of employees to work after illness.

Name of Employee:	Date of Assessment:
Reason for Assessment:	Please circle: <ul style="list-style-type: none"> • Existing Employee • Pre-employment assessment • Return to work after illness
1. Do you feel well enough to return to work?	YES/NO
2. Have you sought medical advice on your fitness to return to work?	YES/NO
3. Has a medical practitioner advised you not to return to work/take more time?	YES/NO
4. Have you suffered from diarrhoea and/or vomiting within the last 48 hours?	YES/NO
5. If no, have you in the last 48 hours taken any medication to control diarrhoea and/or vomiting?	YES/NO
6. At present are you suffering from:	
	i) infected wounds, skin infections or sores? YES/NO
	ii) boils, styes or septic fingers? YES/NO
	iii) discharge from eye, ear or gums/mouth? YES/NO

3. Have you ever had, or are you known to be a carrier of typhoid or paratyphoid?	YES/NO
4. In the last 21 days have you been in contact with anyone, at home or abroad, who may have been suffering from typhoid or paratyphoid?	YES/NO If the answer to any question is 'yes', the individual should not be permitted to remain on site and further advice should be sought. e.g. from Tusla, HSE, Environmental Health Officer and/or Doctor.
Action Taken: Manager:	Date:

I hereby declare the information I have given is correct and I undertake to notify my employer/manager if I suffer from any of the above illnesses/conditions.

Employee: _____ Date: _____

Early Years Application

Name of child	
---------------	--

Child's Date of Birth	
-----------------------	--

Name of Parents	
-----------------	--

Address	
---------	--

Phone Number	
--------------	--

E-mail address	
----------------	--

Best time to Contact me	
-------------------------	--

Is your child fully Immunised & documents provided	
----------------------------------------------------	--

Where are you looking for a place	Sunshine Childcare Centre	Kings Island Creche
-----------------------------------	---------------------------	---------------------

Start Date Required if Possible	
---------------------------------	--

Full day 8 – 6	
Full day 8.30 – 1.30	
Mornings 9.00 – 12.30	
ECCE FREE Mornings 9.00 – 12.00	
Afternoons 1.30 – 5.00	
ECCE FREE Afternoons 1.30 – 5.00	
Afterschool	
Primary School	
Collection:	Drop off

Additional Information:

Staff Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Early Years / School Aged Childcare/ Youth COVID 19 Questionnaire	
Name:	
Child's Room Pod:	
Contact Number:	
Company:	Sunshine Childcare Centre
Purpose for Visit: (please Tick)	<div style="display: flex; justify-content: space-around;"> Early Years School Aged Childcare Youth </div>

To ensure the Health and Safety of all people in the Northside FRC; parents, youth members must complete this declaration form prior to entering the centre.

If you indicate to us you have symptoms of COVID-19 or you have been abroad in the last 14 days with exception to Northern Ireland you should not attend the centre. Where this is the case, you are prohibited from entering the Northside FRC and are advised to seek professional medical help/assistance.

Screening Questions	Tick ✓ Yes/No to each questions	Yes	No
1. How are you feeling Healthwise?		Well	Unwell
2. Have you visited/returned from any country outside Ireland excluding N Ireland			
3. Are you/child suffering any of the following symptoms within the past 14 days?			
• Cough			
• Fever			
• High Temperature (above 38 Degrees)			
• Sore Throat			
• Runny Nose			
• Breathlessness, Shortness of Breath			
• Any Flu like symptoms			
4. Have you been advised by a doctor to self – isolate?			
5. Have you been advised by a doctor to cocoon?			
6. Have you been in close contact with a person confirmed or suspected case of COVID 19 in the past 14 days?			

Note: When in Northside Family Resource Centre, please adhere to our standard processes procedures regarding infection control hand washing, hand sanitising, coughing and sneezing etiquette?

Temperature Taking Consent Form

I, _____, consent that staff of Sunshine Childcare Centre, can take my child's temperature as part of the COVID-19 Risk Management Strategy.

Signature of Parent:	Date:
Signature of Manager:	Date:

Illness Policy

Introduction

We aim to provide as healthy an environment as possible for children and staff. We endeavour to minimise your child's exposure to infection by excluding sick children/adults.

The policy aims to

- To promote and maintain the health of the children and staff of this service.
- To provide guidelines to parents/carers as users of the service about the attendance of sick children and to keep the incidence of infectious illnesses reduced to a minimum.
- To help differentiate between minor (does not require home care) and more significant (should not remain in the childcare setting) infections and to give guidance in the prevention and management of infectious disease.

If a Child is Ill

Do not send your child to the Childcare Service if he or she is unwell.

If a child is too unwell to take part in any normal activities in the crèche they should be kept at home. We cannot make children comfortable in the centre if they are unwell.

Your child should not come to crèche if they have:

- Diarrhoea and vomiting
- A temperature of 101°F / 38°C or above
- An Eye discharge
- Thrush
- An Infectious skin disorders
- If there is an outbreak in the crèche of a vaccine-preventable disease when the child/adult is not vaccinated
- A Strep throat
- An earache or a bad cough
- Recognised Rubella.

If a child has diarrhoea and/or vomiting, the exclusion period from is 24 hours from the last bout of illness. If an antibiotic have been prescribed; **doctor's advice** should be sought regarding the child's return to the service.

If a child become Ill whilst at creche

Should a child become unwell during a session staff will inform the parent or the emergency contact person and the child must be collected as soon as possible. If a child has signs of vomiting or diarrhoea whilst at the crèche (in the case of diarrhoea, two affected nappies in a row) the parents/guardian will be contacted and the child will be sent home.

If a child has a high temperature and is sent home, that child can attend again only after a 12 hour period, providing the temperature has returned to normal and the child is well. This will allow a child to return in the morning after the episode.

If all attempts at contacting a parent/carer are unsuccessful, the next action may be to transfer the child to Hospital by ambulance.

Any ill child with fever, headache and vomiting should be sent home as soon as their parent/s/carers can be contacted and referred to their doctor.

If there is any significant delay in contacting the parents/carers, we will bring the child directly to the local hospital Accident and Emergency Unit. We will not allow a child with fever, headache and vomiting to wait indefinitely in the service.

Parents/guardians are requested to notify staff of **infectious diseases/ conditions** i.e. measles, chicken pox, mumps, impetigo, etc. to allow other parents/carers to be informed.

Head lice

Head lice are common and needs to be constantly watched for. We recommend the regular use of a fine comb to prevent and treat. We will send a notice home requesting prompt hair treatment. Also, we ask parents to inform the staff if there is evidence of ‘visitors’ so other parents may be made aware and inspect heads.

Medication

There are strict guidelines as to the medication that can be given to children in a childcare service. The staff may give **only** that medication, which is on **prescription** for your child with the dosage specified and for which the medication forms have been completed and signed by parent/guardian.

We will administer Capol or equivalent, with your permission, if your child has a fever. A permission form must be signed by parent. The parent is to be contacted before the medication is administered. If the Capol does not reduce the child’s temperature the parent will be informed and the child will need to go home.

Appendix 1

MINIMUM PERIODS OF EXCLUSION FROM

Disease/illness	Minimum Exclusion Period
Antibiotics prescribed	First day at home
High temperature	If sent home the child must remain at home for a minimum of 12 hours
Vomiting	24 hours after the last episode
Conjunctivitis	Generally no exclusion unless there is evidence of spread in the crèche then 2 days from start of antibiotic treatment and until the eyes are no longer weeping
Diarrhoea	24 hours after the last episode
Chickenpox	5-7 days from the appearance of the rash or when scabs are dry
Gastroenteritis/ Food poisoning Salmonella	Until authorised by the District Community Health Doctor
Infective Hepatitis	7 days from the onset of jaundice
Measles	4 days from the appearance of the rash
Hand Foot and Mouth	While the child is unwell. If there is evidence of spread than until the spots on hand have gone
Meningococcal Infection	Until fully recovered from the illness
Mumps	5 days from the onset of the illness
Pertussis (whooping cough)	21 days from the onset of the paroxysmal cough
Poliomyelitis	Until declared free from infection by the District Community Health Doctor
Rubella (German measles)	7 days from the appearance of the rash
Scarlet Fever	Until 3 days of an appropriate medical treatment has been given
Scabies	Not necessary once treatment has commenced.
Tuberculosis	Until declared free from infection by the District Community Health Doctor
Typhoid fever	Until declared free from infection by the District Community Health Doctor
Impetigo	Until the skin is healed or 24 hrs after starting antibiotics
Pediculosis (lice)	Until an appropriate treatment has been given
Plantar warts	No exclusion period. Warts should be treated and covered
Ringworm of scalp/skin	Until commence treatment

Illness

We aim to provide as healthy an environment as possible for children and staff. We endeavour to minimise your child's exposure to infection by excluding sick children/adults. We will also encourage parent's uptake of vaccinations.

The aims of this policy are:

To promote and maintain the health of the children and staff of this service.

- To provide guidelines to parents/carers as users of the service about the attendance of sick children and to keep the incidence of infectious illnesses reduced to a minimum.
- To help differentiate between minor (does not require home care) and more significant (should not remain in the childcare setting) infections and to give guidance in the prevention and management of infectious disease.

In general the aim of this policy is not to be exclusionary but rather to provide an environment whereby children are safe and staff may safely fulfil their duties. Children should be excluded only if they are actually ill, present a danger or a risk to other children and staff or are unable to benefit from the service's normal activities.

If a Child is Ill, We ask parents not to send their child to the Childcare Service if he or she is unwell.

If a child is too unwell to take in any normal activities in the crèche they should be kept at home. We cannot make children comfortable in the centre if they are unwell, it is unfair to the child/the other children/staff and may well cause cross infection resulting in children becoming ill and staff absences thus affecting the legal child/adult ratio.

There are some specific illnesses where children will be excluded.

Staff members are required to stay away and parents/carers are asked to keep children away if any of the following are evident.

- Diarrhoea and vomiting
- A temperature of 101°F / 38°C or above
- Eye discharge
- Thrush
- Infectious skin disorders
- Outbreak of a vaccine-preventable disease when the child/adult is not vaccinated
- Strep throat
- An earache or a bad cough
- Any child with recognised Rubella.

If a child has diarrhoea and/or vomiting, the exclusion period from is 24 hours from the last bout of illness. Due to the infectious nature of these illnesses the exclusion period is there to reduce the risk of spread to other children. If an antibiotic have been prescribed; doctor's advice should be sought regarding the child's return to the service.

A list of exclusion periods for other infections is contain in Appendix 1

If a child become ill

Should a child become unwell during a session staff will inform the parent or the emergency contact person and the child must be collected as soon as possible. If a child has signs of vomiting or diarrhoea whilst at the crèche (in the case of diarrhoea, two affected nappies in a row) the parents/guardian will be contacted and the child will be sent home.

If a child has a high temperature and is sent home, that child can attend again only after a 12 hour period, providing the temperature has returned to normal and the child is well. This will allow a child to return in the morning after the episode.

If all attempts at contacting a parent/carer are unsuccessful, the next action may be to transfer the child to Hospital by ambulance.

Any ill child with fever, headache and vomiting should be sent home as soon as their parent/s/carers can be contacted and referred to their doctor.

If there is any significant delay in contacting the parents/carers, we will bring the child directly to the local hospital Accident and Emergency Unit. We will not allow a child with fever, headache and vomiting to wait indefinitely in the service. In addition to these symptoms, children with meningococcal infection often develop a rash that starts as red spots but will progress to purple freckles and splotches, and even frank bruising. If this occurs CALL AN AMBULANCE, GET MEDICAL ATTENTION first and then contact the parents.

Parents/guardians are requested to notify staff of infectious diseases/ conditions i.e. measles, chicken pox, mumps, impetigo, etc. to allow other parents/carers to be informed.

Staff will do their best to keep a sick child separate from well children.

Illness

If a parent/carer is unsure if a child is ill, we will accept the child. However, if the child's condition deteriorates we expect the child to be collected from the service within 30 minutes, where possible.

Head lice

Head lice are common and needs to be constantly watched for. We recommend the regular use of a fine comb to prevent and treat. We will send a notice home requesting prompt hair treatment. Also, we ask parents to inform the staff if there is evidence of 'visitors' so other parents may be made aware and inspect heads.

Medication

There are strict guidelines as to the medication that can be given to children in a childcare service. The staff may give only that medication, which is on prescription for that named child with the dosage specified and for which the medication forms have been completed and signed by parent/guardian.

We will administer Capol or equivalent if a child has a fever. A permission form must be signed by parent. The parent is to be contacted before the medication is administered. If the Capol does not reduce the child's temperature the parent will be informed and the child will need to go home.

This policy has been informed by the "Management of Infectious Disease in Childcare Facilities and other Childcare Centre Setting" published by the Preschool and childcare facility sub-committee of the Health Protection Surveillance Centre and available from the HSE.

Appendix 1

MINIMUM PERIODS OF EXCLUSION FROM

Disease/illness	Minimum Exclusion Period
Antibiotics prescribed	First day at home
High temperature	If sent home the child must remain at home for a minimum of 12 hours
Vomiting	24 hours after the last episode
Conjunctivitis	Child will be excluded until the eyes are no longer weeping
Diarrhoea	24 hours after the last episode
Chickenpox	5-7 days from the appearance of the rash or when scabs are dry
Gastroenteritis/Salmonella	Until authorised by the District Community Health Doctor
Infective Hepatitis	7 days from the onset of jaundice
Measles	4 days from the appearance of the rash
Hand Foot and Mouth	While child is unwell. If evidence of spreading, until spots on hand are gone
Meningococcal Infection	Until fully recovered from the illness
Mumps	5 days from the onset of the illness
Pertussis (whooping cough)	21 days from the onset of the paroxysmal cough
Poliomyelitis	Until declared free from infection by the District Community Health Doctor
Rubella (German measles)	7 days from the appearance of the rash
Scarlet Fever	Until 3 days of an appropriate medical treatment has been given
Scabies	Not necessary once treatment has commenced.
Shingles	Until scabs are dry.
Slapped Cheek Syndrome	No exclusion they are no longer infectious by the time the rash occurs.
Tuberculosis	Until declared free from infection by the District Community Health Doctor
Typhoid fever	Until declared free from infection by the District Community Health Doctor
Impetigo	Until the skin is healed or 24 hrs after starting antibiotics
Pediculosis (lice)	Until an appropriate treatment has been given
Plantar warts	No exclusion period. Warts should be treated and covered
Ringworm of scalp/skin	Until commence treatment

APPENDIX F: SPECIFIC DISEASES

Head Lice:

Head lice can be a common problem in preschool children. Head lice crawl and require head to head contact for transmission. It is our policy to be proactive and manage the treatment.

Parents/guardians have a responsibility to adhere to all our recommendations, working together to address this common health concern.

- Parents/guardians have the primary responsibility for the detection and treatment of head lice.
- Parents/guardians must check their child's head regularly, even if they don't suspect their child has head lice.
- All cases must be reported to the person in charge. Parents/guardians must state when appropriate treatment was commenced.
- Parents/guardians will be informed and advised on the correct procedures to take.
- Notification will be displayed on the parent's notice board and information given if required.
- Confidentiality will be adhered to in every case reported.
- We suggest children with long hair should have it tied back.
- There are a variety of effective preparations, shampoos and lotions available. It is vital that parents/guardians follow instructions accurately.

It is important to remember that anyone can get head lice, however infestation is more likely among small children due to nature of how they play. Head lice do not reflect standards of hygiene either in the home or preschool environment

Meningitis and Meningococcal:

Both these diseases are most common in children, there are over 150 cases reported per year in this age group in Ireland (Meningitis Trust). Although relatively rare, the speed at which children become ill, and the dramatic and sometimes devastating course of events make it a terrifying disease. Having a good knowledge and understanding of meningitis and being able to recognise the signs and symptoms early as well as getting medical attention quickly, may save lives. Although cases can occur throughout the year, the majority of cases occur during the winter months. Meningitis is an inflammation of the membranes that surround and protect the brain and spinal cord. The most common germs that cause meningitis are viruses and bacteria:

Viral Meningitis is rarely life threatening, although it can make people very unwell. Most people make a full recovery, but sufferers can be left with after effects such as headaches, tiredness and memory loss.

Bacterial Meningitis can be life threatening and needs urgent medical attention. Most people who suffer from bacterial meningitis recover but many can be left with a variety of after effects and one in ten will die.

Signs and Symptoms:

Meningitis and septicaemia (blood poisoning) are not always easy to recognise, and symptoms can appear in any order. Some may not appear at all. In the early stages, the signs and symptoms can be similar to many other more common illnesses, for example flu. Trust your instincts. If you suspect meningitis or septicaemia, get medical help immediately. Early symptoms can include fever, headache, nausea (feeling sick), vomiting (being sick), and muscle pain, with cold hands and feet. A rash that does not fade under pressure (see 'The Glass (tumbler)Test' below) is a sign of meningococcal septicaemia. This rash may begin as a few small spots anywhere on the body and can spread quickly to look like fresh bruises.

The spots or rash are caused by blood leaking into the tissues under the skin. They are more difficult to see on darker skin, so look on paler areas of the skin and under the eyelids. The spots or rash may fade at first, so keep checking.




However, if someone is ill or is obviously getting worse, do not wait for spots or a rash to appear. They may appear late or may not appear at all.

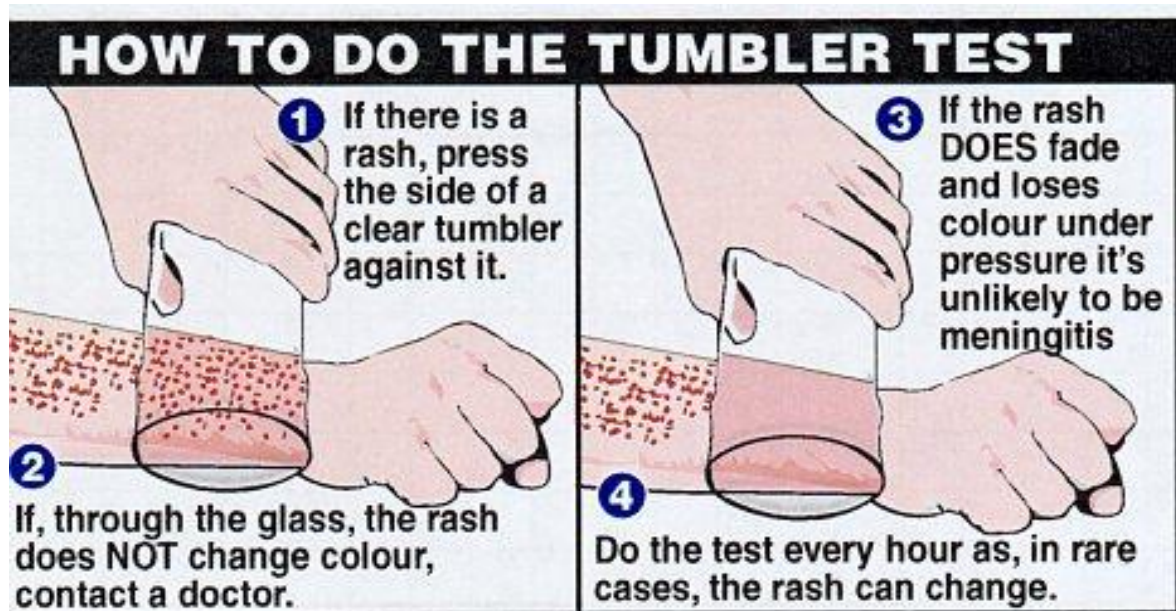
Spots or a rash will still be seen when the side of a clear drinking glass is pressed firmly against the skin.

A fever, together with spots or a rash that do not fade under pressure, is a medical emergency. Trust your instincts. If you suspect meningitis or septicaemia, get medical help immediately.

Procedure for Managing a Suspected Case of Meningitis:

- If a member of staff suspects that a child is displaying the signs and symptoms of meningitis the child's doctor or our doctor on call will be contacted immediately and the child's parents/guardians called.
- If a GP is not available, the child will be taken straight to the nearest A and E department. A member of staff will escort the child to hospital if the parent is unavailable.

Babies and Toddlers				Children and Adults			
Meningitis  and Septicaemia  often occur Together 		Meningitis  and Septicaemia  often occur Together 		Meningitis  and Septicaemia  often occur Together 		Meningitis  and Septicaemia  often occur Together 	
	Fever, cold hands & feet		Floppy, listless, unresponsive		Fever, cold hands & feet		Stomach cramps & diarrhoea
	Refusing food		Drowsy, difficult to wake		Vomiting		Spots/Rash see Glass Test
	Vomiting		Spots/Rash see Glass Test		Drowsy, difficult to wake		Severe headache
	Pale, blotchy skin		Rapid breathing or grunting		Confusion & irritability		Stiff neck
	Fretful, dislike being handled		Unusual cry, moaning		Severe muscle pain		Dislike bright lights



Procedure when a case of Meningococcal Disease (Meningitis and /or Septicaemia) Occurs within an Early Years' service:

- The public health team will usually issue a letter to other parents/guardians to inform them of the situation. The aim of this letter is to give information about, reduce anxiety and prevent uninformed rumours.
- Meningitis literature (out-lining signs and symptoms) will be provided for parents/guardians by the public health team. The Meningitis Trust can provide further information and support free of charge.
- Antibiotics will be offered to persons considered to be 'close contacts'. These are usually immediate family members or 'household' contacts. Antibiotics are given to kill off the bacteria that may be carried in the back of the nose and throat: this reduces the risk of passing the bacteria on to others. In certain situations, a vaccine may also be offered. These actions are coordinated by the public health team.

- There is **no reason** to close the Child Care service.
- There is **no need** to disinfect or destroy any equipment or toys that the child has touched.

The likelihood of a second case of meningococcal disease is extremely small. However, if two or more suspected cases occur within four weeks in the same Child Care facility, then antibiotics may be offered to all children and staff, on the advice from the public health doctor. During this time staff and parents should remain vigilant. Parents/guardians are advised to contact their GP if they are concerned or worried that their child is unwell.

For more information, www.meningitis-trust.ie or 24-hour helpline 1800 523196

Hand, Foot and Mouth:

Hand, Foot and Mouth (HFMD) is a viral illness that causes fever, painful blisters in the throat and mouth, and sometimes on the hands, feet and bottom. HFMD is often confused with foot-and-mouth (also called hoof-and-mouth) disease, a disease of cattle, sheep, and swine; however, the two diseases are not related—they are caused by different viruses. Humans do not get the animal disease, and animals do not get the human disease.

The viruses that cause it are called Coxsackie viruses that live in the human digestive tract. Several types of this family of viruses can cause Hand, Foot and Mouth so unfortunately you can get it more than once. These viruses are usually passed from person to person through unwashed hands and via surfaces which have viruses on them. They can also be spread by coughing. It is more common to catch them from someone when they are in the early stages of their illness. Although anyone is at risk of becoming infected, children are generally more susceptible. HFMD is more common in summer and autumn and there is no immunisation.

Symptoms:

- The disease usually begins with a fever, poor appetite, malaise (feeling vaguely unwell), and often with a sore throat.
- One or 2 days after fever onset, painful sores usually develop in the mouth. They begin as small red spots that blister and then often become ulcers. The sores are usually located on the tongue, gums, and inside of the cheeks.
- A non-itchy skin rash develops over 1–2 days. The rash has flat or raised red spots, sometimes with blisters. The rash is usually located on the palms of the hands and soles of the feet; it may also appear on the buttocks and/or genitalia.
- A person with HFMD may have only the rash or only the mouth sores.

How Hand, Foot, and Mouth Disease Is Spread:

- Infection is spread from person to person by direct contact with infectious virus. Infectious virus is found in the nose and throat secretions, saliva, blister fluid, and stool of infected persons. The virus is most often spread by persons with unwashed, virus-contaminated hands and by contact with virus-contaminated surfaces.
- Infected persons are most contagious during the first week of the illness.

- The viruses that cause HFMD can remain in the body for weeks after a patient's symptoms have gone away. This means that the infected person can still pass the infection to other people even though he/she appears well. Also, some persons who are infected and excreting the virus, including most adults, may have no symptoms.
- HFMD is not transmitted to or from pets or other animals.

Treatment of HFMD:

There is no specific treatment and antibiotics are not effective as it is a viral infection. Most children with HFMD recover completely after a few days resting at home. Plenty of fluids help. Any fever or discomfort can be helped with a children's pain relief such as Calpol.

Prevention of HFMD:

A specific preventive for HFMD is not available, but the risk of infection can be lowered by following good hygiene practices.

- Hand washing is the mainstay of prevention of transmission and control of outbreaks. Children and carers should wash their hands before eating or preparing food, after using the toilet or especially after changing nappies, after contact with an ill child, after contact with animals and whenever hands are visibly soiled. (See Infection Control Policy)
- Cleaning dirty surfaces and soiled items, including toys, first with soap and water and then disinfecting them by cleansing with a solution of chlorine bleach (made by adding 1 part of bleach to 4 parts water)
- Avoiding close contact (kissing, hugging, sharing eating utensils or cups, etc.) with persons with HFMD
- **Children should be kept away from the service whilst unwell. If evidence exists of transmission within the service, exclusion of children until the spots have gone from their hands may be necessary.**

Note: HFMD is communicable immediately before and during the acute stage of the illness, and perhaps longer as the virus may be present in the faeces for weeks.

The incubation period is 3 to 6 days and the condition may last from 7 to 10 days.

Actions for caring for a child who becomes ill with symptoms suggestive of Pandemic (H1N1) 2009 influenza while in the service:

- Parents/guardians should be contacted to bring the child with influenza like illness (ILI) home as soon as possible.
- The service will encourage parents/guardians to seek early medical assessment for all children less than 5 years of age and for children with flu-like symptoms at higher risk of complications from flu. Staff with flu-like symptoms at higher risk of complications from flu should do the same
- The service will have prior permission from parents/guardians to enable urgent medical assessment if required.

- We will ensure there is appropriate space (a separate sick room where possible) which can be used for the care of children who feel ill, before their parents/guardians can collect them. Ideally this space should be away from other children to help prevent spread of the infection. We will ensure that the space is well stocked with appropriate medical supplies and is prepared for children with the symptoms of flu. An employee will be nominated to look after the child in an isolated area, if possible, apart from the remainder of the children. When providing care for the child, the staff member will observe good hand hygiene practices.
- When the child has gone home, the isolation area will be thoroughly cleaned.
- Staff at risk of complications if infected will not care for symptomatic children
- Employee should clean their hands thoroughly with soap and water or alcohol hand rub before and after any contact with symptomatic children or other staff and their environment.
- Employee and children should be encouraged to avoid touching their eyes, nose and mouth.

In the event that cases of influenza due to Pandemic (H1N1) 2009 occurs in the service the following actions will be implemented:

- The child/staff member with H1N1 2009 influenza will be advised to stay at home for at least seven days from the onset of symptoms. The Department of Public Health will be contacted and advised of the diagnosis. The Department may consider closure of the service, or individual room, if there is concern about the potential for spread of the virus, particularly if there is more than one person confirmed with Pandemic (H1N1) 2009 influenza. If closure is advised, alternative arrangements will be needed for care of children.

Actions in the event of an unusual number of people presenting with influenza like illness or unusual severity of illness (e.g. child requiring admission to ICU)

The Department of Public Health will be contacted by phone.

Closure:

In the event that cases of influenza due to pandemic (H1N1) 2009 virus occur in the service and that the circumstances are such that Public Health advises closure, it will be essential to have a communications plan which will include:

- Up to date contact details of the children's parents/guardians.
- An estimate of the number of children who may need to remain in the service e.g. parents/guardians working and unable to collect until specified time – these children may need to be isolated and cared for until collected.

Appendix B Meningitis Symptoms

Seek medical attention immediately if you are worried that someone has Meningitis / Septicaemia.

Meningitis and septicaemia **Know the symptoms**

Red symptoms are more specific to meningitis and septicaemia and less common in milder illnesses. Not everyone gets all these symptoms.



MENINGITIS	SEPTICAEMIA
Fever and/or vomiting	Fever and/or vomiting
Severe headache	Limb/joint/muscle pain
Rash	Cold hands and feet/ shivering
Stiff neck	Pale or mottled skin
Dislike of bright lights	Breathing fast/ breathless
Very sleepy/vacant/ difficult to wake	Rash
Confused/delirious	Very sleepy/vacant/ difficult to wake
Seizures (fits)	Confused/delirious

I HEREBY GIVE PERMISSION TOO: _____

CHILD'S NAME: _____

NAME OF MEDICATION: _____

TIME AND AMOUNT TO BE GIVE: _____

D.O.B: _____

DATE COMMENCED: _____

DATE COMPLETED: _____

PARENTS SIGNATURE: _____

[illegible]

Safety Mate First Aid Talking Device



Northside Family Resource Centre have 2 Safety Mate devices that provide essential and accurate First Aid advice at the touch of a button.

The Safety Mate covers infant, child and adult health emergencies, speaking as soon as the lid is opened on 30+ First Aid issues. It begins with the user selecting one of the eight emergency buttons and is led through a sequence of YES or NO questions on the particular First Aid health issues.

One of the Safety Mate's is in the Childcare office on the ground floor.

The second Safety Mate is in the Directors office on the 1st floor.

Immunisation

Immunisation is a simple, safe and effective way of protecting people against harmful diseases. Immunisation not only protects individuals, but also others in the community, by reducing the spread of disease. As our services cater for the most vulnerable in society, that is, the very young and the very old, Northside FRC requires *all* children to have their vaccinations in date, or in the process of, as per the HSE Primary Childhood Immunisation Schedule. Parents must provide the Childcare Centre with their child's Immunisations records and any documents as their child receives any further Immunisations while attending the Childcare Centre.

The list of diseases in which the Immunisation programme protects children from can be found in "Your Child's Immunisation – A Guide for Parents (2016). This is available from the local Health Centre or on the HSE Website.

Policy

Parents will be encouraged to immunise their children against all diseases appropriate to the child's age. Families seeking a childcare placement for a child who is less than 7 years old will need to meet the HSE immunisation schedule or have an approved exemption.

Exemption

Any exemptions will be subject to scrutiny by a medical practitioner appointed by Northside FRC. Final decisions rests with the CEO and decisions may be appealed to the Board of Management of Northside FRC.

Children who have received an exemption or are over 7 years of age upon enrolment, and are not immunised, may be excluded from services during outbreaks of some infectious diseases, even if they are well.

Staff

It is desirable that all childcare staff have up to date vaccinations. It is also recommended that staff have the Seasonal flu jab. Compliance with infection control requirements is considered an essential contractual prerequisite for all employees. It is recommended that all staff working with children have evidence of immunity to measles, mumps and rubella, either through natural infection or vaccination with two doses of MMR.

Pregnant staff

In relation to pregnant staff if it is important to remember that the greatest risk of Infection to a pregnant woman is from her own children rather than the workplace.

However

Chicken pox can affect the pregnancy if the woman has not already had the infection, close contact with Shingles may also cause infection in a pregnant worker who has not been infected with chicken pox. If a pregnant woman develops a rash or has been in close contact with a potentially contagious rash, she must attend her doctor.

Pregnant staff who come into contact with:

- German Measles (Rubella)
- Measles
- Hepatitis A
- Chicken Pox

- Hepatitis B
- Mumps Tuberculosis (TB)
- Fifth's Disease commonly referred to as Slapped Cheek Disease

Must report exposure to family doctor / antenatal clinic.

Procedure

- Families are required to complete the Childcare Centre's standard enrolment form for children under 7 which includes a declaration of immunisations. Management reserves the right to seek proof of immunisations. This can be by letter from child's doctor, Health Centre; Public Health Nurse; Baby's Personal Health Record (orange book); or Your child's immunisation - A Guide for parents. Families are required to inform services when immunisation is updated.
- Services are to provide information on and encourage all children and staff to have up to date age appropriate immunisation in accordance with the current National Immunisation Programme.
- Ensure that cases of infectious diseases have been confirmed by a doctor.
- Inform all staff, children and visitors that there have been confirmed cases of immunisable diseases in the centre.
- Report outbreaks, in accordance with infection control guidelines, of vaccine preventable diseases to the HSE Infections Prevention and Control.
- Seek advice in relation exclusion of those (staff and children) whose immunisation is not up to date and children who are too young to be immunised.
- Refer to Northside FRC exclusion policy for recommended exclusion periods

This policy was developed in consultation with Staff, Families and Board of Management

References:

- Early Childhood Ireland, 2012. "Guide to Infection Prevention & Control for Childcare Facilities". Infection Prevention and Control Dept, HSE and Preschool Inspection Service.
- Health Protection Surveillance Centre, 2008. "Management of Infectious Disease in Childcare Facilities and Other Childcare Settings". Preschool and Childcare Facility Subcommittee, HSE.
- National Immunisation Office, 2016. Primary Childhood Immunisation Schedule. <https://www.hse.ie/eng/health/immunisation/>.

This policy will be updated when:

- Changes are made to regulations or legislation
- We become aware of information indicating that best practice requires us to make alterations to our existing policy
- As part of the services normal policy review cycle

Early Years Application

Name of child	
---------------	--

Child's Date of Birth	
-----------------------	--

Name of Parents	
-----------------	--

Address	
---------	--

Phone Number	
--------------	--

E-mail address	
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Best time to Contact me	
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Is your child fully Immunised	
-------------------------------	--

Where are you looking for a place	Sunshine Childcare Centre	Kings Island Creche
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Start Date Required if Possible	
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Full day 8 – 6	
Full day 8.30 – 1.30	
Mornings 9.00 – 12.30	
ECCE FREE Mornings 9.00 – 12.00	
Afternoons 1.30 – 5.00	
ECCE FREE Afternoons 1.30 – 5.00	
Afterschool	
Primary School	
Collection:	Drop off

Additional Information:

Staff Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Child Care Act 1991 (Early Years Services) Regulations 2016 (Síolta Standard 10: Organisation) (National Standard 2: Contract, National Standard 3: Working in Partnership with Parents/guardians or Guardians, National Standard 4: Records, National Standard 12: Health Care)

This policy will be communicated to all parents, guardians and school age children and a copy is available and accessible at front of house for Parents and School age Children.

Statement of Intent:

To facilitate promotion of health and wellbeing and to promote an inclusive setting, we will work in consultation with parents to ensure the safe administration of medication. We do not routinely administer non-prescription or prescription medications. We only administer medicines with the correct signed permission.

Definitions Glossary

Medication (or medicine)	A medication is a substance that is taken into or placed on the body to cure or treat a disease or condition, to relieve symptoms of an illness or to prevent diseases.
Anti-febrile Medication	Medication used to reduce a raised body temperature. The most common anti-febrile medications used are Paracetamol and Ibuprofen.
Health Care Professional	Can include the child's general practitioner (GP), dentist, Public Health Nurse (PHN) or an allied health professional such as a pharmacist.

Procedure:

Only the Coordinator or Team Leaders will administer medicines. Medicines must only be brought into the service for administration when it is essential. This means where it would be detrimental to the child's health if it were not to be administered.

- Designated personnel only are permitted to administer medicine
- The Coordinator must be informed if your child is taking antibiotics or any other prescription or non-prescription medication.
- Parents will complete the medical history in their Child's Record Form including a copy of their child's immunisation records.
- Essential medicines will only be administered where a parent/guardian has signed a consent form and at the discretion of the Coordinator.
- We will only follow the dosage as instructed by the doctor who prescribed the medication.
- If the administration of prescribed medication requires medical knowledge, individual training is provided for the relevant member of staff by a health professional.
- No child may self-administer. Where children are capable of understanding when they need medication, for example with asthma, they should be encouraged to tell their key person what they need. However, this does not replace staff vigilance in knowing and responding when a child requires medication.
- If a child refuses to take their medication staff will not force them to do so. But may seek medical advice and contact the parents.

- Parents/guardians must keep the service up to date on their child's medical needs.
- An Asthma Plan will be completed by a parent if their child has Asthma and stored on file in the childcare office.
- Parents/guardians must fill in the medicine consent form of the service, authorizing the administration of medicine (prescription or non-prescription) to their child. Staff cannot give medicine unless this written permission is given.
- Parents/guardians must hand staff the medicine, which is stored in a keyed medicine cabinet and the key is then kept in the office. Any form of medication must never be left in a child's bag, including inhalers.
- Medicines must be in their original packaging clearly labelled with the child's name, the current date, expiry date, storage instructions and dosage plus the name of the health care provider that recommended the medication. We will only administer medicine which is licensed for the age group of the child.
- We will always have the documentation available related to the medicine to include directions for use and possible adverse reaction.

Storage of Medicines:

- All medication is stored out of reach of the children in a keyed cabinet.
- The Coordinator or Team Leaders are responsible for ensuring all medication is handed back at the end of the day to the parent.
- For some conditions, medication may be kept at the service. The Coordinator will check that any medication held is in date and return any out-of-date medication to the parent.
- Unused medicines should be returned to the parent.
- Procedures are followed by staff administering medication and records are kept.
- Staff will wash hands thoroughly before giving medication.

Staff administering medicines must check:

- The child's name.
- Prescribed dose.
- Expiry date of medicine.
- Written instructions provided by the prescriber on the label or original container.
- Time last dose was given.
- That the directions and instructions are in English
- Staff must check that the medicine contains the directions as prescribed by the doctor and dispensed accordingly by the pharmacy
- Check parents/guardians have completed and signed 'Administration of Medicines' Consent form and Anti Febrile Medication form if relevant.
- Staff are aware of how the medication reacts with food, fluids or other medications.
- Staff will maintain a record of the outcome of the administration of the medication. e.g. was there a reduction in temperature after administration of anti-febrile agent; has the child developed a rash following administration of medication.

Anti-Febrile Medication: Emergency Medication

Anti-febrile medication is medication used to reduce a raised body temperature. The most common anti-febrile medications used are: Paracetamol and Ibuprofen (Anti-febrile medication is important treatment for high temperatures to prevent febrile convulsions). Parents/guardians are required to complete a form authorising the administration of such

medication if the child develops a temperature over 38 degrees. This medication should not be used unless indicated for high temperature or pain as overdose can cause significant medical problems.

Parents/guardians will always be notified by telephone prior to the administration of an un-prescribed anti-febrile medication. If the anti-febrile medication does not reduce the temperature medical advice will be sought by contacting the child's GP, hospital or emergency services and the advice will be followed by the staff. Medication forms will be reviewed regularly by the Coordinator to identify children who require frequent or repeated anti-febrile medications. A child in this category may be required to be seen by their doctor. Parents/guardians may be asked to supply a medical report.

If the consent form is not signed, then the parent must be contacted immediately BEFORE any administration of 'Anti Febrile Medication' to the child to confirm that it is permissible. Parents/guardians upon returning to the service will be required to sign the correct permission forms.

If a child has a very high temperature and permission for 'Anti Febrile Medication' has not been granted medical advice will be sought immediately, or an ambulance will be called.

A second staff member must be present when medication is being administered. The second staff member must confirm steps 1 and 2 and that the medicine can be administered.

- Staff **MUST** have a witness **PRESENT during** the medicine being administered. [Second person and countersigned by that person]
- Staff must record the child's name, date, time dosage and route in the medicines record and give a copy to the parent.
- Parents/guardians will be required to sign to **acknowledge** they were informed of the dosage of the medicine upon collection of the child.

It is extremely important that staff follow the procedures as detailed above. These measures are in place to ensure that no mistakes are made. Administering medication is a responsibility which must be undertaken with due caution. If staff are not sure how to administer it or have difficulty doing so, they must inform the Coordinator.

The following should always be checked:

- Correct Child
- Correct Medication
- Correct Dose
- Correct Time
- Correct Route

NOTE: Students or volunteers may not administer medicines.

Procedures for Children with Allergies Requiring Treatment with Oral Medication:

- Asthma inhalers are regarded as "oral medication" Oral medications must be prescribed by a GP and have the manufacturer instructions clearly written on them.
- Staff must be provided with clear instructions on how to administer such medication.
- The service must have the parents/guardians' prior written consent. This consent must be kept on file.

Emergency Medicines

Where medical conditions exist for a child we will develop individual medical care plans which will include the management in the event of an emergency relating to the condition. This will be developed in conjunction with the parents and the child's medical advisers. Where a child has a condition that may require emergency medical treatment staff will be trained on the condition and the treatment. This would include medications like Ventolin, Glucagon or Epipen. Where medication is administered in the case of anaphylaxis or asthma emergency

the service will ensure that the emergency services are contacted as soon as is practically possible and the parents and guardians are also contacted as soon as possible. Emergency numbers for the local pharmacist and local medical practitioners are available within the service

Life Saving Medication and Invasive Treatments:

For example, Adrenaline injections (Epipens) for anaphylactic shock reactions (caused by allergies to nuts, eggs etc.) or invasive treatments such as rectal administration of Diazepam (for epilepsy).

Management must have:

- A letter from the child's GP/consultant stating the child's condition and what medication if any is to be administered.
- Written consent from the parent or guardian allowing staff to administer medication.
- Proof of training in the administration of such medication by the by a doctor or appropriate health profession or persons recommended by a manufacturer
- A copy of such proof may be required by our insurance provider for appraisal so that our insurance can be extended if necessary.
- For medicines like Epipens it will be decided on individual cases and if staff are happy and competent to administer them
- Consent forms

Note: Unused medicine must be returned to parents for safe disposal. Medicines must be stored out of reach of children.

Managing medicines on trips and outings:

If children are going on outings, staff accompanying the children must include the key person for the child with a risk assessment, or another member of staff who is fully informed about the child's needs and/or medication.

- Medication for a child is taken in a sealed plastic bag clearly labelled with the child's name and the name of the medication. Inside the box is a copy of the consent form and a card to record when it has been given, with the details as given above.
- On returning to the setting the card is stapled to the medicine record book and the parent signs it.

All records kept by the service are kept secure and confidential.

Medication Errors:

All medication errors will be recorded and medical advice sought immediately. This includes **when** medication is given to **a** wrong child; wrong route; wrong dosage; wrong time; omitted to be given as scheduled. We will contact the GP, Pharmacist or other emergency service, depending on the degree of error. Parents/guardians will be informed immediately.

Important Note:

If parents cannot be reached, the emergency contact persons (as identified on the Child Registration Form) will be contacted.

References/Supporting Documents/Related Legislation

- [Child Care Act 1991\(Early Years Services\) Regulations 2016](#) and Child Care Act 1991 (Early Years Services) (Amendment) Regulations 2016
- [Tusla Quality and Regulatory Framework](#)
- INTO 39 [Guidance on the Administration of Medicines in Schools](#) Implementing Best Practice
- **Health and Safety in Childcare** 2006 Barnardos and the Border Counties Childcare Network (Now NCN)
- [Managing Medicines in Schools and Early Years Settings](#) DfES UK March 2005
- [Caring for our Children National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care](#) 3rd Edition 2015 A Joint Collaborative Project of American Academy of Pediatrics, American Public Health Association and the National Resource Center for Health and Safety in Child Care University of Colorado Health Sciences Center

Date this policy was created	
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My ASTHMA Action Plan

MY ASTHMA MEDICINE

My daily controller medication

My controller inhaler is Colour

My other controller medication is Colour

My nasal treatment is

My allergy treatment is

Why do I need controller medication?

My controller medication benefits my lungs by reducing inflammation, swelling and mucus.

I need to take my controller every day even when I am well.

My reliever medications

My reliever inhaler is Colour

Why do I need reliever medication?

- My reliever works quickly to make breathing easier by opening up my airway.
- I will always carry my reliever inhaler with me.

My personal best peak flow (if over 6 years of age) is

My asthma triggers are:

MAKE YOUR ASTHMA ACTION PLAN WORK FOR YOU

- Put your Asthma Action Plan where you and your family can easily find it.
- Save a photo of your Asthma Action Plan on your phone or keep a copy in your bag or car.
- Share a copy of your Asthma Action Plan with family members, friends and care-givers.
- Check your Asthma Action Plan regularly.
- Always bring your Asthma Action Plan with you to healthcare appointments and Emergency Department visits.

Remember to attend for an asthma review at least once a year and have your inhaler technique checked.

YOU CAN HELP YOUR ASTHMA BY:

- Staying active and taking exercise for at least 20 minutes each day
- Maintaining a healthy weight
- Quitting smoking and avoiding smoky environments. For help to quit smoking call the QUITline on 1800 201 203 or visit www.quit.ie

hse.ie/eng/health/hl/living/asthma

Asthma Adviceline **1800 44 54 64**

Call Monday – Friday 9am – 5pm to arrange an appointment to speak to an Asthma Nurse Specialist

Email reception@asthma.ie

asthma.ie

MY ASTHMA ACTION PLAN

Date

Name

Next of kin

Next of kin's contact number

Emergency contact number

(for example GP or out-of-hours Doctor)

An Asthma Action Plan is your personal guide to manage your asthma when it gets out of control.

It will help you to recognise asthma symptoms:

COUGH WHEEZE CHEST TIGHTNESS

SHORTNESS OF BREATH

And provide you with information on what action to take.

This Asthma Action Plan is yours, so use it, don't lose it!

asthma.ie

GREEN ZONE

Everyday asthma care

ASSESSMENT

My asthma is controlled:

- I have no cough, wheeze, shortness of breath or chest tightness
- I can exercise without asthma symptoms
- My asthma symptoms do not wake me at night
- I do not need to take days off school, college or work
- I use my reliever inhaler twice a week or less (over the age of 6 years)
- I use my reliever inhaler once a week or less (under the age of 6 years)

My peak flow is between and (80 – 100%) of my personal best

ACTION

Controller inhaler

When my asthma is controlled I take my controller medication everyday.

Name Colour

Number of puffs in the morning Number of puffs at night

I always rinse my mouth after I take my controller inhaler.

Reliever inhaler

I take my reliever inhaler if I wheeze, cough, have chest tightness or I am finding it difficult to breathe.

Name Colour

Number of puffs

- I should always carry my reliever inhaler.
- I take two puffs of my reliever inhaler before exercise if needed.

When I am well, I also take my other medication.

I always use a spacer with my inhaler if I have one

ORANGE ZONE

When I am feeling unwell

ASSESSMENT

- My asthma symptoms include one or all of the following: cough, wheeze, shortness of breath or chest tightness
- I have symptoms with exercise
- My asthma symptoms wake me at night
- I need to take days off school, college or work due to asthma symptoms
- I am taking my reliever inhaler more than twice a week (over the age of 6 years)
- I am taking my reliever inhaler more than once a week (under the age of 6 years)
- My peak flow is dropping
- I feel like I have a cold or flu

ACTION

Controller inhaler

When I am feeling unwell I take my medication like this.

Name Colour

Number of puffs in the morning Number of puffs at night

Reliever inhaler

Name Colour

Number of puffs

- If I am not improving and I have been prescribed Prednisolone tablets (steroid tablets) to keep at home, I should start taking them. **Yes** / **No**
- If I continue to feel unwell and I am not improving, or I am concerned, I contact the GP/ Nurse/ out-of-hours Doctor/Emergency Department.

I always use a spacer with my inhaler if I have one

RED ZONE

When I am having an asthma attack

ASSESSMENT

- My asthma symptoms are getting worse and I have increased: cough, wheeze, shortness of breath or chest tightness
- My reliever inhaler gives little or no relief
- I find it difficult to talk or walk
- I find it difficult to breathe
- I have blue lips or fingernails
- My peak flow is dropping further
- The attack came on suddenly
- I am breathing fast and using my tummy and neck muscles

ACTION

THIS IS AN EMERGENCY – ACT NOW

Follow the 5 steps below. If you are worried or not improving at any stage, CALL 999/112

- Stay calm. Sit up straight – do not lie down.
- Take slow steady breaths.
- Take one puff of your reliever inhaler (blue) every minute. Use a spacer if available.
 - People **over 6 years** can take up to **10 puffs** in 10 minutes
 - Children **under 6 years** can take up to **6 puffs** in 10 minutes
- Call 112 or 999 if your symptoms do not improve after 10 minutes
- Repeat **step 3** if an ambulance has not arrived in 10 minutes

It is safe to take additional puffs of your blue inhaler during an acute asthma attack.

I always use a spacer with my inhaler if I have one

Medicine Policy

1. If I have a high temperature, I can tell a grown-up, who will take my temperature.

2.



3. If I need to take medicine, a grown-up will help me.



Or



4. If I need to take an inhaler, a grown-up will supervise as I take my puffs.



Or



5. Mom or dad will sign a form to say I have medicine to take.



Incidents, Accidents & First Aid

Child Care Act 1991 (Early Years Services) Regulations 2016 ([Síolta Standard 2: Environments](#), [Síolta Standard 9: Health and Welfare](#)) ([National Standard 4: Records](#), [National Standard 12: Health Care](#), [National Standard 20: Safety](#))

Statement of Intent:

It is our policy to promote the health, wellbeing and personal safety of all our children and staff. Through developing and regularly reviewing accident prevention procedures and fire safety. Although we adhere to all safety precautions and follow TUSLA guidelines, accidents can occur.

NOTE: A risk assessment will take place to prevent an accident reoccurring and to take corrective action.

Policy and Procedure:

Measures to be taken to Prevent Accidents & Incidents:

- A Safety statement is prepared and reviewed on a regular basis and an annual risk assessment will be carried out.
- Daily risk assessments are carried out of the children's rooms, outdoor area and, sanitary area and sleep room out and a written record kept and open to inspection.
- Children will be adequately supervised in accordance with the recommended child/adult ratios dictated by the Child Care Act 1991 (Early Years Services) Regulations 2016.
- Each room is designed for easy and unobtrusive supervision by the adults at all times.
- Our staff know which children are present at any one time.
- We ensure that no child can leave the premises undetected.
- The main door is locked at all times.
- Only suitable and age-appropriate materials and equipment are available to children.
- Windows and doors have safety appropriate glass with restricted opening safety devices.
- All electrical sockets are fitted with safety covers.
- Furniture and equipment is arranged to minimise safety risks.
- Sun block protection will be used during hot weather; parents/guardians will be advised to provide a hat that covers the head, neck, ears.
- Incidents and accidents will occur. By endeavouring to keep them at a minimum we can reduce the amount that occurs. Have a watchful eye. Know what the children in your care are doing at all times. Watch out especially for new children in your group as they are the most vulnerable.

The procedures to have in place in the event of an accident:

- The First Aid box is always fully equipped, easily identifiable and location is known to all staff, so that it can be accessed following an incident or accident with a preschool child. Any substances, which may cause an allergy, will not be included.
- Medical supplies are checked regularly.
- A designated First Aider (certified) is on the premises at all times.
- Staff must wear protective clothing (disposable apron and gloves) to clean any bodily fluids or spillages.
- If a child is involved in an incident or accident, they will be taken into a quiet area, if possible.
- In the case of a serious accident, we have a local doctor on call, they will be called and the child's parents/guardians contacted immediately or we will call an ambulance. If parents cannot be reached, the emergency contact persons (as identified on the Child Registration Form) will be contacted.
- If the child has to go to the hospital immediately staff will accompany the child, if the ambulance personnel permit. The child's record will be taken to the hospital. Parents/guardians are responsible for all doctors or hospital fees where applicable.
- The staff member will not sign for any treatment to be carried out on the child in the hospital. The Staff will wait with the child until the parent/guardian arrives.
- A risk assessment will be completed following any accident or incident

Reporting Accidents and Incidents:

- All accidents/incidents even minor ones, are recorded in an accident record sheet, with details on how they are dealt with or treated.

Any of the following incidents must be notified to TUSLA:

- (a) The death of a preschool child while attending the service. This includes the death of a child in hospital following transfer to hospital from the service.
- (b) Diagnosis of a preschool child attending the service, an employee, unpaid worker, contractor or other person working in the service as suffering from an infectious disease within the meaning of the Infectious Disease Regulations 1981(SI No 390 of 1981) and amendments.
<http://www.hpsc.ie/NotifiableDiseases/ListofNotifiableDiseases>.
- (c) Any incident which results in the service being closed for a length of time.
- (d) A serious injury to a preschool child while attending the service that requires immediate medical treatment by a registered medical practitioner whether in a hospital or otherwise.
- (e) An incident which results in a child going missing from the service.
A registered provider must notify the Early Years Registration Office First Floor, South East Wing, St Joseph's Campus, Mulgrave Street Limerick or

ey.registration@TUSLA.ie of any of the incidents listed here in the Notification of Incidents Form.

http://www.TUSLA.ie/uploads/content/EYI_Notification_of_Incidents_Form.pdf

- A copy of the completed Accident & Incident Form must always be kept.
- Parents/guardians will always be contacted and informed immediately of any injury.
- Parents/guardians will be asked to sign off on the accident /incident report.
- Records are accessible to all relevant staff in case of an emergency.
- All serious accidents will be reported to the Insurance Company and be brought to the FRC Childcare Management Committee to be reviewed.
- Records are kept on file for a minimum period of two years or up to 21 years if necessary and will be available for inspection

Note: “a serious injury” is defined by TUSLA as an injury that requires immediate medical treatment by a registered medical practitioner in hospital or otherwise.

Accident and Incident Record:

The accident and incident form should be fully completed with as much detail as possible. It is important that full names are used when referring to staff members and that the form is signed both by The manager and the parent/guardian.

First Aid Box:

Materials:	1-5 children	6-25 children	25-50 children
Hypoallergenic plasters	12	20	20
Sterile eye pads (bandage attached)	2	6	6
Individually wrapped triangular bandages	2	6	6
Small individually wrapped sterile un medicated wound dressings	1	2	4
Medium individually wrapped, non-stick, sterile, un medicated wound dressings	1	2	4
Individually wrapped antiseptic wipes	8	8	10
Paramedic shears	1	1	1
Latex gloves – non-powdered latex or Nitril gloves (latex-free	1 box	1 box	1 box
Additionally, where there is no running water, sterile eye wash	1	2	2

In addition to a First Aid Box you may have a fever scan thermometer and a tough cut scissors.

Where mains tap water is not readily available for eye irrigation, sterile water or sterile normal saline (0.9%) in sealed disposable containers should be provided. Each container should hold at least 30ml and should not be re-used once the seal is broken. At least 90ml should be available.

First Aid:

We will ensure that:

- At least one adult, qualified in giving First Aid, should always be present on site. This qualification should be current.
- All members of staff are familiar with simple First Aid procedures, such as mouth to mouth resuscitation, and for staff training to be given on this subject.
- First Aid boxes and a simple First Aid book are available in the Childcare office.
- They are stored where they are easily available to all adults, but beyond the reach of children. Contents of the boxes should be checked regularly and replaced as necessary.
- The First Aid boxes are suitably equipped and are checked and documented monthly.
- The First Aid box does not contain any substance, which may cause allergies. In addition, cotton wool for cleaning wounds and multi-purpose bowl are recommended.
- Eye bath/eye cup/refillable containers are not be used for eye irrigation.
- A list of what is in the First Aid box is printed on the inside of the lid. All items removed from the box must be replaced immediately after use.

First Aid Officer Duties:

- We have a designated First Aid Officer, 80% of staff are qualified First Aiders.
- Accident and Incident reports are completed and filled for each incident. All reports are to be signed by the Coordinator.
- The First Aid Officer will supervise children who are under observation, as a result of accidents/sickness while in the Childcare Centre.
- The First Aid Officer will have access to up to date contact numbers for parents/guardians, doctors and hospitals in an easy accessible place.
- The First Aid Officer will be responsible for re-stocking the First Aid kit at regular intervals, at least once a month.
- ALL Health and Safety issues or broken equipment will be report immediately to the Coordinator and documented in the monthly maintenance to do list.
- Daily attendance records are kept on all children, staff and daily numbers.
- All flammable materials are safely stored outside of childcare centre.

Carrying out First Aid:

- Antiseptic creams are never applied due to cross contamination. To prevent an infection occurring, a medical wipe and band aid may used. Where this is the case please ensure

that the band aid is the correct size. Please note that some children are allergic to band aids/plasters. This will be noted on their Child Record Form.

- Disposable gloves must be worn when dealing with open wounds, vomit or blood. Always wash hands thoroughly after administering first aid.
- Tissue/cotton wool and water is used for all injuries. Never, ever, use soap on wounds.
- Cold compresses are used for major bumps, bites, pinches, falls where swelling and bruising will occur. An ice pack can be found in the freezer compartment of the fridge in all the childcare rooms. Ice packs should be replaced if damaged or broken.

First aid should be performed where possible away from other children. Ensure that the children you are leaving are left supervised. If this is not possible then administer first aid on the spot.

Choking and Strangulation:

Sweets, peanuts and marbles are not allowed to be given to the children. Foods and fruit are cut so not to cause choking. Children's pockets are checked for small objects, Blind cords, curtain cords or clothing (e.g. ribbons and belts) are a serious strangulation risk to children.

Dealing with Infant Choking (under 1 year):

1. Turn the infant face down with their head lower than their body. Support their head, jaw and neck.
 2. Give 5 back blows using the heel of your hand between the infant's shoulders
 3. Turn the infant onto its back while still supporting their head and neck.
 4. Give 5 chest thrusts by placing two fingers over the lower half of the infants Breast bone, below the imaginary line between the nipples. Keep doing 5 back blows and 5 chest thrusts until the object pops out and the Infant begins to breathe again.
 5. If the infant becomes unresponsive, call for help and send someone to dial 999 or 112. Stay on the phone and listen carefully to the advice.
- You must begin CPR (Cardio Pulmonary Resuscitation).
 - If during CPR you can see the object, remove it with your fingers but do not place your fingers in the infant's mouth if you cannot see the object.



Dealing with a Child Choking (over 1 year):

1. Ask the child: Are you choking? Can you breathe?
2. If the child cannot, breathe, talk or cough, stand or kneel behind the child. Start the Heimlich Manoeuvre by placing the flat thumb side of your fist between the child's navel and the breast bone. Be sure to keep well off the breast bone. Wrap your other hand around your fist and press upwards towards their stomach.
3. Keep doing this until the object pops out and the child starts to breathe again.



4. If the child becomes unresponsive, gently lower them to the floor. Call for help and send someone to dial 999 or 112. Stay on the phone and listen carefully to the advice.
5. You must begin CPR (Cardio Pulmonary Resuscitation).
6. If during CPR you can see the object, remove it with your fingers but do not place your fingers in the child's mouth if you cannot see the object.

Anaphylaxis: is a sudden and severe allergic reaction, which can be fatal, requiring immediate medical emergency measures be taken.

The service recognises that it has a duty of care to children who are at risk from life-threatening allergic reactions while under our supervision. The responsibility is shared among parents/guardians and health care providers

This policy is designed to ensure that children at risk are identified, strategies are in place to minimize the potential for accidental exposure, and staff and key volunteers are trained to respond in an emergency situation

While the service cannot guarantee an allergen-free environment, the management will take reasonable steps to provide an allergy-safe and allergy-aware environment for a child with life-threatening allergies.

The service will implement the following steps:

- A process for identifying an anaphylactic child.
- Keeping a record with information relating to the specific allergies for each identified anaphylactic child to form part of the child's Permanent Child Record.
- A process for establishing an emergency procedure plan, to be reviewed annually, for each identified anaphylactic child to form part of the child's child record.
- Procedures for storage and administering medications, including procedures for obtaining preauthorization for employees to administer medication to an anaphylactic child.
- All incidents will be recorded and the process reviewed.

Anaphylaxis Procedures:

Description of Anaphylaxis

Signs and symptoms of a severe allergic reaction can occur within minutes of exposure to an offending substance. Reactions usually occur within two hours of exposure, but in rare cases can develop hours later. Specific warning signs as well as the severity and intensity of symptoms can vary from person to person and sometimes from reaction to reaction in the same persons.

An anaphylactic reaction can involve **any** of the following symptoms, which may appear alone or in any combination, regardless of the triggering allergen:

- **Skin:** hives, swelling, itching, warmth, redness, rash.

- **Respiratory (breathing):** wheezing, shortness of breath, throat tightness, cough, hoarse voice, chest pain/tightness, nasal congestion or hay fever-like symptoms (runny itchy nose and watery eyes, sneezing), trouble swallowing.
 - **Gastrointestinal (stomach):** nausea, pain/cramps, vomiting, diarrhoea.
 - **Cardiovascular (heart):** pale/blue colour, weak pulse, passing out, dizzy/light-headed, shock.
 - **Other:** anxiety, feeling of “impending doom”, headache, uterine cramps in females.
- Because of the unpredictability of reactions, early symptoms should never be ignored, especially if the person has suffered an anaphylactic reaction in the past.

It is important to note that anaphylaxis can occur without hives.

If an allergic child expresses any concern that a reaction might be starting, the child should always be taken seriously. When a reaction begins, it is important to respond immediately, following instructions in the child’s *Child Emergency Procedure Plan*. The cause of the reaction can be investigated later. The following symptoms may lead to death if untreated:

- Breathing difficulties caused by swelling of the airways.
- A drop in blood pressure indicated by dizziness, light-headedness or feeling faint/weak.

Identifying Individuals at Risk:

At the time of registration, parents/guardians are asked to report on their child’s medical conditions, including whether their child has a medical diagnosis of anaphylaxis. Information on a child’s life threatening conditions will be recorded and updated on the child’s Permanent Child Record annually. It is the responsibility of the parent/guardian to:

- Inform the Manager when their child is diagnosed as being at risk for anaphylaxis.
- In a timely manner, complete medical forms and the Child Emergency Procedure Plan which includes a photograph, description of the child’s allergy, emergency procedures, contact information, and consent to administer medication. The Child Emergency Procedure Plan should be posted in key areas such as in the child’s playroom, the office, the feedback notebook etc., Parental permission is required to post or distribute the plan.
- Provide the service with updated medical information at the beginning of each year, and whenever there is a significant change related to their child.

Record Keeping – Monitoring and Reporting:

For each identified child, the Manager will keep a Child Emergency Procedure Plan on file. These plans will contain the following information:

- Child-Level Information
 - Name
 - Contact information
 - Diagnosis
 - Symptoms
 - Emergency Response Plan

- Service-Level Information
 - Emergency procedures/treatment
- GP section including the child's diagnosis, medication and GP signature.

Emergency Procedure Plans: Child Level Emergency Procedure Plan:

The Coordinator will ensure that the parents/guardians and child where appropriate, are provided with an opportunity to meet with designated staff, prior to the beginning of each year or as soon as possible to develop/update an individual Child Emergency Procedure Plan. The Child Emergency Procedure Plan must be signed by the child's parents/guardians and the child's GP. A copy of the plan will be placed in readily accessible, designated areas such as the playroom and office.

The Child Emergency Procedure Plan will include at minimum:

- The diagnosis.
- The current treatment regime.
- Who within the service is to be informed about the plan – e.g. Early Years Practitioners, volunteers, playmates.;
- Current emergency contact information for the child's parents/guardians.;
- A requirement for those exposed to the plan to maintain the confidentiality of the child's personal health information.
- Information regarding the child, is parent's responsibility to advise the service about any change/s in the child's condition.
- It is the service's responsibility for updating the child's records.

Emergency Plans:

Management will consult with parent's staff to decide on an appropriate emergency plan on a case by case basis to ensure that an appropriate course of action is taken for the child. The following two plans A and B will be used in consultation with parents/guardians and then an individual plan will be written up.

Parents/guardians will be required to sign a declaration that they are happy for the staff to follow the decided emergency plan. In the event of an emergency designated staff will follow the plans as decided by parents/guardians and management.

Sample Emergency Procedure Plan A:

The service will use the following emergency procedure:

1. **FIRST Call emergency medical care 999, 112 or 911**
2. Follow the instructions from the emergency services and **only** administer the child's auto-injector or inhaler under their instruction. Note time of administration.
3. Contact the child's parent/guardian.
4. Under the instruction of the emergency services **only** a second auto-injector or inhaler may be administered within 10 to 15 minutes or sooner, after the first dose is given IF

symptoms have not improved (i.e. the reaction is continuing, getting worse, or has recurred).

5. If an auto-injector has been administered, the child must be transported to a hospital (the effects of the auto-injector may not last, and the child may have another anaphylactic reaction).
6. One person stays with the child at all times.
7. One person goes for help or calls for help.

The manager, or designated staff, must ensure that emergency plan measures are in place for scenarios where the child is off-site (e.g. bringing additional single dose auto-injectors on outings).

Sample Emergency Procedure Plan B:

We will use the following emergency procedure:

1. Administer the child's auto-injector (single dose) at the first sign of a reaction. The use of epinephrine for a potentially life-threatening allergic reaction will not harm a normally healthy child, if epinephrine was not required. Note time of administration.
2. **Call emergency medical care 999, 112 or 911**
3. Contact the child's parent/guardian.
4. A second auto-injector may be administered within 10 to 15 minutes or sooner, after the first dose is given IF symptoms have not improved (i.e. the reaction is continuing, getting worse, or has recurred).
5. If an auto-injector has been administered, the child must be transported to a hospital (the effects of the auto-injector may not last, and the child may have another anaphylactic reaction).
6. One person stays with the child at all times.
7. One person goes for help or calls for help.

The manager, or designated staff, must ensure that emergency plan measures are in place for scenarios where the child is off-site (e.g. bringing additional single dose auto-injectors on outings).

Provision and Storage of Medication:

The location(s) of child auto-injectors must be known to all staff. Parents/guardians will be informed that it is the parents/guardians' responsibility:

- To provide the appropriate medication (e.g. single dose epinephrine auto-injectors) for their anaphylactic child.
- To inform the staff where the anaphylactic child's medication will be kept (i.e. with the child, in the child's playroom, and/or other locations).
- To inform the staff when they deem the child competent to carry their own medication(s), and it is their duty to ensure their child understands they must carry their medication on their person at all times.
- To provide a second auto-injector to be stored in a central, accessible, safe but unlocked location.

- To ensure anaphylaxis medications have not expired.
- To ensure that they replace expired medications.

Allergy Awareness, Prevention and Avoidance Strategies:

a) Awareness

The manager should ensure:

- That all the service staff and persons reasonably expected to have supervisory responsibility of children receive training, in the recognition of a severe allergic reaction and the use of single dose auto-injectors and standard emergency procedure plans.
- That all members of staff including substitute employees, employees on call, have appropriate information about severe allergies including background information on allergies, anaphylaxis and safety procedures.

Posters which describe signs and symptoms of anaphylaxis and how to administer a single dose auto-injector should be placed in relevant areas. These areas may include rooms, office, staff room, play area etc.

b) Avoidance/Prevention

Individuals at risk of anaphylaxis must learn to avoid specific triggers. While the key responsibility lies with the child's family the service must participate in creating an "allergy-aware" environment. Special care is taken to avoid exposure to allergy-causing substances. Parents/guardians are asked to consult with the Early Years' Practitioner before sending in food to playrooms where there are food-allergic. The risk of accidental exposure to a food allergen can be significantly diminished by means of such measures.

Non-food allergens (e.g. medications, latex) will be identified and restricted from rooms and common areas where a child with a related allergy may encounter that substance.





Training Strategy:

First Aid training will cover anaphylaxis and anaphylactic shock will be held for all the staff. Experts (e.g. public health nurses, trained occupational health and safety staff) will be consulted in the development of training policies and the implementation of training. Training will be provided by individuals trained to teach anaphylaxis management. The training sessions will include:

- Signs and symptoms of anaphylaxis.
- Common allergens.
- Avoidance strategies.
- Emergency protocols.
- Use of single dose epinephrine auto-injectors.
- Identification of at-risk
- Emergency plans.
- Method of communication with and strategies to educate and raise awareness of parents/guardians, children, employees and volunteers about anaphylaxis.

Additional Best Practice:

Participants will have an opportunity to practice using an auto-injector trainer (i.e. device used for training purposes) and are encouraged to practice with the auto-injector trainers throughout the year, especially if they have a child at risk in their care. Children will learn about anaphylaxis as part of the curriculum.

	<p>1. Grasp EpiPen® in dominant hand (the hand you use to write), with thumb nearest blue cap and form fist around unit (orange tip down).</p> <p>2. With other hand pull off blue safety cap</p>
	<p>3. Hold the EpiPen® in a distance of approximately 10 cm away from the outer thigh. The orange tip should point towards the outer thigh.</p>
	<p>4. Jab the EpiPen® firmly into outer thigh at a right angle (90 degree angle) (listen for click).</p> <p>5. Hold firmly against thigh for 10 seconds. The injection is now complete and the viewing window on the Auto-Injector is obscured.</p>
	<p>6. EpiPen® should be removed (the orange needle cover will extend to cover needle) and safely discarded.</p> <p>Massage the injection area for 10 seconds. Dial 112, ask for ambulance, state anaphylaxis.</p>



How to use EpiPen® Trainer Pen

The **EpiPen®** Trainer is easily distinguishable from the real auto-injector. The label clearly states 'Training Device' and is pale blue/grey in colour.

The **EpiPen®** Trainer is:

- reusable and allows you to practise as many times as you wish
- works in the same way as the real **EpiPen®** but does not contain a needle or medicine

To use the EpiPen® Trainer Pen

1. Remove blue safety cap.
2. Jab the orange tip firmly into the outer thigh and hold in place for 10 seconds.
3. Remove the **EpiPen®** Training Pen. Massage injection site for 10 seconds.

1



2



To practise again, the **EpiPen®** Trainer Pen must be reset.

Accidents or Incidents

1. If I get hurt or feel unwell, I will need to get a grown up immediately



2. An adult will try to help me feel better, by fixing my wound or letting me rest.



3. The adult will let my parents know what has happened and I may need to go home.



4. If serious I will need to go to the doctor or stay at home until I am better.



Critical Incident, Lock Down and Evacuation Plan

Child Care Act 1991 (Early Years Services) Regulations 2016 ([Síolta Standard 3: Parents/guardians and Families](#), [Síolta Standard 9: Health and Welfare](#)) ([National Standard 1: Information](#), [National Standard 2: Contract](#), [National Standard 5: Organisation and Management](#))

Statement of Intent:

The FRC will endeavour to ensure that children and service users are protected and cared for at all times and in the event that the building needs to be evacuated staff will follow this plan safely and children will be supervised during any period spent outside the premises.

Definition of Critical Incident:

A critical incident is any incident or sequence of events which overwhelms the normal coping mechanisms of the service.

Emergency Preparedness:

Emergency preparedness is the preparation and planning necessary to effectively handle a critical incident. It involves individuals assessing the likelihood of specific critical incidents occurring and developing an emergency plan that identifies the services they require, and the resources they need to have on hand in case such an incident occurs. The goal of these preparedness activities is to make sure that a service is ready and able to respond quickly and effectively in the event of a critical incident.

Responsibilities and Roles in Emergency Planning and Response: Management will:

- Ensure that the facility remains in compliance with Child Care Act 1991 (Early Years Services) Regulations 2016 in regard to:
First Aid - Medical Assistance - Management and staffing - Registering of children - Records Information for Parents/guardians - Fire safety measures - Premises and Facilities.
- Will develop and review Emergency Preparedness Plan(s). Emergency situations identified during risk assessment as being high risk to the service will have a specific plan developed.
- Ensure that staff are trained in the provisions of Emergency Preparedness Plan(s).
- Ensure that children are prepared for the provisions of Emergency Preparedness Plan(s).
- Conducts evacuation and lockdown drills, keep records and plan revisions based on drill evaluations.
- Assign emergency responsibilities to staff as required, with regard to individual capabilities and normal responsibilities.
- Keep parents/guardians and staff informed of the Emergency Preparedness Plan revisions.
- Regular safety checks at the service of equipment and toys are done and records kept.

Complete a Critical Incident Form for every possible critical incident.

Staff will:

- Participate in developing the facility's Emergency Preparedness Plan(s).
- Participate in emergency preparedness training and drills.
- Help children develop confidence in their ability to care for themselves.

- Provide leadership during a period of emergency.

Management will:

- Participate in developing the facility's Emergency Preparedness Plan(s).
- Conduct periodic safety inspections of the facility.
- Identify shut-off valves and switches for gas, oil, water and electricity. A chart showing shut-off locations so that others can use them in an emergency is available on site.
- Provide for emergency shut-off of the ventilating system (as applicable).
- Instruct all staff members on how to use fire extinguishers.

Food:

Management will:

- Maintain adequate supplies of non-perishable food and water for emergency use.
- Rotate supplies to ensure freshness.

Parents/guardians:

Management will:

- Encourage parents/guardians to become familiar with the Emergency Preparedness Plan(s) and procedures they are to follow.
- Advise parents/guardians of the service procedures for collecting their children if an emergency causes us to relocate to another site.
- Ensure that the information the facility has on the children and parents/guardians is current and correct.
- Invite parents/guardians where appropriate, to assist in writing the Emergency Preparedness Plan(s).

We have addressed the following emergency situations:

- ✓ Medical Emergencies (see Accident and Incident, Infection Control and Medicine Policies).
- ✓ Missing Child (See Missing Child Policy).
- ✓ Natural Disasters: flood, storms, icy weather (see Emergency Closure Policy).
- ✓ Utility Disruption, water, electricity, heating (see Emergency Closure Policy).
- ✓ Fire/smoke Emergencies (see Fire Safety Policy).
- ✓ Hazardous Material; chemical spills (see Health & Safety Statement).
- ✓ Control of Infectious Diseases (see Infection Control policy).
- ✓ Evacuation Process and Procedure for Sheltering Off-site (see Emergency Closure Policy).
- ✓ Gas leak (see Emergency Closure Policy).
- ✓ Potentially Violent Situations (unauthorized/suspicious person/intruder) (see Lockdown/Evacuation procedures below).
- ✓ Bomb Threat (see Lockdown/Evacuation procedures below).

See also Critical Incident Forms completed

Records:

To prepare for an emergency we have the following:

- A current list of staff members' names, addresses and contact details for staff and next of kin.
- A current list of children including additional needs requirements.

- An attendance log book.
- A current list of parents/guardians and second named guardian including contact details.
- Adequate first aid resources and a current list of staff with first aid training.
- A quick reference guide with contact details for the Critical Incident Team and essential services.
- A clearly defined evacuation procedure which identifies pre-designated assembly areas and if required, a relocation shelter site.
- An evacuation bag.
- Up to date facility floor plans and maps outlining fire exits and location of essential services.
- Templates for communications with parents/guardians and the media (ref. Resource materials).
- Contact details for interpretive services if required.

Critical Incident Procedures:

When an incident occurs, staff will immediately alert management or other designated person. It is the responsibility of the person in charge to determine whether the incident is deemed to be critical. The person in charge or designated person will lead the emergency response and be guided by the Critical Incident Action Guide.

Immediate Response [within 24 hours]

- a) Identify the nature of the critical incident.
- b) Implement the appropriate emergency preparedness plan.
- c) Contact emergency services.
- d) Delegate immediate first aid to trained staff.
- e) If applicable, secure the area.
- f) Ensure safety and welfare of children and staff.
- g) Notify the critical incident team leader if not on site.
- h) Liaise with emergency services, hospital and medical services.
- i) Contact and inform parents/guardians and family members.
- j) Identify children and staff members most closely involved and at risk.
- k) Manage media and publicity.
- l) Maintain Emergency Operational Procedure & Time Log.

Lockdown Procedure:

- If there is a dangerous person inside or immediately outside the service, the best procedure may be to lock all interior doors and protect staff and children in rooms.
- The service has agreed a code word or signal during the emergency planning process and all Staff are trained to recognise this signal which warns them that there is a danger and that all rooms should be locked.
- Children will be kept inside the rooms, away from doors or windows where they can be seen.
- The person in charge will summon Garda Síochána. Efforts to get the dangerous person(s) to leave the premises should only be taken if it is safe to do so.

Step Down:

Staff should only unlock the doors to their rooms if they hear the previously agreed safe code word or signal.

Shelter in the Facility:

If it is unsafe for the adults and children of the service to go outside, provisions have been made to provide “protected spaces” inside. Depending on time available to move the children, it may be necessary to try to shelter in a “close” part of the building, rather than the most protected space.

A safe area is:

- ✓ In the interior of the building away from glass that may shatter.
- ✓ Not in a room with large ceiling spans (like gymnasiums or auditoriums) that may fall if subjected to strong winds.
- ✓ In a room where furniture and wall-hangings are secured so that they will not fall onto children or adults.

The protected space is the preschool room. This location was identified during the planning process and is made known to all staff. All air intakes and openings should be closed to protect the atmosphere inside in the event that we are being kept inside because of smoke or toxic chemicals outside.

Emergency Evacuation after a Session has started:

- The alarm bell will be sounded by the Person in Charge, or other nominated person, or the code word will be conveyed to Staff.
- In the event of an emergency evacuation after the session has started, parents/guardians may be informed by telephone that they are required to collect their child as soon as possible from the Emergency Assembly Point.
- The children will be safely evacuated according to the current Fire Drill procedures to the Emergency Assembly point.
- Contact information for all the children will be taken out of the building along with the daily register.
- Once the building is evacuated, the emergency services will be called.
- Children will only be escorted back into the building under the advice of the emergency services or the person in charge once all threats to safety have been cleared.

Procedures for Dealing with a Trespasser:

If a trespasser is found on the premises the person in charge or other nominated person will:

- a) Establish their name and why they are on the premises.
- b) Inform another member of staff that they are dealing with a trespasser and activate the lock down or evacuation procedure if required. (Use the code word to alert other staff members).
- c) Offer help to the person or to call someone for them in the event that the trespasser is distressed or it is suspected that they are under the influence of alcohol or other intoxicants.
- d) Request that the person leaves quietly.
- e) If the person refuses to leave the Garda will be called.

Under no circumstances must Staff put themselves in danger if the trespasser is aggressive or violent. The evacuation procedures should be followed and the Garda called.

Post Assault/Post Trauma: Procedures and Guidelines:

In the event of any incident the service Management should offer as much support as is reasonably possible to those involved.

Note: It is considered essential that the service Manager and all staff are aware of the effects of assaults/serious incidents.

- The following areas need to be addressed for the staff:
 - Debriefing immediately following, or as soon as practical after an assault/incident
 - Completion of report on the incident
 - Follow up to check how the staff member is doing
 - Outside/independent support for the staff member if appropriate
 - Get immediate medical help if necessary
 - Consult own GP and if advised take sick leave
 - If appropriate avail of counselling service provided by an outside agency. The service will meet this cost within a specified limit
- Contact the union for advice, if applicable.
- Complete an Incident Report Form.
- Report assaults/incidents and serious threats to the Garda, but it is acknowledged that it is up to the individual staff member to make a decision on pressing charges.
- The person in charge should accompany the staff member when making a report to the Garda and also to court if charges are brought and the staff member is required as a witness.

Secondary Response [24–72 hours]:

- a) Assess the need for support and counselling for those directly and indirectly involved.
- b) Provide staff, parents/guardians and wider community with factual information as appropriate.
- c) Arrange debriefing for all parents/guardians, children and staff most closely involved and at risk.
- d) Restore the facility to regular routine, program delivery, and community life as soon as practicable.
- e) Complete critical incident report.

Ongoing Follow-up Response:

- a) Identify any other persons who may be affected by the critical incident and provide access to support services for community members.
- b) Provide accurate information to parents/guardians and staff.
- c) Arrange a memorial service and occasional worship as appropriate.
- d) Maintain contact with any injured and affected parties to provide support and to monitor progress.
- e) Monitor staff and children for signs of delayed stress and the onset of post-traumatic stress disorder; providing specialised treatment as necessary.
- f) Evaluate critical incident and Emergency management plan.
- g) Be sensitive to anniversaries.
- h) Manage any possible longer term disturbances e.g. inquests, legal proceedings.

Evaluation and Review of Management Plan:

- After a critical incident, a meeting of the critical incident team will be held to evaluate the critical incident report, the effectiveness of the management plan and to make modifications as required.
- After any evacuation or security breach a full and comprehensive review will take place by Management and will include:
 - Completing an incident report form with a full report of how the situation was dealt with.
 - A report of any children or staff that have been distressed or upset during the incident or subsequent evacuation.
 - Evacuation procedures.
 - Security arrangements to avoid trespassers accessing the building.
- The evaluation process will incorporate feedback gathered from staff, parents/guardians and local community representatives.
- An evaluation report will be made available to the management team.

Information/Training:

- These procedures should be known to all staff and reviewed on a regular basis and incorporated into the induction programme.
- Management and staff should agree an emergency code or signal.
- Under no circumstances must staff be made feel incompetent or apologetic for activating the emergency procedures.

Dealing with the Media:

In the event of a crisis, emergency or controversial situation, the person in charge will handle all contacts with the media, and will coordinate the information flow from the service to the public. In such situations, all staff should refer calls from the media to the person in charge. No staff may talk to the media unless designated to do so. A breach of this may invoke the disciplinary procedures.

APPENDIX H: DEALING WITH THE MEDIA

Some events draw a great deal of media attention and this can add complexity and stress to what is already a difficult situation. The media can be used to dispel rumour and give a clear factual message.

On the other hand, the media can sensationalise the story. The primary concern at any time of crisis is to protect the privacy of those affected by the incident and to ensure any media attention is handled sensitively.

It is most important that all those involved understand how the media will be handled at times of crisis

Press Statement:

- Prepare a Press Statement that is factual and accurate.
- It should be brief and carefully considered.
- Avoid sweeping statements or generalisations.
- Consider privacy of families concerned.

Interviews

- Decide if the service wished to partake.
- Use designated times and in a specific press room (this keeps you in control).
- Preparation is key.
- Parents/guardians should be advised not to let children be interviewed.
- Delegate a spokesperson.
- Management should inform everyone concerned that only the nominated spokesperson will deal with the media.

Media Do's and Don'ts:

Do's	v	Don'ts	X
Do write a press release and rehearse		Don't go into personal details of those involved	
Do consider getting professional help or help from your membership organisation		Don't read the statement to the camera	
Do use careful and sensitive language		Don't engage in rambling discussions afterwards Don't use "no comment"	
Do keep it short		Don't respond to quotes from others	
Do regard anything you write down as quotable		Don't answer questions that you don't know the answer to	
Do ask can you have sight of any press coverage		Don't make "off the record" comments	
Do ask for outline of questions in advance		Let anyone, other than spokesperson speak with the media	
Do avoid being drawn into speculation		Don't make sweeping statements	

Child Care Act 1991 (Early Years Services) Regulations 2016 (Síolta Standard 9: Health and Welfare) (National Standard 9: Nurture and Well-Being, National Standard 13: Food and Drink)

Statement of Intent:

The service promotes healthy nutritional choices for our children. We feel it is important at this young age to introduce and educate the children about good nutrition and the health benefits of eating well. Allergens in food we provide will be listed as under Food Information for Consumers (FIC) Regulation (EU) No 1169/2011 (S.I. No. 489 of 2014) and displayed in the 3 Week Menu Plan that is displayed at reception. It is also our intention to ensure that good food hygiene practices are in place in line with relevant legislation.

Children are always supervised when eating and drinking snacks or meals.

- We provide healthy meals freshly cooked on the premises by our chefs.
- Our kitchen is HACCP compliant and our meals are cooked by a qualified and experienced chef. Our menu has been developed to ensure that each meal is nutritionally balanced for growing children.
- Food is appropriate to the ages, development and needs of children.
- Food portions will be age and stage appropriate.
- A Menu planning sheet will be used weekly to plan meals listing ingredients and allergens.
- Snack time will be enjoyed and socialisation and interaction encouraged.
- Staff sit and eat with the children.
- Children are encouraged to feed themselves as appropriate to their age and stage of development.
- Age and stage appropriate feeding equipment such as feeder cups, knives, forks spoons etc. are always available.
- Allergens in food we provide will be listed as under Food Information for Consumers (FIC) Regulation (EU) No 1169/2011 (S.I. No. 489 of 2014)
- Children with allergies and special diets will be carefully supervised. Staff are fully aware of all allergies within the setting.
- We do not allow fizzy drinks, sweets, chocolate, crisps, popcorn, nuts or nut spreads. This is communicated to parents.
- Some children are allergic to peanuts/nuts. We request that parents/guardians do not include these in their child's snack.
- Children will be encouraged to help tidy up after snack time.
- Cultural and religious dietary habits are respected. Parents/guardians are requested to provide details of foods that children can or cannot eat..
- Healthy eating is promoted through an arrangement of activities for the children including play, stories, music, outings, cookery etc.
- Drinking water and small snacks are available throughout the day (in between scheduled meals).
- Each room add additional snacks as in fruit, yoghurts, rice cakes to the shopping list each week for their snacks.

Important Note:

- If a child expresses that they are hungry, we will ensure they have a snack.
- We provide all meals and snacks, children do not bring their own foods.
- Practitioners are required to inform parents of what the child has eaten during the day and especially if their child has not eaten well
- Parents are advised on safety and nutrition in relation to healthy lunches and snacks.

Meals:

- Well-balanced and nutritious meals are provided for the children. A variety of foods is selected from each of the four main food groups every day:
 - Bread, cereals, rice, pasta and potatoes
 - Fruit and vegetables
 - Milk and dairy foods
 - Meat, fish and alternatives
- Menus are reviewed and changed weekly to ensure a varied range of food choices for the children.
- All desserts provided are based on fruit and/or milk
- Fresh fruit is always available.
- Processed meat products such as sausages, burgers, chicken nuggets and fish bites are kept to a minimum. If these are provided, healthier cooking methods are used, e.g. they are oven cooked or grilled. No food is fried.
- Special therapeutic dietary needs are respected. Parents/guardians are requested to give us a copy of the diet sheet provided by their dietician
- Meal times are used as an opportunity to encourage good social habits.
 - Whenever possible children and adults eat together.
 - Good table manners will be encouraged
 - Children will also be engaged in conversation if they wish
 - Children that are slow eaters will be given time to eat and not rushed
- Children will be allowed to have dessert if they do not eat their main course
- Parents/guardians will be advised on what their child eats each day
- Children will be encouraged to sit down when eating and/or drinking
- Mealtime should be engaged with in a positive way with the children. Staff must not use any negative association with food at any time with the children.

Food Labelling and Allergen Information:

Food Information for Consumers (FIC) Regulation (EU) No 1169/2011 (S.I. No. 489 of 2014) stipulates that food allergen information for non-prepacked food must, as a minimum, be provided in written format. The allergens in **any** meals, snacks and any food consumed in activities such as baking will be listed and parents/guardians made aware of before the food is consumed. Each meal or snack will indicate if any of the 14 (required) allergens **are** present. Our weekly/daily menu plans contain the allergen information and that they are displayed in on the parent's notice board and are available to parents/guardians.

Rewards and Special Occasions:

Praise and attention are used to help develop children's self-esteem and to act as a positive reward for good behaviour. Food, e.g. sweets, should not be used as reward.

Parents/guardians may send in birthday cakes. Cakes should be bought at a shop or HSE inspected and approved restaurant to avoid the possibility of gastrointestinal illness. The cake should not contain nuts, as some children are allergic to nuts.

Activities:

Healthy eating is promoted through an arrangement of activities for the children including play, stories, music, outings, cookery etc. The service participates in special campaigns and initiatives where appropriate. The implementation of this Healthy Eating Policy will not only relate to the provision of healthy foods and drinks in the service, in order to promote the nutritional and general wellbeing of the children, but it will also address food related activities involving the children which should encourage and enable them to make healthy choices in the future.

Food Hygiene

The person carrying on the early years' service shall ensure that there are:

- Adequate and suitable facilities for the storage, of food.
- Adequate and suitable eating utensils, hand washing, wash-up and sterilising facilities are provided.
- All waste and other refuse must be stored hygienically, and disposed of frequently and hygienically and in such a manner as not to cause a nuisance.
- The service will follow the food hygiene standards required under the Child Care Act 1991 (Early Years Services) Regulations 2016 throughout the service as 'best practice'.

Policy and Procedure:

Those responsible for preparation of food should fully comply with hygiene, storage and waste disposal regulations. The person cooking the food must have completed *HACCP training. A number of staff should have completed food handling training.

Kitchen Hygiene:

- Work surfaces should be thoroughly cleaned with disinfectant after each meal preparation.
- People who are unwell should not prepare food for others.
- Cover cuts and sores with waterproof dressings.
- Tea towels and dishcloths should be boil-washed daily.
- Carers should always wash their hands with soap and water before preparing food, between handling raw and cooked foods, before helping children to eat and after toileting children or changing nappies or blowing their nose.
- It is also important that children are taught basic hygiene themselves, for example, not eating food that has fallen on the floor, washing their hands with soap and water before meals and after going to the toilet.
- Uneaten food should be removed from the table and disposed of.
- Any milk remaining in a baby's bottle after one hour should be disposed of.

Food Storage:

- Do not leave perishable food at room temperature for more than two hours. Perishable food brought from home, including sandwiches, should be kept in a fridge or cool place below 5°C.
- Insulated cool boxes, or a cool box with cool packs, should be used for carrying food when taking children on trips or outings.
- Cool leftovers as quickly as possible. Cover and, when steam has evaporated, put in the fridge. Avoid putting large quantities of warm food in the fridge as it raises the temperature of the whole fridge.
- Cover foods in the fridge.
- Eggs should be kept in the fridge, separate from other foods.
- Raw meat and raw fish should be stored on a different and a lower refrigerator shelf to other foods. Check the raw food is not dripping.
- Food stocks should be rotated and food beyond its 'use by' date discarded.
- Do not leave food in cans or packaging once opened, empty into another container for storage.
- Do not re-freeze foods.
- Wash fridge frequently.

Mealtime Practises:

- Ensure that staff and children wash their hands before meals.
- Use disposable gloves when serving the children food including snacks.
- Ensure that bibs are worn by the younger children or any child who needs it.
- **Never** blow on or taste the children's food.
- Never give the children food that is too hot. Let it cool before serving it to them.
- Help and encourage the children to eat their meals. Do not force or demand that a child eats their food. Use positive encouragement in a relaxed manner.
- Ensure that mealtimes are enjoyable experiences for the children.
- Teach the children table manners and etiquette. Show them how to use cutlery correctly.
- Never let one child eat another child's food to prevent allergies or cross contamination.
- Clean up the eating area after each meal. Clean down the table etc with a clean cloth, using the anti-bacterial spray.
- All dishes and cutlery are sent to the kitchen. Cups/beakers which are kept in the classroom should be washed with washing up liquid and hot water and dried thoroughly.
- Clean the children after each meal, hands/clothes etc. Clean each child's face with individual pieces of wet cotton wool or baby wipes.

*HACCP stands for 'Hazard Analysis Critical Control Point'. It is an internationally recognised and recommended system of food safety management. It focuses on identifying the 'critical points' in a process where food safety problems (or 'hazards') could arise and putting steps in place to prevent things going wrong. This is sometimes referred to as 'controlling hazards'. Keeping records is also an important part of HACCP systems.

FOOD INGREDIENTS THAT MUST BE DECLARED AS ALLERGENS

Substances or products causing allergies or intolerances as listed in Annex II of Food Information for Consumers (FIC) Regulation (EU) No 1169/2011 (S.I. No. 489 of 2014)

ALLERGEN:	CONTAINED IN: (this list is not exhaustive and is meant to be a guide)
Cereals containing gluten:	Flour and products made with wheat (such as spelt and khorasan wheat), rye, barley, oats or their hybridised strains, and products thereof, except: (a) wheat based glucose syrups including dextrose (b) wheat based maltodextrins (c) glucose syrups based on barley (d) cereals used for making alcoholic distillates including ethyl alcohol of agricultural origin
Crustaceans and products thereof:	Lobsters, crabs, shrimp, prawns etc.
Eggs and products thereof:	Mayonnaise, cakes, biscuits
Fish and products thereof:	Fish cakes, fish fingers except: a) fish gelatine used as carrier for vitamin or carotenoid preparations (b) fish gelatine or Isinglass used as fining agent in beer and wine
Peanuts and products thereof:	Peanut butter, Arachis oil Arachis, some cakes, biscuits and chocolate
Soybeans and products thereof:	Soy sauce, Tofu, soya milk, meat substitute products, except: (a) fully refined soybean oil and fat (b) natural mixed tocopherols (E306), natural D-alpha tocopherol, natural D-alpha tocopherol acetate, and natural D-alpha tocopherol succinate from soybean sources (c) vegetable oils derived phytosterols and phytosterol esters from soybean sources (d) plant stanol ester produced from vegetable oil sterols from soybean sources
Milk and products thereof (including lactose):	Yogurt, cheese, fromage frais, except: a) whey used for making alcoholic distillates including ethyl alcohol of agricultural origin (b) lactitol

Nuts:	Cakes, biscuits, almonds (<i>Amygdalus communis</i> L.), hazelnuts (<i>Corylus avellana</i>), walnuts (<i>Juglans regia</i>), cashews (<i>Anacardium occidentale</i>), pecan nuts (<i>Carya illinoensis</i> (Wangenh.) K. Koch), Brazil nuts (<i>Bertholletia excelsa</i>), pistachio nuts (<i>Pistacia vera</i>), macadamia or Queensland nuts (<i>Macadamia ternifolia</i>), and products thereof, except for nuts used for making alcoholic distillates including ethyl alcohol of agricultural origin
Celery and products thereof:	Soups, stews, stocks, bouillons and seasonings.
Mustard and products thereof:	Mayonnaise, soups, stews, stocks, bouillons and seasonings.
Sesame seeds and products thereof:	Cakes, biscuits
Sulphur dioxide and sulphites at concentrations of more than 10 mg/kg or 10 mg/litre in terms of the total SO ₂ which are to be calculated for products as proposed ready for consumption or as reconstituted according to the instructions of the manufacturers:	Bakery goods, soups, jams, canned veg, pickled foods, vinegar, gravies, dried fruit, potato crisps, vegetable juices, sparkling grape juice, beer, wine cider, bottled lemon/lime juice, tea, many sauces (tomato ketchup etc.) molasses, fresh and frozen prawns, guacamole, maraschino cherries, dehydrated, pre-cut or peeled potatoes.
Lupin and products thereof:	A legume belonging to the same plant family as peanuts in gluten-free products
Molluscs and products thereof:	Shell fish e.g. clams, scallops, oysters, octopus, squid



Birthday Parties

Children can have their birthday parties in their

Class with their friends if you wish,

the treats you can provide for the party

plain chocolate, ice-cream and birthday cake

Early Years Menu Week 1














	Breakfast	Homemade porridge with milk 1, 7
	Late-morning Fruit	Apples, grapes, strawberries, oranges, blueberries, bananas
Monday	Lunch	Spaghetti Bolognese and Pasta 1, 3
	Afternoon snack	Ham and cheese platter with cracker breads 1, 7
	Late Afternoon Fruit	Apples, grapes, strawberries, oranges, blueberries, bananas
	Breakfast	Beans and Toast 1
	Late-morning Fruit	Apples, grapes, strawberries, oranges, blueberries, bananas
Tuesday	Lunch	Chicken Goujons and broccoli and mashed potatoes 7
	Afternoon snack	Potatoe wedges and beans
	Late Afternoon Fruit	Apples, grapes, strawberries, oranges, blueberries, bananas
	Breakfast	Scrambled egg and toast 1, 3, 7
	Late-morning Fruit	Apples, grapes, strawberries, oranges, blueberries, bananas
Wednesday	Lunch	Beef stew, carrots and mashed potatoes 7
	Afternoon snack	Pasta and tomato sauce 1, 7
	Late Afternoon Fruit	Apples, grapes, strawberries, oranges, blueberries, bananas
	Breakfast	Selection of cereals with milk 1, 7
	Late-morning Fruit	Apples, grapes, strawberries, oranges, blueberries, bananas
Thursday	Lunch	Fish fingers, beans and potatoe cubes 1, 6
	Afternoon snack	Pizza 1, 7
	Late Afternoon Fruit	Apples, grapes, strawberries, oranges, blueberries, bananas
	Breakfast	Homemade porridge with milk 1, 7
	Late-morning Fruit	Apples, grapes, strawberries, oranges, blueberries, bananas
Friday	Lunch	Chicken curry and brown rice and jelly and ice cream 7,
	Afternoon snack	Trio of sandwiches jam, ham, cheese
	Late Afternoon Fruit	Apples, grapes, strawberries, oranges, blueberries, bananas
Birthday Parties	Children can have their birthday parties in their class with their friends if you wish the treats you can provide for parties are plain chocolate, ice-cream and birthday cake	

1	2	3	4	5	6
					
GLUTEN	SHELLFISH	EGGS	FISH	PEANUTS	SOY
8	9	10	11	12	14
					










	Breakfast	Homemade Porridge and milk 1, 7
	Late-morning Fruit	Apples, grapes, strawberries, oranges, blueberries, bananas
Monday	Lunch	Spaghetti Bolognese and Pasta 1, 3
	Afternoon snack	Ham and cheese platter with cracker breads 1, 7
	Late Afternoon Fruit	Apples, grapes, strawberries, oranges, blueberries, bananas
	Breakfast	Scrambled egg and toast and milk 1, 3, 7
	Late-morning Fruit	Apples, grapes, strawberries, oranges, blueberries, bananas
Tuesday	Lunch	Chicken Gougons and brocolli and mashed potatoes 7
	Afternoon snack	Banannas and bread 1, 7
	Late Afternoon Fruit	Apples, grapes, strawberries, oranges, blueberries, bananas
	Breakfast	Beans and Toast 1
	Late-morning Fruit	Apples, grapes, strawberries, oranges, blueberries, bananas
Wednesday	Lunch	Shephards Pie and pureed carrots 7
	Afternoon snack	Speghetti hoop and broen bread 1, 7
	Late Afternoon Fruit	Apples, grapes, strawberries, oranges, blueberries, bananas
	Breakfast	Selection of cereals with milk 1, 7
	Late-morning Fruit	Apples, grapes, strawberries, oranges, blueberries, bananas
Thursday	Lunch	Fish fingers, beans and potatoe cubes 1, 7
	Afternoon snack	Pasta and tomato sauce 1, 7
	Late Afternoon Fruit	Apples, grapes, strawberries, oranges, blueberries, bananas
	Breakfast	Homemade Porridge and milk 1, 7
	Late-morning Fruit	Apples, grapes, strawberries, oranges, blueberries, bananas
Friday	Lunch	Chicken curry and brown rice
	Afternoon snack	Mini Pizza's 1, 3, 7
	Late Afternoon Fruit	Apples, grapes, strawberries, oranges, blueberries, bananas

Birthday Parties

Children can have their birthday parties in their class with their friends if you wish the treats you can provide for parties are plain chocolate, ice-cream and birthday cake

1	2	3	4	5	6	7
						
GLUTEN	SHELLFISH	EGGS	FISH	PEANUTS	SOY	DAIRY
8	9	10	11	12	14	15
						
NUTS	SULPHUR DIOXIDE	CELERY	MUSTARD	SESAME SEEDS	LUPINE	MOLLUSCA

	Breakfast	Homemade Porridge and milk 1, 7
	Late-morning Fruit	Apples, grapes, strawberries, oranges, blueberries, bananas
Monday	Lunch	Spaghetti Bolognese and Pasta 1, 3
	Afternoon snack	Spaghetti hoops and bread, 3
	Late Afternoon Fruit	Apples, grapes, strawberries, oranges, blueberries, bananas
	Breakfast	Beans and Toast 1
	Late-morning Fruit	Apples, grapes, strawberries, oranges, blueberries, bananas
Tuesday	Lunch	Chicken Gougons and brocolli and mashed potatoes 7
	Afternoon snack	Trio of sandwiches jam, ham, cheese
	Late Afternoon Fruit	Apples, grapes, strawberries, oranges, blueberries, bananas
	Breakfast	Scrambled egg, toast and milk 1, 3, 7
	Late-morning Fruit	Apples, grapes, strawberries, oranges, blueberries, bananas
Wednesday	Lunch	Beef stew, carrots and mashed potatoes 7
	Afternoon snack	Noodles 1, 3
	Late Afternoon Fruit	Apples, grapes, strawberries, oranges, blueberries, bananas
	Breakfast	Selection of cereals with milk 1, 7
	Late-morning Fruit	Apples, grapes, strawberries, oranges, blueberries, bananas
Thursday	Lunch	Fish fingers, beans and potatoes cubes 4
	Afternoon snack	Banannas and bread 1, 7
	Late Afternoon Fruit	Apples, grapes, strawberries, oranges, blueberries, bananas
	Breakfast	Homemade Porridge and milk 1, 7
	Late-morning Fruit	Apples, grapes, strawberries, oranges, blueberries, bananas
Friday	Lunch	Chicken curry and brown rice
	Afternoon snack	Ham and cheese platter with cracker breads 1, 7
	Late Afternoon Fruit	Apples, grapes, strawberries, oranges, blueberries, bananas
Birthday Parties	Children can have their birthday parties in their class with their friends if you wish the treats you can provide for parties are plain chocolate, ice-cream and birthday cake	

1	2	3	4	5	6	7
						
GLUTEN	SHELLFISH	EGGS	FISH	PEANUTS	SOY	DAIRY
8	9	10	11	12	14	15
						
NUTS	SULPHUR DIOXIDE	CELERY	MUSTARD	SESAME SEEDS	LUPINE	MOLLUSCA

Induction Procedure for Coordinators of Departments

All staff, volunteers and scheme workers are to receive a comprehensive induction and will involve considered planning from the relevant line manager.

The following outlines the induction process for employees **directly employed** by Northside Family Resource Centre:

1. An induction process is to be drawn up that covers the following areas:

a. Staff	g. Communication
b. Premises	h. Role
c. Project	i. Employment
d. Area Profile	j. Management
e. Centre Ethos and Work	
f. Administration	

For a sample induction process please refer to the Induction Forms Folder located in the Management Folder on the 'W' drive.

2. A timetable of induction is to be drawn up using the Timetable template located in the Induction Forms Folder on the 'W' drive. Where new employees are required to meet various members of staff the Coordinator is to set up those meetings with said staff and timetable appropriately. All staff should meet with Centre Coordinator, Admin Coordinator and HR Administrator.
3. All employees are to receive the Northside Family Resource Centre's Employment Policy Booklet. It should be clearly stated that this document is organic and is reviewed regularly to ensure legislation and best practice is adhered to. Areas highlighted in yellow are currently under review and employees will be notified if there are to be any changes.
4. Employees should complete an Emergency Contact Form as part of the Induction Process.
5. Employees should sign and return a copy of their contract as part of the Induction Process.
6. Employees should be encouraged to read the Northside Family Resource Centre Strategic Plan to include the mission and ethos of the Centre and Child and Elder Protection Policies and Procedures should also be read.
7. All new Employees must sign a confidentiality agreement and Conditions of Employment Form.
8. All signed documents should be returned to the HR Administrator and the Admin Coordinator for the creation of the relevant HR files.

Northside Family Resource Centre Personnel (Volunteers, Interns, Scheme Staff and Casual Labour)

- An induction process is to be drawn up that covers the following areas:
 - a) Staff
 - b) Premises

- c) Project
- d) Area Profile
- e) Centre Ethos and Work
- f) Communication
- g) Role

For a sample induction process please refer to the Induction Forms Folder located in the Management Folder on the 'W' drive. Adapt as appropriate to the individual.

- A timetable of induction is to be drawn up using the Timetable template located in the Induction Forms Folder on the 'W' drive. Where new individuals are required to meet various members of staff the Coordinator is to set up those meetings with said staff and timetable appropriately. All non-staff should meet with Centre Coordinator.
- All volunteers, casual and scheme staff are to complete the following forms:
 - Confidentiality form
 - Emergency Contact Form
- All personnel should be briefed on the Elder and Child Protection Policies.
- Casual staff must be given a casual staff contract and letter of explanation. These documents should be drawn up by the Centre Coordinator and sufficient notice should be given.
- A file should be created for all volunteers, scheme staff (with the exception of CE) and casual staff by the relevant Coordinator and filed in the Centre Coordinator's office to which all senior staff has access in an emergency.

NORTHSIDE FAMILY RESOURCE CENTRE'S

COMPLAINTS POLICY

AND PROCEDURES FOR STAKEHOLDERS



09/10/2018

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SECTION 1. COMPLAINTS POLICY

1.1. Scope

This policy and procedures relates to both informal and formal complaints made by stakeholders of Northside Family Resource Centre, and what steps should be followed if a complaint is made. This Complaints Policy and Procedures does not cover complaints made by staff as this is managed through the Centre's Grievance and Disciplinary Policy. This policy does not cover the reporting procedures for complaints which are a child protection and vulnerable adult concern. Any child protection and vulnerable adult concern must be raised using 2017 Children First Guidance and Mandatory Reporting. **This policy will be communicated to all parents, guardians and school age children and a copy is accessible at front of house.**

1.2. What is a complaint?

A complaint is when you, the stakeholder, tell us you are not happy about the service we provide. It can be about anything and could include:

- When we do not deliver a satisfactory service
- Giving you the wrong information
- When you receive a poor-quality service
- When you have a problem with a member of staff, or another service user.

1.3. Who might make a complaint?

- Participants of programmes / courses
- People who come into the Centre looking for information
- Parents of children in the Childcare Service, After Schools Programme or Youth Initiatives etc.
- People who avail of a service operating within the Centre
- Other agencies who may operate from the Centre
- People from the local community
- Organisations and agencies in which the Centre does business.

1.4. Principles

Northside Family Resource Centre (FRC) is committed to the principles (below) when a stakeholder wishes to make a complaint.

Northside FRC will:

- Make sure everyone in Northside FRC treats a complaint seriously and knows what to do if a complaint is received
- Provide a fair and easy process for anyone wishing to make a complaint
- Publicise and raise awareness of our procedures so that people know how to make a complaint
- Make sure confidentiality is upheld and that complaints are dealt with and investigated in a timely manner
- Endeavour to resolve a complaint, and restore relations
- Learn from complaints: gather information which helps us to review and improve our service.

Northside FRC will ensure that if a complaint is made:

- The principles of natural justice will be recognised at all stages of the complaint procedure in relation to all parties
- That any formal complaint received into Northside Family Resource Centre is logged, and after investigation will be categorised as either upheld or dismissed or withdrawn
- Both complainant and the person / group complained against, may at all stages of the procedures be advised and / or accompanied by a representative of their choice
- The CEO will keep a written record of each meeting, including details of the complainant's case and any response made. All parties will be asked to sign records of any meetings and copies will be made available to everyone who attended the meeting ¹
- The complainant and the person / group complained against will be advised of the next stage at the end of every stage of the procedure
- The date and time of all meetings will be agreed by all parties
- All parties will be allowed adequate time to prepare their case
- Every effort will be made to resolve the complaint at each stage
- The proceedings will remain confidential to those parties involved
-

¹ Where the CEO is the complainant, or the person / member of the group complained against, this role will be filled by an alternate. The alternate will be a Volunteer Director agreed by the complainant and the person / group complained against.

- Copies of correspondence and written records relating to the complaint will be kept on file by the CEO (or alternate). The information will be destroyed after six months unless there are important reasons not to do so, in which case the complainant will be informed of the fact.
- Northside FRC will keep the record of your complaint for a period of 6 months unless there are important reasons not to do so and the duration shall not exceed 6 years, in which case the complainant will be informed of the fact.

Northside FRC will not be responsible for managing the following complaints:

- complaints to be dealt with by An Garda Siochana
- complaints to be managed by Túsla
- complaints to be managed by other external agencies.

1.5. Responsibility for dealing with complaints

Overall responsibility for the implementation of this policy lies with the CEO, relevant other Line Managers, and the Chairperson of the Board.

If you wish to make a complaint you may contact the CEO (or the Chairperson should an alternate be required) in any of the ways listed below:

Telephone: 061 326623

Email: ciarakane@northsidefrc.ie

In writing: Northside FRC, Clonconnane Road, Ballynanty Limerick

1.6. Confidentiality

All complaint information will be handled sensitively, telling only those who need to know / or are directly involved following all relevant data protection requirements.

1.7. Review

This policy will be reviewed at least annually and up-dated as required.

1.8. Signature

This Complaints Policy and Procedures was discussed and agreed, and adopted by the Voluntary Board of Directors at a meeting on _____

Signed: _____

Chairperson **Review History:**

SECTION 2: COMPLAINT PROCEDURES

The aim of the Complaint Procedures is to facilitate a fair and quick resolution of any problem or grievance. A complaint may be about the organisation or about an individual in the organisation whose behaviour the complainant felt was inappropriate.

Northside Family Resource Centre (“the FRC”) Complaints Procedure offers a facility to members of the public who wish to make a complaint to the FRC regarding our services or the way we conduct our business. It is the policy of the FRC to deal with all complaints in a fair manner and in accordance with the principles of natural fairness and equality.

Anyone who wishes to make a complaint about the services or the conduct of an employee of the FRC should follow the steps outlined STAGES 1, 2 3, 4 and 5.

STAGE 1: Informal Complaint

In the case of an informal complaint about the FRC, a complainant should firstly raise the complaint informally with the Coordinator or Line Manager responsible for the relevant area of work within the Centre who may be able to resolve the issue(s) immediately.

If the informal complaint is about an individual, Northside FRC encourages complainants to first raise the matter with the individual concerned and seek resolution.

Staff who receive informal complaints from a service user/client will always inform their Line Manager. In the case of an external tutor or service provider, any informal complaint will also be referred to the FRC CEO.

All relevant staff will make every effort to resolve the issues as swiftly as possible where appropriate.

The informal complaint and outcomes will be written into the Complaint Record Sheet in APPENDIX 1.

Should the issue not be resolved by informal means, the complainant can then make their complaint formally in writing to the CEO of the FRC. See STAGE 2.

STAGE 2: Formal Complaint

The complainant should detail the complaint and provide any relevant documentation to support the complaint.

The CEO will use the Complaints Record Form attached to this document in APPENDIX 1 to further document the issues and will:

- Write down the facts;
- Take complainants name, address and telephone number;
- Note down the relationship of the complainant to the Centre;
- Explain to the complainant the Formal Complaints Process;
- Explain that the written record of the complaint must be sent to the appropriate staff / member of Voluntary Board Of Directors (VBODs) as part of any discussion or investigation of the complaint and they will be given a fair opportunity to respond.

The CEO will acknowledge the complaint, in writing, within 5 working days.

The CEO will do their best to resolve the matter as soon as possible and, in any event, within 15 working days. The CEO will ensure the complaint is investigated and take appropriate action.

If the complaint or grievance is against the CEO, the matter can be brought to the attention of the Chairperson of the VBODs who will acknowledge the complaint, in writing, within 5 working days and strive to resolve the issue within 15 working days. If this is not possible to issue a reply due to, for example, an investigation not fully

completed, a progress report should be sent with an indication of when a full reply will be given.

Whether the complaint is justified or not, the reply to the complainant will describe:

- The action taken to investigate the complaint
- The conclusions from the investigation
- Any action taken because of the complaint.

If the complaint has not been resolved to the satisfaction of the complainant through the efforts of the VBODs and CEO in STAGE 2, the complainant has the right to appeal—STAGE 3.

STAGE 3: Appeal

If the matter is not resolved at Stage 2, and the complainant wishes to appeal, they must send a request in writing to the Chairperson (or Officer of the Voluntary Board of Directors if the complaint concerns the Chairperson) within 5 working days.

If a complainant formally requests an appeal, this will be acknowledged in writing by the VBODs within 5 working days—this acknowledgement includes receipt of the request along with notice that a review will be undertaken.

The Voluntary Board of Directors (VBODs) will establish an independent sub-group (which does not involve anybody involved in the initial investigation) to review the complaint, actions taken in response, and any decisions made in relation to the complaint.

The sub-group concerned will:

- Decide how the complaint should be handled
- Seek support and advice to address the complaint, if necessary
- Make sure the complaint is dealt with in confidence
- Make sure a decision following a review of the complaint is issued to the complainant within 28 working days of the letter of acknowledgement.

As an organisation, Northside FRC aims to be a model of best practice in relation to how it operates and conducts its business.

The VBODs will work to address the complaint. This may involve participating in training, developing appropriate Terms of Reference, participating in a facilitated discussion and / or adopting and implementing appropriate policies and procedures to ensure best practice.

STAGE 4: Mediation

If the matter is not resolved at Stage 3, then the VBODs will provide the option of an external mediator. If either party refuses to engage in the process of mediation, Stage 5 will be initiated.

STAGE 5: Arbitration

If the matter is still not resolved at Stage 4, the VBODs will appoint an External Arbitrator to do an investigation and make recommendations on how best to progress. Terms of Reference will be drawn up for the investigation. On completion of the investigation, and based on the recommendations of the Arbitrator, the VBODs will then conclude that:

1. There has been a breach of the FRC's Code of Conduct(s) and that formal disciplinary action will be taken;
2. There has been a breach of the FRC's Code of Conduct(s), but of a minor nature and that no formal disciplinary action will be taken. The member of the project may be asked to take corrective action to effect improvement in practice in a specific way, within a specific time frame.
3. There is no evidence of a breach and that the complaint should not be taken any further.

The Chairperson will write to both the complainant, and the person complained against, and inform them of the decision. Both the complainant and the person complained against have a right to appeal the decision of the VBODs.

Complaints Record Form

COMPLAINTS RECORD FORM	
NAME OF PERSON COMPLAINING:	
RELATIONSHIP WITH THE FRC:	
ADDRESS :	
TELEPHONE:	
MOBILE No:	
EMAIL:	
DATE OF COMPLAINT:	
<p>Describe in detail the nature and facts of the complaint. Be as accurate as possible.</p>	
SIGNATURE OF COMPLAINANT:	
DATE:	
COMPLAINT RECORDED BY:	
DATE:	

Tips for handling verbal complaints

When handling complaints relevant parties will make every effort to:

- Remain calm and respectful throughout the conversation
- Listen. Allow the person to talk about the complaint in their own words
- Make every effort not to debate the facts in the first instance, especially if the person is angry or upset
- Ask for clarification wherever necessary
- Show that they have understood the complaint by reading back to the complainant what you have noted down
- Always seek explicit consent that is “freely given, specific, informed and an unambiguous indication of the data subject's wishes by which they, by statement or by a clear affirmative action, signifies agreement to the processing of personal data relating to themselves” (GDPR) if you must record any necessary details that is personal or sensitive data
- Acknowledge the person's feelings. For example, "I understand that this situation is frustrating for you"
- Ask the person what they would like done to resolve the issue
- Be clear about what can be done, how long it will take and what it will involve
- Give clear and valid reasons why requests cannot be met
- Do not promise things that cannot be delivered
- Make sure that the person understands what they have been told
- Wherever appropriate, inform the person about the available avenues of review or appeal.

Overview of FRC Policies and Procedures for Grievances, Complaints and Concerns

Employees Hosted Employees

- Grievance Procedures
- Protected Disclosure a.k.a 'Whistleblowing' Policy
- Employees/Students/Scheme Participants Hosted by the FRC

Volunteers and Groups

- Complaints Policy
- (Volunteers) Protected Disclosures
- Volunteer Policy
- Code of Conduct and Conflicts of Interest Policy

FRC Service Users

- Complaints Policy
- Groups Using the Centre Policy
- Children First and Vulnerable Adults Policy
- Data Protection Policy (including Data Breach and Subject Access Request)

Childcare Facility

- Childcare Centre Complaints Policy
- Children First and Mandatory Reporting

Child Protection / Vulnerable Adult Concern

- Children Protection Policy (Children First Guidelines and Mandatory Reporting)
- Designated Liasion Person / Tusla Social Work

Complaints Policy

1. If you unhappy with service, you can make a complaint.



2. Talk to a grown up about your problem or ask a friend to come with you to talk to an adult.



3. The adult will investigate the problem and try to resolve the issue



4. If unhappy with result, you can make a formal complaint in writing or talk to manager



5. The manager will support you with your complaint and work with everyone involved.



Recruitment & Selection Policy of Northside Family Resource Centre

General:

It is the practice of the Northside Family Resource Centre to comply with The Employment Equality Act 1998 - 2015 in relation to its practices and procedures for recruitment and selection.

This policy covers all prospective candidates and all current full time & part time employees, employed directly by Northside Family Resource Centre.

Entitlements & Conditions:

Under our Recruitment and Selection policy, Northside Family Resource Centre has set out the below practices keeping with the provision of the Employment Equality Act 1998 – 2015:

- Recruitment of staff shall be made from the widest possible field. Internal positions shall be advertised on notice boards and throughout the setting. External positions shall be advertised using various media platforms including social media and online career websites.
- All advertisements will clearly state that NFRC is an equal opportunities employer.
- A full job description, person specification and any relevant information for the position, will be given to each candidate upon expression of interest in applying.
- Each application will receive a notification of application within 2 weeks of applying.
- Short-listing will be based solely on the requirements of the job in terms of required qualifications, skills, and experience.
- Applications will be required to use our online portal Hirelocker, with each new position having an allocated link.
- All candidates will be carried through the recruitment process by means of stages such as arrival, screening, interview, result through the online Hirelocker portal. All correspondence in relation to your application will be made via the Hirelocker Portal.
- Interviews are conducted by a panel including members of Coordinators team and the Board of Management, dependent upon the position.
- A record of candidate assessments will be held on file for one year from date of interview.

NORTHSIDE

FAMILY RESOURCE CENTRE

Version 1.2

Updated 20th May 2020

- All positions are subject to Garda Vetting and reference checks, including 2 written references and 2 telephone references along with proof of photographic ID.
- Final approval of the successful candidate lies with the Board of Management.
- All successful candidates will receive full induction training upon commencement, and also receive regular support & supervision sessions and overall performance will be monitored by the department coordinator. All details of such will be stored in each candidates HR File and kept in line with GDPR practices.
- Probationary periods apply in the form of 3, 6, 10-month periods, dependant on the length of contract.

Discrimination

Northside Family resource Centre endeavours not to discriminate against any prospective employee on the grounds of gender, race, ethnicity, civil status, age, religious belief, political opinion, sexual orientation, disability or membership of the travelling community.

Should you have a complaint in relation to discrimination during your recruitment process, the Board of Management will address all complaints under this policy in the following way:

1. Immediate fact-finding discussion will take place with all relevant parties.
2. All relevant records and candidate assessments will be gathered and reviewed by the Board of Management.
3. A response in writing will be sent to you within 10 working days of the complaint being made.

On behalf

Approved by: _____



Fire Safety Policy

Fire Prevention & Evacuation Procedure

Policy Statement

Northside Family Resource Centre Ltd maintain an active programme of fire safety measures aimed at preventing or minimising the risk of fire occurring. In doing so the Centre will meet all the relevant fire safety legislative and regulatory requirements including the advisory guidelines for Fire Safety in Pre-schools requirements. The *Fire Services Act 1981* in line with the Child Care Act 1991 (Early Years Services) Regulations 2016 for the Safety of Staff, Children, Parents, Volunteers, and our Operations. Fire safety in Pre-Schools advisory guide 1999.

Management will work to ensure proactive measures are in place so that in the unlikely event of a fire occurring there will be safe means of escape available to everyone in the building, that the fire will be detected rapidly, contained effectively, and if safe to do so extinguished quickly. At Northside Family Resource Centre, we are advised and inspected by Tusla - The Child and Family Agency.

Scope

This Fire Safety Policy refers to Fire Prevention and Control throughout the entire Centre and associated properties. The Policy clearly states the controls in place to be followed in guarding against an outbreak of fire and the procedures to be followed in the event of a fire. All staff and other service users are made aware of the fire safety procedures set out in this policy.

The fire evacuation procedure to be followed is posted in each room and adjacent areas.

This Policy and supporting Procedures are made available to all employees and service users and a copy is displayed in the main Reception Area.

Roles and Responsibilities

The Centre CEO has overall responsibility for the management of Fire Safety throughout the Centre, supported by the Fire Safety Officer who is responsible for the implementation and overseeing fire safety in the Centre and further supported by department coordinators. The coordinators are responsible for the day-to-day management of fire prevention and control throughout their areas.

Fire Prevention and Fire Detection

The management at the Centre know that fire prevention is key to protecting the staff, children and service users in our care and will take all steps possible to prevent fires from occurring. As such Management and staff understand their roles, responsibility, and necessity for:

- Having Risk assessments conducted regularly to identify any possible hazards, by assessing possible risks arising from such hazards and identify the steps to be taken to deal with any possible risks.
- Conducting scheduled monthly fire drills, these are triggered by activating the fire alarm. As part of our child friendly fire procedure mock fire drills are conducted with the children following lessons in why fire drills must be practiced.
- Appropriate Fire detection and control equipment been fitted and maintained in proper working order, including fire extinguishers, fire alarms, fire blankets, hose reels, smoke detectors (mains wired) and emergency lighting, that are maintained and serviced in accordance with agreed maintenance and test schedules to relevant standards or in accordance with manufacturers guidance. Following service checks suspect equipment is replaced when deemed necessary.
- Only approved, registered contractors are employed in carrying out work or maintenance.

- Fire doors and fire exits are clearly marked, regularly checked ensuring they are not obstructed in anyway and are easily opened from the inside. All staff are familiar with the location of fire doors and fire exits and are aware of the location of available firefighting equipment and trained in its use.

Housekeeping

- The Centre's No Smoking Policy is clearly sign posted and strictly monitored / adhered to.
- Safe outer buildings are provided for the storage of flammable liquids and gases.
- Bins are provided for the disposal of waste and is removed from the Centre daily. A Waste committee is in place to ensure the safe and efficient disposal of waste.

Information and Training

Management will ensure all new employees receive Fire Safety Training as part of their Induction Training and that adequate training to appropriate levels about fire, fire safety and evacuation procedures is provided to all management, staff and other service users, all children who are old enough are included in ensuring the safety, health, and welfare of all that are employed by or use the Service. refresher safety training is conducted as deemed necessary or every 3 years.

Maintaining Fire Safety Records.

The Centre record and maintain records of all activities relating to fire prevention and fire safety such as, Fire safety training records, fire drills records, number, type and maintenance of firefighting equipment and smoke alarms. Emergency contact details, approved contractors/suppliers for safety supplies and maintenance of equipment.

Evacuation procedure in the event of a fire

In the event of a fire a member of staff will set of the fire alarm immediately, notify the receptionist to contact the emergency services at 999 or 112 giving details of the incident, the name of the facility, Eircode V94APX8, location and any other relevant information.

Each floor fire warden will ensure all persons move in an orderly fashion and without delay to the nearest exit, which are clearly marked in the Centre and assemble at the pre-determined assembly point to await a head count. Advising people not to re-enter the Centre until the fire officer has given permission.

For young children and babies and in accordance with the Fire Safety in Preschool 1999 Chapter 2 section 2.5, On hearing the alarm each room leader will collect the roll book, check the sleep room and bathroom while the other staff assemble the children by asking them to form a line without delay, escorting them out of the building via the safest and nearest exit route to the designated assembly point as part of their practiced fire drill routine. Babies are evacuated in their fire evacuation cot, the cot accommodates 6 babies.

Fire assembly point and roll call.

The designated assembly area is in front of the 2 houses, the area is well sign posted and located clear of the building, it is also clear of access points for the Fire Brigade. The receptionist will provide the electronic role attendance record to the designated staff member for conducting the roll call. The staff member will conduct a roll call to ensure all occupants are accounted for.

Fire Services

In assisting the Fire Brigade, the Fire Safety Officer or designated staff member will advise of all relevant information in relation to the fire such as: location of fire, location of nearest hydrants, materials involved, location of all access doors and most important any missing persons.

Policy Review

The Centre CEO, Fire Safety Officer and Coordinators of Services will review the Fire Safety Policy on an annual basis or following any observed breach in Procedures. This policy will also be reviewed following any change in Legislation, or Corporate policy. Any alterations to this policy will be brought to the attention of The Centre CEO and Coordinators of Services and Staff and Volunteers.

Auditing and Inspection

The effective implementation of this Policy will be monitored on a regular basis by The Centre CEO and Coordinators of Services and formally inspected as part of the Centre Inspection/Audit.

The three main types of fire extinguishers:

- **Red - which contains water (pressurised)**

For Use Generally On

Wood

Paper

Textile Fabric & Similar Materials

Not To Be Used On

Electrical Fire

Burning Liquids

Flammable Metal

- **Red (blue label) - which contains powder (standard)**

For Use Generally On

Burning Liquids

Electrical Fires

Not To Be Used On

Flammable Metal

- **Red (black label) - which contains carbon dioxide (CO₂)**

Carbon Dioxide (CO₂) is an asphyxiant - it does not support life. It therefore displaces oxygen, leading to a situation where combustion will not occur, thus eliminating fire. It is also a colorless and odorless gas.

Where Carbon Dioxide has been used in confined areas, care should be taken that the place is ventilated to make it safe to enter.

Plans showing the location of fire exits and fire doors in the Centre are displayed at reception. The Centre also pinpoints the exact location of all firefighting equipment in the Centre.

Fire Wardens

Information is on display on each floor within the Glass Health and Safety notice board.

Ground Floor - Alison Dore

First Floor - Mark Ryan

Second Floor - Tina Falvey

Fire Evacuation Chair Training

Mark Ryan – Alison Dore – Naomi Smyth – Mary Mulcahy

Passenger Lift Release Safety Training

Ciara Kane - Mark Ryan - Alison Dore – Naomi Smyth – Laura Blake – Jack Farrell

General Evacuation of All Emergencies Including Fire

The emergency evacuation procedure shall be observed and followed by all Staff and Volunteers whenever a threat to the safety of human life exists.

Directions for the Emergency Services

NORTHSIDE
FAMILY RESOURCE CENTRE

**In case of an Emergency Directions to
Northside Family Resource Centre
EIRCODE – V94APX8**

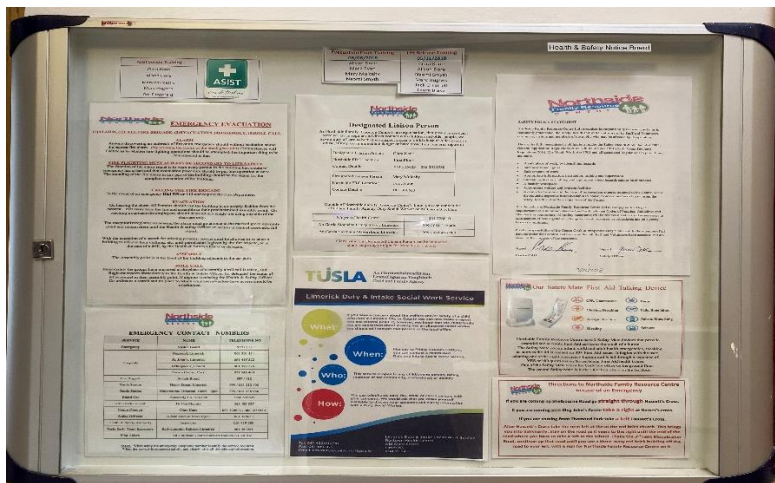
If you are coming up Shelbourne Road go **straight through Hassett's Cross.**

If you are coming past King John's Castle **take a right at Hassett's cross.**

If you are coming from Thomond Park take **a left Hassett's Cross.**

**After Hassett's Cross take the next left at the at St. Lelia's church.
This brings you into Ballynanty. Stay on the road until the end of
the road where you have to take a left at the school. Take the 2nd
right onto Monabraher Road, take the 2nd left where you will see
a three-story red brick building off the road to your left, with a
sign for Northside Family Resource Centre on it**

Health and Safety Information Notice Board on each floor and Fire Warden details on each floor



Emergency Contacts and Companies that are contracted by the FRC

SERVICE	NAME	TELEPHONE NO
Emergency	Switch Board	999 / 112
Hospital	Regional, Limerick	061 301 111
Hospital	St. John's, Limerick	061 415 822
Poison Centre	Poison Centre, Cork	021 546 400
Fire Brigade	Switch Board	999 / 112
Garda Station	Mayorstone, Limerick	999 / 061 456 980
Garda Station	Henry Street, Limerick	999 / 061 212 400
Centre CEO	Ciara Kane	061 326623
Childcare Coordinator FRC	Alison Dore	061 326623
Childcare Coordinator KICC	Steve Goode	061 326623
Safety Officer	Alison Dore & Mark Ryan	061 326623
HSA Local Office	Inspectors	061 419 900
Treaty Fire & Safety Ltd - Health & Safety & training	Colum McCarty	087 648 7556
Antyfire - Fire Equipment	Gary Tobin	087 225 0451
T & K Alarms - Fire Panel, alarms, CCTV	Kieran	086 790 4645
GGL - Security and Monitoring Services	Limerick	061 319077
Mid-Western Lifts - Lift Service	Limerick	061 400123
Hybrid – IT and Phones systems	Limerick	061 211444
Electrician	Sean Byrnes	0879291100
Professional Mechanical Solutions - Plumbing	Johnathon	
Board Gas	Annacotty Co Limerick	1850205050
TUSLA - Early Year Preschool Services	Ballycummin Raheen	061 483591
HSE Doctor on call	Dr Mai Mannix	061 483337
Total cleaning - PPE & Cleaning supplies	Limerick	061 436402

EMERGENCY EVACUATION

**(1 ALARM) (2 CALL FIRE BRIGADE) (3 EVACUATION)
(4 ASSEMBLY) (5 ROLL CALL)**

(1 ALARM)

Anyone discovering an outbreak of fire or an emergency should without hesitation.

Sound the nearest fire alarm. **(By pressing the centre of the break glass unit)**

Circumstances will dictate as to whether fire-fighting operations should be attempted.

FIRE FLIGHTING MUST ALWAYS BE SECONDARY TO LIFE SAFETY.

The function of the alarm signal is to warn every person in the building that a state of emergency has arisen and the evacuation procedure should be put into operation at once.

The sounding of the fire alarm in any part of the building should be the signal for the complete evacuation of the building.

(CALLING THE FIRE BRIGADE)

In the event of an emergency **Dial 999 or 112** and request the Fire Department

(EVACUATION)

On hearing the alarm all Persons should exit the building in an orderly fashion from the nearest exit away from the fire and assemble at their predetermined assembly point. Do not use the lift. On reaching a staircase the employees should descend in a single file using one side of the staircase only.

The receptionist will bring the registrar on hearing the alarm must go at once to the marked green assembly point and remain there until the Health & safety Officer or person in control received a full report, with the exception of a search for missing persons, no-one must be allowed to re-enter the building to retrieve their clothing, etc, until permission is given by the fire brigade, or in the case of a drill, by the Health & Safety Officer or delegate.

(ASSEMBLY)

The Assembly point is at the front of the building adjacent to the car park.

(ROLL CALL)

Immediately the groups gather at the place of assembly and a roll call is taken, and Registrar reports immediately to the Health & Safety Officer (or delegate) the status of all personnel in their assembly point. If anyone is missing the Health & Safety Officer Co-ordinates a search and no place to which employees/visitors have access should be overlooked.



Evacuation Plan

On hearing the alarm, each room gather & line up the children. A staff member takes a head count for their room making sure no children are in the bathrooms or asleep in the cot room.

A staff member will bring the roll form on the evacuation. The lighted exit at the back door of each room is used to exit, then turn left going through the large wooden gates, then turning right & assembling at the fire assembly point in front of the 2 houses.

Another head count is taken & documented of all Children & Staff.

Under no circumstances must any staff member, child or adult enter the building. Assigned fire wardens will check the assigned floor to determine that the building is fully evacuated.



Exits & Fire Extinguishers

Play Area - 6L Foam & 2kg Carbon Dioxide

Preschool & Afterschool Room - 2kg Carbon Dioxide

Entrance Courtyard - 2kg Carbon Dioxide

Kitchen - 6L Foam & 2kg Carbon Dioxide

Reception - 2kg Carbon Dioxide



SUNSHINE CHILDCARE CENTRE 02/02/2021

NAME OF ROOM	POD NUMBER	RATIO ADULT / CHILD	MEASUREMENTS OF ROOM	NUMBER OF CHILDREN
Babies - Busy Bees	1	1/3 - 1/5	42 sqm	9 AM - 9 PM
Toddlers - Happy Hoppers	2	1/5 - 1/6	52 sqm	13 AM - 13 PM
Playgroup 1 - Tiny Turtles	3	1/6 - 1/8	50 sqm	15 AM - 15 PM
Preschool 1 ECCE - Sun Room	4	1/8 - 1/11	51 sqm	20 AM - 20 PM
Playgroup 2 / Preschool 2 ECCE - Moon Room	5	1/6 - 1/8	70 sqm	16 AM
Preschool 3 & 4 ECCE - Star Room	6	1/8 - 1/11	84 sqm	20 AM - 20 PM
Outdoor Preschool 4 - Willow Garden	7	1/8 - 1/11	120 sqm	16 AM
Junior & Senior Afterschool - The Den	8	1/12	70 sqm	16 AM



Students

Child Care Act 1991 (Early Years Services) Regulations 2016 (Síolta Standard 9: Health & Welfare, Síolta Standard 16: Community Involvement) (National Standard 5: Organisation and Management, National Standard 11: Child Protection)

Policy:

- All students will be over the age of sixteen with the exception of transition year students.
- Validated References and Garda vetting will be obtained for all students by the Centre
- The duration and timing of placement will be agreed in advance of the placement.
- Students will be required to read all policies and procedures of the service as part of their induction.
- Students will be required to 'sign-off' that they had read and understood the policies and procedures of the service.
- Students will not work unsupervised with either individuals or groups of children.
- Management and Team leaders will be responsible for students.
- Students should have a clear defined role, i.e. duties and responsibilities of the student. Students should have a clear defined role, and will sign a declaration.
- Students will not deal with parents/guardians.
- The service is aware of their responsibility to provide a 'real and rich' learning environment for the student.

Prior to Placement of Students:

- The Centre will ensure that there are appropriate links with the students school/ College.
- Colleges should, in writing, introduce the student, giving the Centre a profile of the student, highlighting any additional needs and an outline of the course content and documentation that will be required on 1st day of placement.
- All students must attend an interview Induction with the Coordinator.
- The Centre will ensure that they receive confirmation (copy of insurance certificate) from the college confirming that students are insured by the college while on placement.
- All students must attend an induction programme to enable them to develop an awareness of the Centre.
- A file will be maintained on all students containing such information pertaining to the college placement, college, tutor etc.

During Placement:

- Management are responsible for assessing the training needs of students on placement and ensuring that they are given the opportunities to build on existing skills and to develop new skills.
- Management will monitor the student's progress and liaise with the student's assessor at regular intervals throughout the period of the placement.

- Students must adhere to the Centre's policies and procedures.
- Students who are required to conduct child studies or work with children must obtain written permission from the parents/guardians of that child. Parents/guardians will have access to any written study. Students will consult with the Management on all written records.

While on placement the service will support students by:

- Providing ongoing support to make the placement as useful and beneficial as possible for students.
- Providing the information and support necessary for students to carry out any written assignments and prepare for assessment visits by the placement supervisor.

Dress Code:

- Dress must be neat, clean and tidy. It must be non-revealing and jeans are not permitted.
- Any tattoos should not be on view.
- Hair should be clean, washed, neat and tied back at all times.
- Nails should be short and clean at all times.
- Comfortable shoes should be worn at all times. No High-heels, flip flops sandals or backless shoes
- Chewing gum is not permitted.
- Students may be requested to wear attire displaying our logo, for instance when they are on outings on behalf of the service

Confidentiality:

Working as a student within the service may on occasion give rise to students being aware of confidential information in relation to children and families attending the service.

- Students **must not** disclose or permit to be disclosed any information which concerns any child/children and/or families to any other person or agency/organisation unless you are required to do so in the context of child protection procedures or as required under legislation.
- Students should not share any information about other students or staff colleagues with a third party.
- Students will be advised as to the setting of boundaries between the working relationship and friendship with parents/guardians. Do not engage them in unnecessary conversations of a personal nature. Conversations should be restricted to greetings. Parents/guardians requesting information from students should be directed to the senior staff member in the room. If parents/guardians have an issue/complaint they should be referred immediately to Management.
- Students may not use social networking sites to befriend parents/guardians whose children attend the service or to exchange any information about the service or children attending the service.

Staff Uniform Dress Code

Child Care Act 1991 (Early Years Services) Regulations 2016 ([Síolta Standard 11: Professional Practice](#)) ([National Standard 5: Organisation and Management](#))

Statement of Intent:

The Dress Code policy is designed to guide staff on the service standards of dress and appearance. All staff's appearance must be professional at all times both within the workplace and when representing the service.

Uniform Policy for Childcare Staff

Without exception, staff must wear the official Northside Family Resource Centre uniform. This consists of the following:

1. Short sleeved polo shirt with logo. No under tops with sleeves may be worn.
2. If an over garment is required then the official Northside Family Resource Centre jacket can only be worn.
3. Black trousers only.
4. Black Shoes/sneakers only. No flip-flops, sandals etc permitted at any time.
5. Northside Family Resource Centre aprons must be worn at snack & meal times.

The Centre will provide one top and one jacket per employee. These will remain the property of the Centre. As per the employee handbook, all staff are expected to purchase one top themselves. There is no exception to this.

- Nails must be kept short.
- Jewellery must be kept to a minimum. Wedding bands and stud earrings are only permitted.
- Hair and makeup must be neat and well presented.
- Phones are not permitted to be on the person at any time while on the childcare floor.
- This is by order of management. Breaches of the code could be subject to sanction.

Child Care Act 1991 (Early Years Services) Regulations 2016 (Síolta Standard: 12 Communication)
(National Standard 1: Information)

Statement of intent:

We provide car park facilities for staff, visitors and parents. Safety measures are in place to ensure safety of all users. Car parking at the Centre is limited. It is the responsibility of the car owner to park with safety in mind at all times.

Policy and Procedure:

Following rules apply:

- Follow the one-way system shown on the road markings
- Use reverse parking into spaces.
- “Set down only places” are to be used for no longer than 10 minutes
- Comply with signage, “slow down”, “caution children”, “reverse parking”, “no parking”.
- Do not park in front of the wooden gates or the courtyard entrance.
- We do not accept responsibility for parked cars.
- Do not leave a car running while dropping off or collecting a child.
- Parking spaces are available on a “first come first served” basis.
- Observe local speed limits and parking restrictions.
- Show consideration to our neighbours, do not park in front of their property
- Do not cause obstructions when parking.
- Do quick drop offs and pickups to avoid road and parking congestion.
- Parents/guardians must accompany their child into the service.
- Do not park on double yellow lines.

Carparking Policy for Staff

Due to a significant increase in service delivery the following outlines the carparking policy for staff. For the safety of the children and public attending the service it is essential all staff comply with the following:

1. Cycling, public transport and walking is strongly encouraged. Bike parking facilities will be provided.
2. Where possible staff should carpool. Those who car-pool will be guaranteed a space in the carpark.
3. Staff living within 1KM of the Centre are **NOT** to drive to work.
4. Certain staff will be assigned a parking location depending upon their working arrangements.
5. All staff should fill **Zone A** first (Spaces 1-8). Cars must be parked neatly and safely alongside each other.
6. The spaces closest to the front door are for use by service users only. Spaces 15 and 16; 23 and 24; 32 and 33 are designed for service users (set down spaces for parents).
7. All Staff **MUST** reverse into spaces.



Sun Protection

(Child Care (Pre-school Services) (no 2) Regulations 2006 and Child Care (Pre-school Services (No 2) (Amendment) Regulations 2006 Part II, 5 Health, Welfare and Development of the Child) (Siolta Standard 9: Health and Welfare) (National Standard 8: Care, Play and Learning, National Standard 20: Safety)

In our efforts to provide a healthy lifestyle for the children in the service, children will be protected from sun exposure while they on the premises.

- A letter will be given to parents asking them to apply sunscreen to their child before dropping them off on hot sunny days.
- Permission is already given for staff to apply sunscreen in each child's record form.
- Parent/guardian will provide sunscreen of SPF 30+ for their child in a named bottle.
- Sunscreens will be stored in the childcare centre for daily use and out of reach of children.
- Parents will be asked to provide a hat that covers the head, neck, ears of their child.
- Drinking water will be available at all times, making sure the children drink plenty of cool fluids.
- On very hot days children will have reduced exposure to sunlight in the middle of the day.
- Children can seek shade when outside in the sun, from the sheltered areas, sun umbrellas or remaining indoors.
- **The time and frequency of application of sunscreen is to be recorded as a whole class**
- Parents/guardians will provide appropriate clothing, a sunhat, cool clothing for children.
- Staff will ensure that children wear a sunhat if provided by the parent.
- Staff will work with parent/ Guardian in relation to children's allergies to Sun Screens, all bottles of Sunscreens will be labelled with each child's name and any specific measures that may be necessary to support those children will be taken.

SunSmart Kids

March 30, 2021

Playing and spending time outdoors is a fun and vital part of childhood. Protecting children's skin from the sun when outside reduces their risk of skin cancer in later life.

The Healthy Ireland SunSmart campaign encourages children and young people to protect their skin when outdoors by following the simple SunSmart 5 S's from April to September, even when it is cloudy¹.

Why do we need to protect children's skin?

Children and young people's skin is very sensitive to ultraviolet radiation (UV) from the sun. Skin damage from UV increases the risk of skin cancer².

Childhood sunburn and unprotected sun exposure increases the risk of developing skin cancers later in life. Severe sunburn during childhood (three or more instances before age 20) is associated with two to four times higher risk of developing melanoma skin cancer in later life³. The "*Children's exposure to ultraviolet radiation – a risk profile for future skin cancers in Ireland*" report found nearly 90% of 10 to 17-year olds said they have experienced sunburn in their lifetime⁴. Yet skin damage from the sun can be prevented by following the simple Healthy Ireland SunSmart 5 S's (Figure 1).

Slip, Slop, Slap, Seek and Slide! How we protect children's skin

Figure 1 Healthy Ireland SunSmart 5'Ss

It is better to protect babies up to 6 months old from the sun's rays by using shade and clothing rather than sunscreen. You may choose to use sunscreen sometimes on small parts of baby's skin. If you do, choose a sunscreen that is suitable for babies such as sensitive or toddler sunscreen.

For children up to 1 year old, it is best to keep them in the shade and wear clothing that covers their skin when outdoors.

How organisations that care for children and young people can be SunSmart

Healthy Ireland SunSmart have a range of resources and ideas for you

- Share our [SunSmart Education slides](#) with your staff
- Provide parents and carers with our '[Playing Outdoors: Skin protection for children factsheet](#)'
- [Create a SunSmart kit](#) with kids using our guide
- Give children our [Colour in SunSmart](#) picture
- Encourage staff to follow the SunSmart 5S's as they are positive role models for kids

If you need additional information or support please contact prevention@cancercontrol.ie

References

1. Department of Health, 2019. Skin Cancer Prevention Plan 2019-2022. Dublin: Department of Health. [Cited 11 March 2021]. Available from: gov.ie
2. Cancer Institute New South Wales. NSW Skin Cancer Prevention Strategy 2012-15. New South Wales; 2012
3. Markovic SN, Erickson LA, Rao RD, Malignant Melanoma in the 21st Century, Part 1: Epidemiology, Risk Factors, Screening, Prevention, and Diagnosis. Mayo Clin Proc. 2007; 82 (3) 364-380
4. Institute of Public Health (2020). Children's exposure to ultraviolet radiation – a risk profile for future skin cancers in Ireland. [Cited 22 February 2021]. Available from: publichealth.ie



Slip on clothing that covers your skin, long sleeves, collared t-shirts



Slop on sunscreen on exposed areas using factor 50+ for children



Slap on a wide-brimmed hat



Seek shade - especially if outdoors between 11 am and 3 pm



Slide on sunglasses to protect your eyes

Be SunSmart



Smoking Policy

In line with current legislation the following is effective immediately and without exception: to all Staff, Volunteers and Service Users

- **Smoking is strictly prohibited** within the Centre at all times. Any person found to be smoking in or at an exit to the Centre will be reported to Gardaí and subject to a **€3,000 fine**.
- **No adult** is permitted to **smoke** in view of impressionable **children and young people** as per the most recent guidelines from the Department of Health. That means no person is permitted to smoke **outdoors**, in the front of the building at any time. Smoking is only permitted in the designated smoking area.
- Staff and volunteers directly responsible for children and young people must cover clothing when smoking and remove same clothing when in contact with children. Hands must be thoroughly washed before any contact with children.
- Staff and volunteers with direct contact with food must cover clothing when smoking and remove same clothing when in contact with food. Hands must be thoroughly washed before any contact with food.

The use of e-cigarettes and its equivalent is strictly prohibited and is subject to the same conditions as outlined above.

Ensuring a smoke free environment is the responsibility of users of the building and your cooperation is essential to a safe and secure environment for all users especially children and young people.

Child Care Act 1991 (Early Years Services) Regulations 2016 (SÍolta Standard 16: Community Involvement) (National Standard 17: Premises)

Procedure:

- Mr Binman are the waste collection company for Northside FRC.
- They provide a recycling, general waste and compost collection service.
- Collection days, Monday-compostable waste bin, Wednesday-the recycling and general waste bins.
- We will ensure that the Centre is provided with highly visible and convenient recycling bins.
- These will be emptied daily into the main recycling bin.
- We will ensure staff have ready access to recycling bins to dispose of food packaging appropriately.
- Lights and taps will be turned off when not in use.
- We will use low energy light bulbs where possible.
- We will encourage the children to be environmentally friendly by providing activities that promote recycling.

Statement of Intent, We aim to:

- Reduce the amount of rubbish we send to landfill.
- Increase the amount of rubbish we recycle.
- Reduce our energy usage.
- Encourage the children when it comes to Environmental Care & Recycling

It is important to be aware of the appropriate bins to be used, as placing incorrect items in the incorrect bins results in contaminated bins. Mr Binman refuse to collect contaminated bins and the FRC is charged an additional €25 for the collection of the bin on an alternative day. Mr Binman take photographic evidence of the contaminated bin and send the photographic evidence to the FRC accounts dept as proof. The FRC are charged more for the general waste bins as they weigh more. This is why it is important to make sure, we all recycle where we can, to reduce the overall cost and reduce our carbon footprint. "Reduce, Reuse, Recycle".

- **General waste bins are for the following:**

This waste cannot be recycled or composted, for example; floor sweep, vacuum cleaner bags, food contaminated packaging, used plastic wrap, tin foil, used tissues and blue roll, etc.

- **Recycling bins contain, dry & clean recyclable waste:**

This waste includes dry and clean paper, cardboard, plastic packaging, bottles, cans and cartons.

- **Compost bins contain, organic compostable waste:**

This includes kitchen and garden waste, for example; leftover food, spoiled food, vegetable peels, grass cuttings and dead flowers, etc.

It is very important to practice good infection prevention and control procedures. Now with Covid-19 this is more important than ever. One way we do this is by cleaning and disinfecting our seating areas and any high touch zones such as the fridge, dishwasher, microwave and handles in the canteen after each use making the area safe for our colleagues to use after us.

The recycling and general waste bins are beside each other in the canteen. Signs with the items allowed are situated on the wall above them. Please take the time to read the signs and dispose of your rubbish in the correct one at all times. Used blue roll and other tissues/paper towels used to clean hands or surfaces to be disposed of in the **general waste bins** after use. They **cannot** be recycled or composted.

Childcare rooms don't have compost bins, all food waste to be sent back to the kitchen for the compost bin. Staff can keep food waste (fruit peelings etc) on a waste plate/other container in rooms until the trolley comes in for breakfast, dinner and break times. They can then place it on the trolley, will be dealt with in the kitchen and placed in the appropriate bin. Kitchen staff will leave the compost bin available for childcare staff to use after 4pm, as this is when kitchen staff finish. Childcare staff are reminded to please keep the compost bin lid closed so as to keep any unpleasant smells from escaping.

Childcare rooms do not have a second bin to use as a recycling bin, rooms should use a separate clear plastic bin bag and place all **clean** and **dry** recyclable items into it. These could be kept in cupboards or wherever each room deems it suitable and safe to store. These may only need to be thrown out once or twice a week depending on the amount of waste generated. Try not to waste too many clear plastic bin bags if possible. Baby and Toddler Room's have no safe place for a recycling bag so their waste will go back to the kitchen where the kitchen staff will dispose of it appropriately.

- **Black bin bags - general waste** in the canteen and kitchens.
Childcare are using smaller white bags as they generate less general waste.
- **Clear plastic bin bags - recycling** bags in the canteen, kitchens and remaining Childcare Rooms.
- **Clear plastic bin bags** - nappy bins in all Childcare rooms.

Child Care Act 1991 (Early Years Services) Regulations 2016 ([Síolta Standard 2: Environments](#), [Síolta Standard 9: Health and Welfare](#)) ([National Standard 12: Health Care](#))

At Northside FRC we believe that children learn a lot from having contact with animals, however certain procedures must be followed and be in place to protect and ensure the safety of the children and animals in our care; Children will be encouraged to treat all animals with respect and hopefully will learn how to handle them correctly.

- Children will be taught that not all animals are safe, child friendly and they should always check with adults before attempting to stroke or handle them any pets. Children must ask first.
- Pet Food and the pet feeding bowls will be stored safely out of reach from the children.
- A high standard of hygiene will be followed, the food will be stored in the locked shed.
- It will be explained to the children what the fish like and don't like for the pets safety.
- The living area will be cleaned out weekly.
- The pet will be fed daily and they will have access to fresh drinking water 24 hours a day.
- The childcare garden will be checked every morning, before the children are permitted to go outside, to ensure that no animal has soiled where the children will have access.
- Children will wash their hands after any contact with animals and understand the reasoning behind this.

Animals, pets including poultry and fish can be a source of human infection. Infants, pregnant women and people with a weak immune system are at greater risk of developing more serious infections. Handwashing and drying procedures are adhered to before and after handling animals, pets, poultry and fish. All animals, pets, poultry and fish are managed in accordance with required and appropriate instructions for their care. Children are not allowed unsupervised access to animals, pets, poultry and fish. Animal, pet, poultry vaccination and health care are in accordance with veterinary advice.

Infection from pets are usually accured by ingestion, sucking fingers that have been contaminated, eating without washing hands and animal faeces.

Precautions:

- Appropriate risk assessments must be carried out and an account must be taken of any allergies that anyone coming into contact with the animals may have and appropriate precautions taken.
- It might be advisable for the children to view the visiting animal from a safe distance, e.g. looking through a window to an animal outside.
- Children must wash their hands thoroughly with liquid soap in warm running water after coming in contact with any animals.
- Children will be supervised at all times when handling animals and will be taught correct handling and care of the animals.
- The fish will be fed appropriately and their tank will be cleaned regularly.

For guidance to develop specific procedures relating to Pets and Farm/Zoo Visits see [Management of Infectious Disease in Childcare Facilities and Other Childcare Settings](#) (2012) pages 30-32.

Child Care Act 1991 (Early Years Services) Regulations 2016 (Sóolta Standard 9: Health and Welfare, Sóolta Standard 15: Legislation and Regulation) (National Standard 17: premises, National Standard 18: Facilities, National Standard 20: Safety)

Statement of Intent:

The Coordinator is the person designated to act as a liaison between the Centre and a pest control company.

Procedure:

- Regular inspections will be performed by a pest management professional who is knowledgeable about pest control and pest biology and habits.
- Staff should report to the person in charge immediately if they have any concerns regarding pests of any kind. Staff should be alert to the possibility of infestation on discovery of any of the following: Direct sightings of vermin/pests, Droppings near food source, Evidence of nesting and Evidence of gnawing
- Food should be kept covered or stored in airtight pest proof containers.
- Spillages should be promptly cleaned up.
- Proper sanitation will be maintained and correct disposal of rubbish and food waste will be maintained to prevent conditions for pests.
- Water leaks will be repaired and standing water will be eliminated whenever possible.
- Repairs will be performed as needed to prevent pest access to buildings or to hiding spaces in walls and equipment.
- Pest management decisions will be based on the results of regular inspections.
- If a pesticide is needed, the least hazardous pesticide is selected that will effectively control the pest problem.
- Pesticides will not be applied when children are present at the service. Toys and other items mouthed or handled by the children will be removed from the area before pesticides are applied. Children will not return to the treated area within two hours of a pesticide application or as specified on the pesticide label, whichever time is greater.
- In the event of an emergency where pests pose an immediate health threat to children and staff (e.g. wasps) and pesticides are applied, ensure that children will not return to the treated area within two hours of a pesticide application or as specified on the pesticide label, whichever time is greater.
- At least two days' notice but not more than 30 days' advance notice of pesticide application will be given to parents/guardians and staff except in emergencies where pests pose an immediate health threat to children or staff (e.g. wasps).
- Parents/guardians and staff will be notified as soon as possible when advance notice is not provided and include an explanation of the emergency, the reason for the late notice and the name of pesticide applied.
- Access to bait boxes and other forms of pest control will not be accessible to children.
- A record of pest control measures will be kept. If any infestation occurs and any actions will ensure the safety of all adults and children in setting.

If a child has not attended school due to appointment, illness etc. the service should be informed no later than **12:00 PM**. This policy also applies to un-notified changes of collection times. This should also apply in any event where by the child does not need to be collected. Failure to do so can waste valuable time and causes undue concern for staff collecting the child from their school.

- It is the responsibility of the parent to make the necessary arrangements to get the child/children to the service and to inform the person in charge in writing of these arrangements.
- Where the service agrees to collect the children from the school **signed consent will be sought from the parent/guardian.**
- The children will be escorted by a known staff member who will always carry proof of identity. Prior contact will be made with the children and the school for new staff members.
- The children will meet the staff in an arranged place and a register will be taken. Should a child be missing, the staff member will confirm with the school if the child was absent from school that day. This will cause delays for the staff and other children therefore we would request that the parent informs the service by telephone if a child will not be attending on any day.
- The children will go in a group directly from the school to the service by the safest most direct route.
- When staff are collecting a child from school, the staff member walks up to the school.
- The children must also hold hands when crossing any roads. When walking staff will walk behind the children.

In the interest of child protection and to comply with legislation child / staff ratios will be adhered to at all times.

Homework Policy:

It is the policy of the service to provide a period of time each day for homework. This session will be scheduled to take place directly after children have had their snack/meal.

- Snack/M meal time is relaxed and leisurely to enable children to unwind, socialise and discuss daily events.
- Each child will get sufficient time to do their homework.
- Staff will contribute to a quiet relaxed atmosphere during homework sessions and encourage children to do the same and will be there to help children with their homework. However, staff will not be responsible for signing children's homework as it is very important that parents/guardians check each child's homework.
- The After-School Service recognises the importance of the parent's role in homework support and encourages parents to check work completed, hear reading again etc. and play an active role in the homework supervision and support of their child.

Use of Internet and Photographic Recording Devices

Statement of Intent:

The service will ensure that the use of multimedia will be age appropriate and supervised when used.

Policy and Procedure:

Computers:

Computers are only available to children in the service with supervision.

Internet Access:

Children do not have access to the internet without supervision.

Communication:

Staff using e-mail will use the company e-mail address. This address must not be used for personal e-mail. Staff should not use personal emails for company business.

Online Communications and Social Networking:

Online chat rooms and social networking sites such as Facebook or Twitter will not be used by children at the service without supervision.

Staff will not discuss individual children or their setting on Facebook, twitter or any other social networking site.

Mobile Technologies:

Mobile phones are not permitted within settings where children, young people and service users are usual present eg childcare rooms, youth work sessions, programme delivery. Children using childcare and after school services may not bring mobile phones, tablets, or similar devices into the service.

The taking of photographs on mobile phones is strictly prohibited anywhere in the childcare and afterschool services. Preapproved persons using work phones to take photographs have one working week to use the image for its intended purpose and must delete from the phone. Please see attached for list of approved persons.

Television/DVD:

Television/DVD viewing is not provided for in the service except on special occasions such as end of term celebrations.

Gaming Machines

We have devices the children are allowed to use on occasion. Staff will supervise the use of the devices at all times.

Music CDs:

At the service we value music because it is a powerful and unique form of communication that can change the way children feel, think and act. It also increases self-discipline and creativity, aesthetic sensitivity and fulfilment. The CDs used are appropriate for the children's age and will contain no offensive or inappropriate language. Radio stations will not be listened to in areas where children can hear as content may be unsuitable. Music will not be played too loud so children's voices may still be heard.

Camera and Video Devices:

We are aware of the need for sensitivity when taking photographs and observe the following:

- Parental permission will always be sought upon enrollment into our Services. Where appropriate the permission of children and young people will also be sought.
- Only Services camera/video camera may be used to take pictures.
- Staff are not permitted to take pictures with hand held devices or their own personal cameras (except for those listed below).
- A photograph will only be taken if the child does not object to having his/her photograph taken.
- We will endeavor to accommodate cultural differences relating to children from different ethnic minority groups.

Where photographs, videos or even samples of children's work are to be displayed outside the service we seek parental permission upon enrollment. Parents and children may withdraw their consent at any time.

We will seek prior permission upon enrollment from parents/guardians and children (where appropriate) for any images/videos collected for which we intend to post on Facebook or other social media. Parental and child permission can be withdrawn at any time.

Students, visiting professionals or researchers, who need to take photographs or videos as part of their work, are made aware of the need for confidentiality and that children will not be named or identified in any other way. If the area of study is outside of Northside FRC's normal promotional work then permission will be sought from parents and children (if appropriate).

Videos are also occasionally used in the service for many of the above purposes. In particular we may use them for observations of children's play to further our understanding, or for assessment and planning tools.

Parents/guardians Photographing and Videoing Children:

Parents/guardians may not take photographs or record children in the service.

Use of Photographs:

Photographs are used throughout the service for a variety of purposes. Generally Child Care practitioners take photographs of the children throughout the year to capture a particular example of play or something that a child has achieved. In addition, we use photographs for:

Photographs:	Purpose:
Displays of children's work	A record of ideas and topic references
Examples of children's play	As a part of an individual child's profile
Classroom areas	To show the range of activities
Class albums	For children to look at and talk about
Policy folders	To explain the work of the service to parents/guardians and visitors
Special events and festivals	As a record of the year and for children and parents/guardians to look at and talk about
Birthday display	Used as a class resource for talking about birthdays, months of the year etc.
Photographic maps of the service and local environment	A resource for topic work
From home	To act as a link between home and the service
Children's own photographs	Children take photographs on the digital camera, to gain experience in technology

Storage of Photos:

Photographic or video recordings will be stored securely and only accessed by those people authorised to do so.

CCTV:

The system has been installed by the service with the primary purpose of ensuring the safety of children in our care, and helping to ensure the safety of all staff, parents/guardians and visitors consistent with respect for the individuals' privacy.

Data Controller: We have a designated Data Protection Officer and they are responsible for the data/information collected using CCTV.

Management is responsible for the operation of the system and for ensuring compliance with this policy.

This will be achieved by monitoring the system to:

- Ensure that children are appropriately cared for.
- Assist in the prevention and detection of crime.
- Facilitate the identification of any activities/event which might warrant disciplinary proceedings being taken against staff and assist in providing evidence.
- Provide opportunities for staff training.
- To investigate accidents.

The system will not be used:

- To provide recorded images for the world-wide-web.
- To provide images for a third party, other than An Garda Síochána in the course of their enquiries.
- Daily monitoring of staff.
- Monitoring staff performance.
- A supervision tool.
- Recording any conversations.

NOTE:

If after viewing the CCTV for one of the reasons stated that any inappropriate practice or breach of policies is observed this would be brought to the attention of the employee, they would have the opportunity to view same and depending on the matter this may result in invoking the discipline policy and procedure.

Data Protection Acts 2018

CCTV digital images, if they show a recognisable person, are Personal Data and are covered by the Data Protection Acts.

Location:**The following areas are currently monitored by CCTV**

- Rooms
- Indoor play area
- Childcare gardens
- Court yard & Reception
- Entrances & Car Park
- Stairwells

Fairness:

Management respects and supports the individual's entitlement to go about his/her lawful business and this is the primary consideration in the operation of CCTV. Although there will be inevitably some loss of privacy with CCTV, cameras are not used to monitor the progress or activities in the ordinary course of lawful business. They are used to address concerns, deal with complaints or support investigations. New employees will be informed immediately, at induction that a surveillance system is in operation. Parents/guardians will be informed when they enrol their child. They will be informed of the purpose of the CCTV and what it can and cannot be used to monitor.

Role of the Management:

- To ensure the system is always operational.
- To ensure servicing and repairs are carried out as necessary to the system.
- To respond to any individual's written request to view a recording that exists of him/her or his/her children.
- To ensure prominent signage is in place that will make individuals aware that they are entering a CCTV area.
- To ensure that areas of privacy (toilets etc.) are not monitored using CCTV.
- To ensure confidentiality is maintained at all time. Recorded information will be stored in the office and will only be available to those directly connected with achieving the objectives of the system.

Traceability:

Recordings must be logged and traceable throughout their life in the system. They must be identified by a unique serial number indelibly marked on the media shell.

Time and Date Stamping:

The correct time and date must be overlaid on the recording image.

Copy/viewing Recordings:

Management will respond to a request to view a recording by allowing the viewing to take place, in the presence of management on the premises. This is to protect other children/staff that may be present on the recording. Copies of recorded information must be strictly controlled and only made in relation to incidents which are subject to investigation. They must only be given to authorised third parties. Copies can only be issued by management.

Retention:

Recordings are retained for one month.

Access to Recordings:

There is no obligation on the service to comply with a request that it considers unreasonable or if it involves disclosing identifiable images of third parties. Third parties must give consent. Recordings will however be provided, if required by law or authorised agencies such as the Garda and Tusla Social Work.

- Requests for access to recordings must be made in writing.
- Sufficient information must be provided to locate the relevant recording, a specific date and reasonable time window.
- Viewings will take place, if appropriate, in the service in the presence of management.
- Management will have 21 days to respond.
- If a copy of recording is given to a third party that third party must sign a declaration form that they will not share the tape with anyone else, copy it or use it for unauthorised purposes.
- An incident report will be completed for each incident requiring investigation

If access to or disclosure of the images is allowed, then the following should be documented:

- a. The date and time at which access was allowed or the date on which disclosure was made.
- b. The identification of any third party who was allowed access or to whom disclosure was made.
- c. The reason for allowing access or disclosure.
- d. The extent of the information to which access was allowed.
- e. The identity of the person authorising such access.

Where the images are determined to be personal data images of individuals (other than the data subject) may need to be disguised or blurred so that they are not readily identifiable. If the system does not have the facilities to carry out that type of editing, an editing company may need to be hired to carry it out. If an editing company is hired, then the person in charge or designated member of staff needs to ensure that there is a contractual relationship between the Data Controller and the editing company.

Data Subject Access Standards:

All staff involved in operating the equipment must be able to recognise a request by data subjects for access to personal data in the form of recorded images by data subjects. Data subjects may be provided with a standard subject access request form which:

- a) Indicates the information required in order to locate the images requested.
- b) Indicate that a fee may be charged for carrying out the search for the images.
- c) The maximum fee which may be charged for the supply of copies of data in response to a subject access request is set out in the Data Protection Acts 2018.
- d) Ask whether the individual would be satisfied with merely viewing the images recorded.
- e) Indicate that the response will be provided promptly following receipt of the required fee and in any event within 30 days of receiving adequate information

Child Care Act 1991 (Early Years Services) Regulations 2016 (Síolta Standard 7: Curriculum, Síolta Standard 9: Health and Welfare) (National Standard 3: Working in Partnership with Parents/guardians or Guardians, National Standard 8: Care Play and Learning)

Record Retention:

Please note that some of the retention periods are recommended (not legal requirements).

This is indicated in the table below:

Child Records:

Type of Record:	Time to be retained:
Child Records/Registration	2 years for TUSLA (from time the child ceases in the service)
Child Accident/ Incident Books	2 years for TUSLA (recommended up to the age of 21 for insurance purposes)
Child Observations	Send home with family when child finishes unless you have a specific reason for keeping
Child Development Records	Send home with family when child finishes unless you have a specific reason for keeping

Finance:

Type of Record:	Time to be retained:
Accounts	7 years

Staffing:

Type of Record:	Time to be retained:
Garda Vetting, Police Vetting and References	5 years (from commencement of employment)
Annual Leave	3 years
Maternity Leave	1 year (recommended)
Adoptive Leave	1 year (recommended)
Parental Leave*	8 years
Paternity Leave	8 years
Force Majeure Leave	8 years
Carers Leave	8 years
Sick/ Payment of sick Leave	3 years
Public Holiday Records	3 years
Minimum wage	3 years
Revenue commissioners, payslips, P30, P65, P45 etc	6 years
Staff accident/ incident records	10 years
Cleaning & HACCP records	2 years
Staff personnel files all files in relation to the staff member	6 years after person has ceased employment
OWTI form – staff recording sign in and sign out	3 years
Superannuation files	Until pensioner/dependant spouse are deceased

Operational:

Type of Record:	Time to be retained:
Fire Safety Records	5 years (including fire drills) (TUSLA)
Record of Entry of Persons onto Premises	1 year (TUSLA) – Visitors Book
CCTV footage	28 days (unless under investigation or an issue)
Unsolicited applications for jobs	1 year (recommended)
Applications for vacant post	1 year (recommended)
General job descriptions	Hold until superseded by new job description
Vacancy notifications	1 year (recommended)
Copies of advertisement	1 year (recommended)
Job Description	1 year after staff leaves service (recommended)
Applications/ C.V. of applicants called for interview	1 years(recommended)
Candidates not qualified or short listed	1 year (recommended)
Candidates short listed but not successful at interview or successful but do not accept	1 year (recommended)
Interview board marking sheet and interviewers notes	1 year for those not appointed. Kept of appointed staff members file for duration of file.
Complaints	2 years (TUSLA required)
Training Files	For duration of staff file

Parent/Guardian's

I understand that my child will be photographed/filmed participating in various activities throughout their time with Northside Family Resource Centre in accordance with *Child Care Act 1991 (Early Years Services) Regulations 2016 (Síolta Standard 7: Curriculum, Síolta Standard 9: Health and Welfare) (National Standard 3: Working in Partnership with Parents/guardians or Guardians, National Standard 8: Care Play and Learning)*, as outlined in the policy above.

By signing the consent form below, I am accepting that I have read and give my consent for my child, to be photographed & video recorded in line with the Use of Internet & Photographic & Recording Devices Policy in relation to daily activities & observations, social media & various other TV & newspaper media outlets, as deemed appropriate by the Board of Management. These images and recordings are stored in line with Data Protection Act (2018) and the respective retention periods associated with the lawful conditions.

Parental/Guardian Consent Form

I, _____, (print name) have read, understand and agree to the policies provided and give my consent for my child, _____, to be recorded in:

Photographs (individually and in groups)

☐

Video Recordings

☐

Parent/Guardian Signature: _____

Date: _____



Cyberbullying

Child Care Act 1991 (Early Years Services) Regulations 2016 (Síolta Standard 2: Environments, Síolta Standard 3: Parents and Families, Síolta Standard 7: Curriculum, Síolta Standard 9: Health and Welfare) (National Standard 3: Working in Partnership with Parents/guardians or Guardians, National Standard 8: Care Play and Learning, National Standard 9: Nurture and Wellbeing, National Standard 10: Behaviour, National Standard 11: Child Protection, National Standard 20: Safety)

Statement of Intent:

The service will ensure that the use of multimedia will be age appropriate and supervised when used. All staff, volunteers, students and children need to adhere to all policies and procedures when using the internet (refer to *Use of Internet and Photographic and Recording Devices* policy for further detail on these.)

Cyberbullying:

Increasingly internet harassment is being identified as a concern at home, work and school. Internet harassment, also referred to as “cyber bullying”, is the term used to describe the use of the internet to harass, threaten, or maliciously embarrass. It is an intentional act and happens more than once.

Cyberbullying differs from traditional forms of bullying due to:

- Larger audience
- No time or location barriers
- It can happen 24/7
- The target’s reaction is often not seen, leading to reduction of feeling empathy towards the target or guilt for the perpetrator.

(Tusla:Child Safeguarding: A Guide for Policy, Procedure and Practice, 2015)

Types of Cyberbullying:

Cyberbullying is classified by the type of media through which the abuse occurs (e.g. mobile phones, social media sites, gaming sites, etc) and/or nature of the abuse itself (flaming, impersonation, etc).

Willard (2007) has identified seven forms of cyberbullying:

1. **Flaming** – Online ‘fights’ using electronic messages with angry and vulgar language.
2. **Harassment** – Repeatedly sending nasty, mean and insulting messages.
3. **Denigration** – Intentionally setting out to damage a person’s reputation or friendships by sending or posting derogatory comments, cruel gossip or rumours about the person; creating a webpage or website devoted to insulting another person.
4. **Impersonation** – Gaining access to someone’s account, posing as that person and sending messages to make the person to look bad, get that person into trouble or danger or damage that person’s reputation or friendships. This is commonly referred to as ‘frapping’ on Facebook.
5. **Outing and trickery** – Sharing someone’s personal or embarrassing information or images online or via mobile phone or other electronic media, or tricking someone into revealing secrets or embarrassing information, which is shared online.
6. **Exclusion** – Intentionally excluding someone from an online group. Within a gaming context the term ‘griefer’ is often applied to a player who deliberately irritates and harasses other players within the game, using aspects of the game in unintended ways.
7. **Cyberstalking** – Repeatedly sending messages that include threats of harm or that are highly intimidating, or engaging in other online activities that make a person afraid for his/her safety.

Strategies:

Staff will ensure that they adhere to Northside **FRC Behaviour Policy**, **Child Protection Policy** and the **Use of Internet and Photographic and Recording Devices Policy** when dealing with Cyberbullying. Bullying of any form is not permitted in the workplace and is subject to disciplinary action.

Staff working with children will ensure their safety at all times and will liaise with parents when using online media.

Below are some strategies to highlight safe and responsible use of social media for staff and children in our setting:

- ✓ Be selective and control what is posted online.
- ✓ Never post personal information.
- ✓ Do not share password or personal information with others.
- ✓ Do not attack or insult anyone while participating in discussion groups.
- ✓ Do not send or post messages or material that is likely to cause offence to another person or cause damage to the reputation to the Northside FRC.
- ✓ Confidential material are not to be posted.
- ✓ Staff will investigate and report any incidences of online bullying to parents and management.
- ✓ Children, parents and staff are urged to report incidents of cyberbullying.
- ✓ Staff are to adhere to Children First Act 2015 and Northside FRC policies.

Dealing with Cyberbullying with children using Northside FRC service:

Step 1

Staff member to listen and console the child being bullied. Gather as much information as possible and support the child. Contact parent of child and make them aware of what has happened and what actions are needed to move forward.

If the child/ren that are behind the cyberbullying are service users, following guidelines are used:

Step 2

Verbal reprimand – the staff member will explain in an age appropriate way to the child that a rule has been broken and will explain the type of behaviour that is expected. It will be communicated to the child that cyberbullying is not permitted in an age appropriate manner. Parents will also be contacted regarding child's involvement of cyberbullying. If the child fails to continue to engage in such a manner or depending on the seriousness of the matter, staff will move onto step 3.

Step 3

If the child continues to engage in behaviour that hurts other children then the parents will be contacted to discuss the behaviour and to come up with a joint strategy for dealing with this behaviour both in the crèche and at home. This should be done very tactically and in a composed relaxed manner. It will be explained the serious nature of cyberbullying to all parties involved.

Step 4

Depending on the severity of the cyberbullying and outside factors/influence, staff may need to liaise with Designated Liaison Person (DLP) within Northside FRC due to grounds of concern from cyberbullying. If reasonable grounds for concern, the DLP will report to Tusla duty social worker – refer to *Child Protection Policy*.

References:

Tusla (2018) *Child Safeguarding: A guide for policy, procedure and practice*.

Accessed online: [https://www.tusla.ie/uploads/content/Tusla - Child Safeguarding - A Guide for Policy, Procedure and Practice.pdf](https://www.tusla.ie/uploads/content/Tusla_-_Child_Safeguarding_-_A_Guide_for_Policy_Procedure_and_Practice.pdf) 14/04/2020

Willard, N.E. (2007) *Cyberbullying and Cyberthreats: Responding to the Challenge of Online Aggression, Threats and Distress*. USA: Research Press



NAME: Northside Family Resource Centre Ltd

ADDRESS: Clonconnane Road
Ballananty
Limerick City
Ireland

TEL: 061 326623

E-MAIL: Ciarakane@Northisefrc.ie

WEB:

This Safety Statement has been reviewed and approved by:

1. Colum McCarthy **Date:** 15 / 12 /2018

Treaty Fire and Safety Ltd



**This Safety Statement is based upon a
Safety Inspection carried out in**

December 2018

Any change to work equipment, work procedures, structure of the building, changes in legislation occurring after the date are not taken into account by this Safety Statement.

Revised following Safety Inspection & Risk Assessment.
Review to take into consideration changes in staff, new equipment, new procedures etc.

IMPORTANT CONTACT NUMBERS

SERVICE	NAME	TELEPHONE NO
Emergency	Switch Board	999 / 112
Hospital	Regional, Limerick	061 301 111
Hospital	St. John's, Limerick	061 415 822
	Orthopaedic, Croom	061 397 276
Poison Centre	Poison Centre, Cork	021 546 400
Fire Brigade	Switch Board	999 / 112
Garda Station	Henry Street, Limerick	999 / 061 212 400
Centre CEO	Ciara Kane	061 326623
Childcare Coordinator FRC	AlisonDore	061 326623
Childcare Coordinator KICC	Steve Goode	061 326623
Safety Officer	Alison Dore	061 326623
Safety Officer	Mark Ryan	061 326623
Treaty Fire & Safety Ltd	Colum McCarty	087 648 7556
HSA Local Office	Inspectors	061 419 900
First Aiders	30% of FRC & KICC staff	
TUSLA	Early Year Preschool Services	

NOTE: When using the emergency telephone number identify the service required.
When the service is contacted calmly and clearly give all the relevant information.

N.B. Stay on the line until you are satisfied that all the information has been understood.



HEALTH SAFETY & WELFARE STATEMENT



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OUR SAFETY AND HEALTH GOAL

**TO STRIVE, THROUGH A PROCESS OF CONTINUOUS IMPROVEMENT,
TO ACHIEVE ZERO ACCIDENTS AND THEREBY PROTECT THE SAFETY,
HEALTH AND WELFARE OF OUR STAFF AND VOLUNTEERS, OR OTHER
PERSONS INVOLVED IN THE ACTIVITIES OF NORTHSIDE FAMILY
RESOURCE CENTRE LTD**

OBJECTIVES:

- Measure and quantify accidents.
- Reduce accidents and near misses.
- Raise Health and Safety Awareness through training and education.
- Nurture and encourage an environment where safety in the workplace will be seen as an intrinsic part of every task we perform.



Section A

Safety Policy Statement



SAFETY POLICY STATEMENT

Northside Family Resource Centre Ltd recognises its responsibility to ensure, as far as is reasonably practicable, the safety, health and welfare at work of its Staff and Volunteers, customers, visitors and members of the public who may be affected by its operation.

The Centre fully recognises its obligations, under the Safety, Health & Welfare Act 2005, General Application Regulations 2007, Child Care Act 1991, (Early Years Services) Regulations 2016, The Youth Work Act 2001 and all associated Regulations to provide and maintain: -

- A safe place of work, by identifying hazards
- Safe access and egress
- Safe systems of work
- Appropriate information, instruction, training and supervision
- Suitable protective clothing and equipment where hazards cannot be eliminated
- A healthy workplace
- Appropriate welfare and hygiene facilities
- A competent resource in the form of independent experts, external to the Centre, where the requisite expertise is not available in-house, to advise and assist in securing the safety, health and welfare objectives of the Centre.

It is the policy of Northside Family Resource Centre Ltd to comply with all legal requirements as a minimum standard, and with relevant Codes of Practice, Guidelines and Standards as appropriate. All policy statements will be reviewed and revised as necessary to take account of new legislation, changes in work processes or procedures and on a yearly basis as a minimum.

It is the responsibility of The Centre CEO and Coordinators of Services to bring this Safety Statement to the attention of all persons under his/her control and to ensure that all Staff and Volunteers have access to and are aware of the contents of the statement.

Signed : _____

Signed : _____

Centre CEO

Safety Officer

REGULATORY COMPLIANCE

Purpose

To make provision for compliance with all applicable Regulatory requirements, regarding the safety, health and welfare of Staff and Volunteers, children, parents, visitors, contractors or other persons who may be affected by our operations.

Scope

This policy refers to Irish and E.U. Legislation that pertains to safety, health and welfare at work & Child Care (Pre-School) Facilities.

Identification of Requirements

The Centre and its operations/processes are subject to the requirements of the *Safety, Health and Welfare at Work Act 2005*, *Child Care Act 1991*, *(Early Years Services) Regulations 2016* which places a duty on the Centre to provide:-

- A safe place of work.
- Safe accesses and egress.
- Safe Centre and machinery.
- Safe systems of work.
- Appropriate information, instruction and training.
- A healthy workplace.
- Appropriate welfare facilities.
- Competent advice and expertise as necessary.

The Acts are supported by a wide range of Regulations which are based on E.U. Directives which widen the scope and range of the enabling legislation. The main Regulations covering the Centre's activities are:

Safety, Health and Welfare at Work Act 2005, *Child Care Act 1991*, *(Early Years Services) Regulations 2016* & *The Safety Health and Welfare at Work General Application Regulations 2007* covering:

- Workplace.
- Work Equipment.
- Personal Protection Equipment.
- Manual Handling of Loads.
- Display Screen Equipment.
- First Aid.
- Accident and Dangerous Occurrence Reporting.
- Electricity.
- Prevention of Workplace Bullying

OTHER IMPORTANT AND RELEVANT STATUTES ARE:

- Safety, Health & Welfare at work (noise regulations) 2006
- Safety Health and Welfare at Work (Miscellaneous Welfare Provisions) Regulations 1995.
- Safety Health and Welfare at Work (Protection of Pregnant Staff and Volunteers) Regulations 2000 and the Maternity Protection (Amendment) Act 2004
- Safety Health and Welfare at Work (Construction Regulations) 2013.
- Safety, Health and Welfare at Work (Chemical Agents) Regulations, 2006
- Fire Services Act 1981.
- Environmental Protection Act.
- Child Care Act 1991
- Early Years Services Regulations 2016
- Youth Work Act 2001 provides the legal framework for the provision of Youth Work programmes and services by the Minister for Education and Science and the Vocational Education Committees.

Compliance

The main legal requirement is to prepare a Safety Statement which lays down the hazards, risks and controls which are in place in the Centre, and to communicate and monitor the controls on an ongoing basis. The Centre Safety Statement is reviewed on an annual basis and includes reference to supporting information and safe systems of work. The Manager of Northside Family Resource Centre Ltd is responsible for compliance and may seek any necessary external advice and support as appropriate. The main regulatory requirements are dealt with separately under each section of this Safety Statement, as appropriate.

Policy

The policy of Northside Family Resource Centre Ltd is set out in Section I of the Safety Statement and is clearly posted at strategic locations throughout the Centre's facilities. The policy is reviewed on an annual basis or following any change in Legislation.

Responsibilities:

The Centre CEO and Coordinators of Services is responsible for overall compliance with regulatory requirements and will fulfill the responsibilities assigned to him in Section B of the Safety Statement.

The Centre CEO and Coordinators of Services is responsible for the development, implementation, communication, monitoring and auditing of compliance with Statutory and Corporate safety and health requirements. He will specifically ensure that:

- The Safety Statement is reviewed on an annual basis to take account of any changes in Legislation, or Corporate Policy, or following the introduction of any new process or procedure.
- All new Legislation or Corporate Policy changes are competently dealt with by and any alterations in procedures executed in a timely manner and communicated.
- All Statutory requirements regarding training, inspections, testing certification and notifications are complied with.
- The Health & Safety Officer receives any necessary training and information to meet competency requirements.
- Ongoing communications are maintained with all Staff and Volunteers and that the provisions for monitoring communications, as detailed in Section C of the Safety Statement, are adhered to and audited.
- The Centre CEO and Coordinators of Services fulfills the responsibilities assigned to him/her in Section B of the Safety Statement.
- Coordinators of Services, Staff and Volunteers are responsible for the day to day implementation of safety and health procedures and for the responsibilities assigned to them in Section B of the Safety Statement.

Policy Review

The Centre CEO and Coordinators of Services will review this policy on an annual basis or following any change in Legislation or Corporate Policy.

Auditing

Regulatory compliance will be audited as part of all site inspections and audits.



Section B

Organisation & Responsibilities

ORANISATION

- The overall building
- Coordinators of Services, Staff and Volunteers
- Centre CEO

THE CENTRE CEO RESPONSIBILITIES

The Centre CEO is responsible for the establishment and maintenance of an ongoing and effective policy for Health and Safety by:

- Taking a direct interest in the policy and positively supporting any person whose function it is to carry it out.
- Ensuring that all Personnel implement the policy in areas under their control.
- Periodically appraising the effectiveness of the policy.
- Ensuring that their own responsibilities, and those of other persons concerned with the effectiveness of the policy, are reviewed on a yearly basis or as circumstances dictate.
- Ensuring that all Coordinators of Services, Staff and Volunteers are held accountable for their performance in relation to Health and Safety. This is reviewed on a yearly basis.
- Providing the necessary resources for the effective implementation of the policy and ensuring that such resources are reviewed on a yearly basis.

THE SAFETY REPRESENTATIVE

The Safety Representative has the following responsibilities

To make representation to the relevant department Coordinators of Services on matters pertaining to the safety, health and welfare of Coordinators of Services, Staff and Volunteers, children, parents, customers, visitors and members of the public who may be affected by its operation.

- To carry out safety inspections.
- To encourage the Coordinators of Services, Staff and Volunteers to co-operate fully with the safety and health procedures and practices and ensure that all new employees receive this statement during induction.
- To report any breach of Health & Safety procedures to relevant Coordinators of Services and to instruct Staff and Volunteers to adhere to safety practices.

DUTIES OF STAFF AND VOLUNTEERS

- To take reasonable care of their own safety, health and welfare and that of any other person that may be affected by their acts or omissions while at work.
- Co-operate with the Centre to such an extent as to enable it comply with all duties as stipulated in the relevant Statutory provisions.
- Use in such a manner, so far as to provide the protection intended, any suitable appliance, protective clothing, convenience, equipment or other means so provided for your safety, health or welfare.
- Observe the safety and health procedures as detailed to you in training courses.

- Report to the relevant Coordinators of Services without unreasonable delay any defect in the Centre, equipment place of work or system of work which might endanger safety, health and welfare of which you become aware.
- No person shall intentionally or recklessly interfere with or misuse any appliance, protective clothing, convenience, equipment, or other means or thing provided in pursuance of any of the relevant Statutory provisions or otherwise, for securing the safety, health and welfare of persons arising out of work activities.
- Use correct tools and equipment for the job.
- The Coordinators of Services of Services, Staff and Volunteers are encouraged to make suggestions, or raise concerns and are hereby consulted initially on health and safety matters.
- Develop a personal concern for safety for yourselves and for others.
- To avoid any action which would be a source of danger to you and/or others.
- Staff and Volunteers must not carry out any tasks which they feel they are not competent to carry out or which involves unreasonably high risks.
- Check, prior to use, all equipment and machinery for signs of defects.



Section C

Policy Implementation & Review

GENERAL POLICY IMPLEMENTATION AND REVIEW

The Management of Northside Family Resource Centre Ltd recognises the importance of maintaining an active and dynamic process, which ensures the ongoing implementation and review of the controls specified in this Safety Statement, and which involves managers and employee representatives in a joint approach to the identification of hazards and risks and the development of suitable controls to mitigate against such risks. To facilitate this process and to ensure compliance with the provisions of *Safety, Health & Welfare Act 2005, General Application Regulations 2007, Child Care Act 1991, (Early Years Services) Regulations 2016* & the following measures are in place:

AUDITING POLICY

The Centre recognises that the health and safety policy and procedures require regular review and auditing to ensure effective implementation, throughout the entire workforce, and will therefore maintain a series of audits which are designed to measure performance on a predetermined basis.

Purpose

- To ensure compliance with the requirements of *Safety, Health & Welfare Act 2005, General Application Regulations 2007, Child Care Act 1991, (Early Years Services) Regulations 2016*, and associated Regulations, regarding the monitoring of policy and procedures pertaining to the protection of persons who may be affected by the Centre's operations.
- To ensure compliance with the requirements of the Northside Family Resource Centre Ltd Safety Statement regarding safety performance and accountability.
- To audit the effective implementation of safety management systems, policies and procedures.
- To highlight hazards and risks.
- To demonstrate senior management commitment to safety and health.

INSPECTIONS

It is policy of Northside Family Resource Centre Ltd to carry out on-going and structured inspections as part of its commitment to continuous improvement regarding the identification of hazards, and risks, and the protection of all persons who may be affected by its operations.

Purpose

The purpose of this policy is to provide for formal and informal inspections of the Centre with the objective of:

- Identifying potential hazards.
- Identifying equipment deficiencies.
- Identifying unsafe practices.
- Identifying the effects of change.
- Identifying inadequacies in remedial actions.
- Demonstrating an ongoing commitment to safety and health.

Responsibilities

The Centre CEO, Coordinators of Services and the Health & Safety Officer is responsible for:

- The identification of target - inspection needs.
- Ensuring that inspection teams, and relevant Staff and Volunteers have copies of the relevant checklists.
- Approving any modifications to checklists.
- Filing all records of inspections.
- Ensuring that all checklists are signed off.

The Centre CEO and Coordinators of Services and the Health & Safety Officer is responsible for ensuring that all inspections are carried out in the correct time period, that all action points are dealt with and that records of inspections are filed. They will ensure that the Audit and Inspection Checklist is revised and updated following the introduction of new equipment, substances or work practices and that the H&S Officer approves any such changes.

Inspection

Inspections are based on Continual Inspections

Machine Preventative Maintenance Inspections:

Once a year The Centre CEO and Coordinators of Services will instigate a Centree assessment of all equipment, which will include a Centree check on all safety and protective features of all equipment. A record of the inspections will be retained and monitored on an ongoing basis by The Centre CEO and Coordinators of Services

Fire Equipment Inspections:

Fire extinguishers are inspected regularly for signs of damage, use or obstruction.

Competent contractors are appointed to inspect, test and maintain all fire protection equipment as follows:

Fire Alarm and Detection Equipment	-	To IS3218 on a quarterly basis.
Emergency Lighting	-	To IS3217 on a quarterly basis
Fire Fighting Equipment	-	To IS291 on a yearly basis

Certificates of tests are issued, by the contractor, in accordance with the relevant standard and retained by The Centre CEO and Coordinators of Services as proof of compliance with statutory duties.

Continuing Inspections

Apart from the formal inspection process, a program of ongoing workplace inspections will be carried out on a regular basis

Corrective Action

The Centre CEO, Coordinators of Services and Health & Safety Officer will track all corrective action to Centreion and ensure that this procedure is adhered.

JOB SAFETY ANALYSIS

Purpose

- To comply with the requirements of the *Safety, Health & Welfare Act 2005, General Application Regulations 2007, Child Care Act 1991, (Early Years Services) Regulations 2016*, and associated Regulations.
- To comply with Northside Family Resource Centre Ltd Safety Statement.
- To identify all hazards and risks associated with new equipment and to introduce adequate controls to mitigate against identified risks.
- To prevent accidents or ill health arising out of work activities.

Policy

In conformance with Statutory and corporate requirements in undertaking detailed and documented job related risk assessments on new equipment. The Supplier and Manufacturer is responsible for carrying out the Job Safety Analysis with the key objective of eliminating hazards, or reducing risk associated with hazards, to the safest level that is reasonably practicable. Once Centree, the Job Safety Analysis Report can be used as part of the training process when,

- New Staff and Volunteers are receiving orientation training.
- Existing Staff and Volunteers are being retrained in a new process/equipment following transfer.
- Coordinators of Services are being trained in safety observation accident investigation and day to day safety management.
- Annual refresher training is carried out.

Implementation

It is the responsibility of The Centre CEO and Coordinators of Services, to ensure that Job Safety Analysis's are carried out for all new equipment. The JSA is conducted by the Supplier/Manufacturer, prior to installation.

The equipment/process is then approved by The Centre CEO and Coordinators of Services and retained for future reference.

Responsibilities

The Centre CEO and Coordinators of Services is responsible for the ongoing development, implementation, communication and auditing of the J. S.A. process. They will specifically ensure that:

- All critical tasks are identified.
- Job safety analysis is carried out on all new equipment.
- Staff and Volunteers are encouraged to participate in the process.

- Recommendations from Staff and Volunteers are considered and implemented where feasible.
- All necessary records are maintained and made available as necessary.
- The provision of expert guidance to persons engaged in the J.S.A process.
- The provision of training, when necessary to Staff and Volunteers engaged in the J. S.A. process
- The retention of records of all J.S.A.
- Liaise with the Staff and Volunteers, regarding the outcome of the process and the implementation of the controls.

The Centre CEO and Coordinators of Services is responsible for ensuring that:

- All new equipment and tasks are subject to J.S.A.
- Information requested as part of the process is provided
- Staff and Volunteers engaged in J.S.A are supported with all necessary resources
- All control procedures are put in place and audited on an ongoing basis.
- J.S.A s are readily available to all Staff and Volunteers

All Staff and Volunteers are responsible for assisting in the J.S.A process and reporting any breach of procedure to The Centre CEO and Coordinators of Services

Training

It is the responsibility of The Centre CEO and Coordinators of Services to ensure that all persons carrying out Job Safety Analysis's are trained in the correct methods. The Centre CEO and Coordinators of Services will facilitate in the design and monitor the training process.

INFORMATION MANAGEMENT

General Policy

It is the policy of Northside Family Resource Centre Ltd to comply with all Legal requirements regarding the management of information. The Centre will provide all necessary resources, in the form of clerical support, information technology, filing facilities etc. to ensure that all relevant information is recorded and accessible.

Responsibilities

The Centre CEO and Coordinators of Services is responsible for the development, implementation, monitoring and auditing of information management policy and procedures. They will ensure that:

- All information management needs are identified.
- The department, have adequate resources to enable them to record and retain the information referred to in this policy.
- All support staff, are trained in computer skills and information management.
- Monthly accident statistical reports are produced, reviewed, and communicated to all Staff and Volunteers.

REGULATORY REPORTING

The Centre CEO and Coordinators of Services is responsible for the central filing of all records and information. They will carry out a monthly analysis of accident data including accident incident rates, lost time, accident costs and other relevant information. He will ensure that the following are specific records are retained:

Training

- Employee training records.
- Assessment records.
- Course content.
- Information on dates, attendance and tutors.

Accidents and Dangerous Occurrences

- Copies of reports of notifiable accidents and dangerous occurrence reports sent to the Health and Safety Authority.
- Copies of reports of accidents and accident report book.
- Accident investigation reports.
- Insurance claim forms.

Medical and Health Records

- Copies of ill health reports
- Medical reports following accidents or ill health.
- Employee absence reports.
- Health surveillance records.
- Periodic medical assessment records.

Inspections / Auditing

- Equipment inspections.
- External/ Internal Audits

Risk Assessments

- Equipment assessments.
- Material safety data sheets.
- Occupational hygiene survey reports.
- Work process assessments.
- Ergonomic assessments.



Section D

Consultation & Provision Of Information

CONSULTATION & THE PROVISION OF INFORMATION

PURPOSE

The purpose of this policy is to make provision for the development, implementation, monitoring and auditing of procedures, and programs, which maximize the involvement of all Staff and Volunteers in the safety and health process. The main objectives of this policy are:-

- Compliance with the requirements of the Safety, Health and Welfare at Work Act 2005 regarding employee involvement and communication.
- To provide for ongoing two-way communications between Staff , Volunteers and Coordinators of Services.
- To involve Staff and Volunteers in an interactive process of hazard identification and control.

SCOPE

This policy refers to all Staff and Volunteers of the Centre including temporary workers.

GENERAL POLICY

In accordance with the requirements of *The Safety, Health & Welfare Act 2005, General Application Regulations 2007, Child Care Act 1991, (Early Years Services) Regulations 2016*, Northside Family Resource Centre Ltd operate an active policy of consultation and participation which, recognises the positive role of staff interface and lays emphasis on the need to communicate with all Staff and Volunteers, on an ongoing basis, regarding all aspects of health and safety.

RESPONSIBILITIES

The Centre CEO and Coordinators of Services will oversee the implementation of this policy by:

- Signing off the Safety Policy Statement and ensuring that it is displayed in strategic locations.
- Ensuring that all persons charged with the implementation of this policy have adequate resources available to them.
- The Safety Statement and General Policy Statement are located in strategic areas of the Centres.
- The analysis of employee communication and involvement requirements is reviewed on a monthly basis as part of the Safety Committee meetings.
- That all changes in policy or communication procedures are communicated to all Staff and Volunteers by way of the Bulletin Boards and Team Briefings.
- Staff and Volunteers are involved in all joint committees or teams.
- All Managers, encourage Staff and Volunteers to raise safety and health issues via the Team Briefings or on a one to one basis with the Department Managers.
- Staff and Volunteers and teams are recognised, for positive safety performance, by written feedback and where appropriate, rewards.

IMPLEMENTATION

The Centre CEO and The Safety Officer is responsible for ensuring the implementation:

- Bulletin Boards are updated with information, which includes the minutes of Safety Committee meetings, Safety Alerts, performance summaries and general safety promotional material.
- That all recommendations from the Safety Representatives, or Staff and Volunteers, which require corrective action, are attended to.
- The provision of information and promotional
- The development of Safety Alerts based on the safety observation process, accident and near miss incidents and other suitable sources and the communication of the alerts via the Safety Boards and Team Briefings.
- The Centre CEO and the Health & Safety Officer will be given access to any information in the possession of the Centre that pertains to the safety, health and welfare of Staff and Volunteers, subject to the exclusion of information relating to an individual, information pertaining to taking or defending a legal action or information which may not be disclosed without contravening a legal prohibition. **The Centre CEO and the H&S Officer will be immediately informed when an inspector of the Health and Safety Authority visits** and will be facilitated in every possible way with the discharge of the function, under Section M of the Act, and will not suffer any disadvantage in fulfilling the role.



Section E

Training

TRAINING

PURPOSE

The purpose of this policy is to make provision for the development, implementation and monitoring of training on an ongoing basis.

SCOPE

This policy refers to both Statutory training, and that required by Policy, and covers all Staff and Volunteers including temporary Staff and Volunteers and any contractor who may require training, in order to ensure that adequate information is made available, and understood regarding control measures which are in place to prevent accidents and ill health.

GENERAL POLICY

The Centre recognises its obligations, under the The Safety, Health & Welfare Act 2005, General Application Regulations 2007, Child Care Act 1991, (Early Years Services) Regulations 2016, The Youth Work Act 2001 to provide adequate and relevant training to all Staff and Volunteers and Managers, including part-time Staff and Volunteers, to ensure that they fully understand the hazards of the processes of their work and the necessary controls which are in place to eliminate or reduce the risks attached to each hazard.

RESPONSIBILITIES

Training needs will be identified by The Centre CEO following consultation with the Coordinators of Services and will as a minimum ensure compliance with statutory requirements. A training schedule will be developed by the Safety Officer, and revised every year, following a revision process which will include: -

- The adoption of any new Legislation introduced in the previous year.
- Training deficiencies highlighted during accident investigations.
- Training deficiencies highlighted during safety inspections or as a result of reports received from Coordinators of Services.

It is the responsibility of the Centre CEO and the Coordinators of Services to ensure that Staff and Volunteers are released for training as scheduled; staff will report any unsafe behavior or specific job deficiencies, to the relevant Coordinators of Services, thereby ensuring that corrective action, including training, can be put in place without undue delay.

Training programmes

Training will be provided to all Staff and Volunteers and Managers to provide them with the necessary skills and knowledge thereby enabling them to work to the required safety standard. Formal training programs will be established covering the following 5 key headings:

Safety Orientation /Safety Awareness

Provided to all Staff and Volunteers and Coordinators of Services upon taking up employment with the Centre, and prior to any reassignment to a different work process.

Specific Task Training

Provided to Staff and Volunteers and Coordinators of Services detailing the specific safety controls and procedures for defined tasks and processes. Specific areas for attention are referred to on an individual basis throughout this Safety Statement.

Specialised Training

Where necessary and following the identification of special needs, training will be provided to any relevant employee or Coordinators of Services to enable them carry out their work in a safe and healthy manner. Specialised training will include:

- First Aid.
- Manual Handling Instruction.
- Ergonomics.
- Safety Management.

Management Training

Provided to all Managers to enable them to comply with Legislation, and Centre Policy, in terms of hazard identification, risk assessment, accident investigation and behavioral monitoring.

Refresher Training

Provided as required by Legislation or as determined during the yearly review.

Apart from the development of formal training programs, a strong emphasis will also be placed on informal training, which will include the following:

Team Briefing, Emergency Drills, Promotional Material, Safety Alerts.

It is the responsibility of the Coordinators of Services to ensure that safety and health issues are dealt with at each staff/team briefing.

RESOURCES

The Centre recognises that successful training results depend on adequate resources being available and is committed to providing finance, accommodation, equipment and competent trainers to ensure the success of this policy. The level of resources necessary will depend on the location, duration and mode of presentation of each programme and the Personnel Department will determine the level of resources as part of individual course development. All training programs will include well-presented written material and visual aids as appropriate.

EVALUATION & MEASUREMENT

Regular Centre inspections and behavioral observation, on a day by day basis, is regarded as the most effective means of evaluating the effectiveness of safety training, however other methods must also be employed which measure the effectiveness of the various programs and the training methods used. Some programs such as occupational first aid and forklift trucks are required to have an examination and certification, while other programs carry no such requirement. Irrespective of this statutory requirement all training programs will have an assessment process included, which measures the amount of information retained, the effectiveness of the training method used and the ability of the trainer to communicate the programme.



Section F

Safe Driving for work

SAFE DRIVING FOR WORK

This policy applies to anyone who drives as part of their work, whether driving their own vehicle or one provided by the company.

To reduce vehicle incident and at-fault work related road collision costs and injuries by [determine an achievable figure and add it here] over three years by promoting a safe driving culture within the organisation.

PURPOSE

To make drivers aware of the main risks they face or create when driving for work

- To make sure that employees who drive vehicles in the course of their work demonstrate safe, efficient driving skills and other good road safety habits at all times.
- To maintain all company vehicles in a safe, clean and roadworthy condition to ensure the maximum safety of the drivers, occupants and other road users, and reduce the impacts of company vehicles on the environment – this also applies to personal vehicles used for work purposes.

Code of conduct

The code of conduct for FRC states: “While driving company or own vehicles for work purposes, employees must comply with traffic legislation, be conscious of road safety and demonstrate safe driving and other good road safety habits.”

The following actions in company vehicles will be viewed as serious breaches of conduct and dismissal may be a consequence

- Drinking or being under the influence of drugs while driving
- Driving while disqualified or not correctly licensed
- Reckless or dangerous driving causing death or injury
- Failing to stop after a collision
- Acquiring penalty points leading to suspension of license
- Any actions that warrant the suspension of a license

RESPONSIBILITIES FOR DRIVERS OF COMPANY VEHICLES

- Make sure they hold a current driver licence for the category of vehicle they are driving and this licence is carried when driving a company vehicle
- Immediately notify their supervisor or manager if their driver licence has been suspended or cancelled, or has had limitations placed upon it
- Take time to familiarise themselves with the vehicle’s handbook
- Be responsible and accountable for their actions when operating a company vehicle or driving for the purposes of work
- Carry out a full daily walk around check prior to using the vehicle
- Display the highest level of professional conduct when driving a company vehicle
- Regularly check the oil, tyre pressures, radiator and battery levels of company vehicles they regularly use

- Comply with the Rules of The Road and the safe Driving for Work Handbook at all times
- Assess hazards while driving and anticipate ‘what if’ scenarios
- Drive within the legal speed limits, including driving to the conditions
- Wear a seat belt and make sure all occupants wear their seat belt at all times
- Only drive when fit to do so – never drive under the influence of alcohol or drugs, including prescription and over the counter medication if they cause drowsiness
- Avoid distraction when driving if you need to, adjust or set sat-navs / car stereos / mirrors before setting off. If you need to re-adjust whilst driving pull over safely in order to do so
- Report any near-misses, crashes and scrapes, including those that do not result in injury, and follow the collision procedures outlined in this policy
- Report vehicle defects before the next vehicle use
- Never carry any hazardous substances without the prior approval of the line manager. Hazardous goods may only be carried in full compliance with relevant legislation

In addition, it is required that all drivers:

- Take regular and adequate rest breaks, at least every two hours, stop when tired
- Plan their journeys, taking into account pre-journey work duties, the length of the trip and post-journey commitments
- Stay overnight if driving time and non-driving duties exceed 10 hours in one day

Drivers using their own car for work

If an employee is driving their own vehicle for work, the same policies apply.

- The employee must seek the employer’s agreement before using their vehicle for work
- The car must be legally registered, authorised and insured for the purposes of work – the employee must show evidence of this on request
- The employee must not carry loads for which the vehicle is unsuited, nor may they carry more passengers than there are seat belts
- The vehicle must not be used in conditions for which it was not designed (such as off-road)

Responsibilities as an employer

The employer will take all steps to ensure company vehicles are as safe as possible and will not require employees to drive under conditions that are unsafe or likely to create an unsafe environment, physical distress or fatigue.

Vehicle selection and procurement

Giving priority to safety features when selecting new vehicles, including:

- Only buying and hiring vehicles that rate four or more stars on the Euro NCAP (European New Car Assessment Program) tests
- Choosing vehicles with ESC (Electronic Stability Control), ABS brakes and side head-protecting airbags
- Only buying and hiring vehicles that are light coloured

- Fitting all vehicles with a first aid kit, a securely fitted fire extinguisher, a high visibility jacket for each seat in the vehicle, a torch and an emergency triangle

Vehicle maintenance

The Coordinators of Services will ensure all vehicles are well maintained and that the equipment promotes driver, operator and passenger safety by:

- Servicing the vehicles according to manufacturers' recommendations
- Setting up procedures where employees check their vehicle's oil, water, tyre pressures and general cleanliness on a monthly basis, then record the inspections on a pre-use check sheet
- Keeping maintenance schedules in the glove boxes of all vehicles, which are Centreed each time the vehicles are serviced in any way
- Following the maintenance schedules in the vehicles' manuals
- Setting up a procedure to identify and rectify all defects no how matter how small, as soon as practicable

Data on collisions and incidents

The Coordinator of Services will collect and collate statistics on incidents, collisions and their causes, including:

- The number of collisions
- Who was thought to be at fault
- The probable causes of the collisions and other contributors, such as unrealistic work schedules
- The financial cost of all collisions
- The number of prosecutions
- The number of near-miss events
- Other costs, such as downtime, compensation claims, temporary workers and lost productivity

Driving time and driver hours

The Coordinator of Services will monitor and manage work schedules to ensure they do not encourage unsafe driving practices by: requiring professional drivers of Heavy commercial and light commercial vehicles and buses to comply with both drivers hours regulations and Driver CPC requirements (if applicable) requiring taxi drivers to comply with taxi operation regulations requiring non-commercial drivers to take 15-minute breaks every two hours of driving

The Coordinator of Services will take into account individual drivers' needs by requiring employees to keep driving logs that are regularly checked by the Centre CEO.

DRIVER TRAINING

The Coordinator of Services will Identifying driver training needs and arranging appropriate training or refresher training, including providing:

- A thorough induction to the company's road safety policies and procedures

- Driver training opportunities to all employees
- Driver assessment and required training as part of all employees inductions
- Training aimed at managing the driving risk or specific practical training as required and identified
- Regular employee seminars or refresher meetings on safety features, fatigue, driver responsibility, drink-driving and fuel-efficient driving
- Driver training log updates on personnel files

SAFE DRIVER BEHAVIOUR

The Coordinator of Services will encourage safe driving behaviour by:

- Not paying employees' speeding or other infringement fines
- Forbidding the use of mobile phones in vehicles while driving (including hands-free)
- Encouraging regular breaks while driving
- Providing taxis and designated drivers to and from work social events
- Providing food and non-alcoholic drinks at work functions
- Encouraging the use of public transport, taxis and buses whenever possible
- Making sure the employer is informed if existing employees become unlicensed

Fuel Efficiency

The Coordinator of Services will encourage better fuel efficiency by:

- Setting up and promoting a car pool scheme for work car use
- Setting up and promoting a workplace travel plan
- Providing training on, circulating information about, travel planning, efficient driving habits
- Encouraging the use of other transport or remote conferencing whenever practical

What to do in the event of an incident in a company vehicle

Immediately stop your vehicle at the scene or as close to it as possible, making sure you are not obstructing traffic.

- Apply the handbrake and switch off the engine.
- Switch on the vehicle's hazard warning lights.
- Ensure your own safety first, put on your hi-vis vest before exiting the vehicle.
- Ensure any passengers put their hi-vis vest on before getting out.
- If the vehicle is on fire – get out immediately if it is safe to do so.
- Help any injured people and call for assistance if needed.
- Try to get the following information: details of the other vehicle and registration number, name, address of the other vehicle owner and driver, name and address of any witness, name of insurer and give your name and address and company details.

If you damage another vehicle that is unattended, leave a note on the vehicle with your contact details.

Contact the Gardaí:

- If there are injuries
- If there is a disagreement over the cause of the crash
- If you damage property other than your own
- If damage to the vehicle looks to be substantial.

Only move the vehicle if:

- Instructed to do so by a member of the emergency services
- It would be more dangerous to others keep it at its current location
- You know that the Gardaí have not been called to the scene
- Any damage is only slight and leaving the vehicle where it was would cause serious inconvenience to other road users
- It is safe to do so and you have already provided your name and address as well as the name and address of the vehicle's owner, registration and insurance details.

IMPORTANT

If the vehicle cannot be driven arrangements must be made for its removal. All valuables should be secured. Follow-up with line Coordinator of Services If there is an injury or major damage, report the crash to your manager as soon as you can.

Breakdowns

In the event of a breakdown do not try to repair the vehicle. Contact the breakdown assistance provider (details should be kept in the vehicle's glove-box)

- Ensure nothing is done to endanger yourself or others
- Make sure you and other passengers wear the hi-vis vests
- Move passengers to the safest location – on motorways or other busy roads passengers should be taken onto the embankment as far away from the traffic as possible
- Move the vehicle off the carriageway (onto the hard shoulder on a motorway) and switch off the engine
- Switch on the vehicle's hazard warning lights
- Phone the emergency services or breakdown service as appropriate. Make sure to give accurate location details. If on a Motorway use the emergency SOS telephone to call for help – this will accurately inform the Gardaí of your location

How the success of the policy will be measured

The success of this policy will be measured by the increase or decrease in:

- The number of collisions involving company vehicles
- The number of avoidable collisions involving company vehicles
- The number of traffic infringements received
- The costs of repairs and maintenance
- Other financial costs associated with vehicle use
- The average cost of vehicle-related employee compensation claims.



Section G

Hazard Identification

Risk Assessment

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Summary of Controls

Hazard	Risks	Control	Person Responsible
VDU Screens	Eye Strain	<ul style="list-style-type: none"> Staff working on VDU screens to be offered an eye examination every 5 year. 	Centre CEO
Manual Handling	Fitness for task Assessment of manual handling activities	<ul style="list-style-type: none"> Assessment of fitness levels every 3 years Training Minimise / eliminate the need for manual handling 	Centre CEO
Noise	Ear damage	<ul style="list-style-type: none"> N/A 	Centre CEO
<u>General equipment operation</u>	Entanglement Eye Injury Electrocution	<ul style="list-style-type: none"> Do not carry tools/knives or sharp points in pockets. Ensure all equipment guards are in position. Ensure that you are familiar with the safety aspects of the equipment Do not touch moving parts. Isolate machine before making adjustments. Do not use broken or defective equipment. Keep all electrical equipment clean and dry. 	Centre CEO
<u>Poor housekeeping</u>	Slips, trips, falls.	<ul style="list-style-type: none"> Keep area clean and tidy/free from obstruction. Make sure surfaces are clean / proper shoe wear 	Centre CEO
<u>Floors / Stairways</u>	Slips, trips and falls	<ul style="list-style-type: none"> Good housekeeping Regular cleaning and inspections Non-slip flooring and steps 	Centre CEO
<u>Chemical handling</u>	Eye injury Burns / Skin irritation Respiratory effects.	<ul style="list-style-type: none"> N/A 	Centre CEO
<u>Working Area</u>	Slips, trips and falls	<ul style="list-style-type: none"> Non-slip surface Good housekeeping policies Cleaning schedules. 	Centre CEO
<u>Working at Heights.</u>	Trips Slips Falls while accessing	<ul style="list-style-type: none"> Fixed ladders. Secure walkways. Training 	Centre CEO

		<ul style="list-style-type: none"> • Supervision. 	
<u>Housekeeping</u>	Slips / Falls.	<ul style="list-style-type: none"> • Waste removed daily. • Drains provided. • Safe storage provided. • Training/Supervision. • Cleaning schedules. 	Manager All Staff and Volunteers
<u>Fire</u>	Burns Smoke inhalation	<ul style="list-style-type: none"> • Fire safety procedures • Means of escape provided 	Centre CEO
<u>Electricity</u>	Electrocution Electric Shock	<ul style="list-style-type: none"> • Equipment wired and installed by competent persons. • Certified installations • Maintenance by competent persons. • Only authorised personnel to work on electrical equipment. 	Centre CEO
<u>Electrical Control Panels</u>	Electrocution	<ul style="list-style-type: none"> • Panels secured/locked • Access to electrical staff only. 	Centre CEO
<u>Knives</u>	Cuts	<ul style="list-style-type: none"> • Always cut away from yourself. • Shield knives when not in use. 	Centre CEO
<u>Spills</u>	Slips Trips Falls	<ul style="list-style-type: none"> • All spills to be cleaned up immediately. 	Centre CEO
<u>Access and Egress</u>	Trips Falls Traffic accidents	<ul style="list-style-type: none"> • Access doors provided for pedestrians • Access and egress routes kept free from obstruction. • Fire exits free from obstruction. • Supervision. • Training. 	Centre CEO
<u>Poor Lighting Levels</u>	Eye Strain Falls Trips	<ul style="list-style-type: none"> • Design and maintenance schedule to conform to C113SE Code for interior lighting. 	Centre CEO
<u>Office Furniture</u>	Falls Strains	<ul style="list-style-type: none"> • All furniture to be safe by design • Maintenance schedule • Do not lean back on chairs • Do not climb onto furniture. 	Centre CEO



Section H

Safe Working & Health Practices

SAFE WORKING AND HEALTH PRACTICES

HOUSEKEEPING PRACTICES

General Policy

The purpose of this policy is to make provision for good housekeeping practices which will:

- Assist in accident prevention and fire safety control.

Ensure compliance with the requirements of **The Safety, Health & Welfare Act 2005, General Application Regulations 2007, Child Care Act 1991, (Early Years Services) Regulations 2016, The Youth Work Act 2001 and associated Regulations.**

Scope

The controls and procedures referred to below cover all activities of the Centre and shall be applied to the Centree Centre including all external site areas. This policy also covers all activities carried out by external contractors.

Responsibilities

It is the responsibility of all Staff and Volunteers at Northside Family Resource Centre Ltd to maintain their work area in a clean and tidy manner to ensure that accidents involving slips, trips and falls are avoided, and to reduce the risk of fire to the lowest acceptable level. The Centre CEO and Coordinators of Services will ensure that all requirements for good housekeeping practices, as contained in this Safety Statement, and other safety instructions, are strictly adhered to especially regarding the following:

- The maintenance of clean and tidy work areas.
- The removal on a daily basis of all waste materials, etc.
- The use of the correct containers for waste collection.
- The maintenance of clear walkways by the safe location of product, packaging
- The immediate removal of all damaged equipment to the designated storage area.
- The storage of materials in the correct and designated facilities.
- The storage of equipment in the correct and designated locations.

The Centre CEO and Coordinators of Services shall ensure that all work areas are maintained in a clean and tidy condition and that all chemicals and flammable liquids are stored in the designated locations. That adequate provision is made for the daily removal of waste from the Centre and that all statutory provisions regarding waste disposal are adhered to.

The Centre CEO and Health and Safety Officer will provide, and monitor, suitable spill kits for use on small spillages of chemicals, oils, water etc. The Centre will provide training to all Staff and Volunteers likely to be involved in spillages, especially, in the production area, maintenance workshop and laboratories. When spillages occur, the Health and Safety Officer will provide adequate means of identifying the area affected. They will ensure that checklists are provided to the Coordinators of Services

General Controls

- All work areas are to be kept clean and tidy.
- Waste materials to be placed in the containers provided and waste removed daily.
- The storage of equipment, materials etc. along designated walkways, on stairways, under landings or in any non-designated area is strictly prohibited.
- The wash rooms, toilets and locker rooms must be kept clean and tidy.
- Smoking outside the designated area is strictly prohibited.
- Housekeeping standards will be formally inspected on a monthly basis.

Training

Housekeeping practices will be included in all safety orientation training, and supported by reinforcement training during team briefings or as a result of deficiencies highlighted during safety observations or inspections.

Auditing

The daily maintenance of good housekeeping practices will be monitored by the relevant Coordinators of Services. The Coordinators of Services will also ensure that housekeeping standards are inspected during inspections including Job Safety Observations. Housekeeping policy and procedures will be audited as part of the Centre Audit.

LOCK OUT PROCEDURE

General Policy

The purpose of this policy is to define Centre procedures with respect to the isolation of energy sources where:

- Working on electrical equipment or circuits requires safe working procedures as defined in the Safety, Health and Welfare at Work General Application Regulations 1993 amended 2007.
- Risks to the safety and health of Staff and Volunteers may be present as a consequence of work where energy sources have to be temporarily isolated.

Scope

These procedures apply to all situations where work is undertaken on equipment, switching equipment or circuits or any equipment powered by electrical, mechanical or hydraulic sources.

Responsibilities

It is the responsibility of The Centre CEO and Coordinators of Services to ensure that all the following requirements are strictly adhered to when any risk of exposure to hazardous energy exists. They will ensure that the following specific requirements are fully adhered to and that:

- All equipment and equipment are identified and assessed regarding the application of lock out equipment.

The Centre CEO and The Health and Safety Officer is responsible for the development, in consultation with the Staff and Volunteers, of the required programme in Lock Out Procedures.

Risk Assessment

The relevant Coordinators of Services, will identify and document a full list of all equipment and equipment to which the Lock Out Procedures apply, and develop machine specific procedures for all identified equipment and Centre.

Usage of Lock Out Procedures

- When maintenance is being done. (Maintenance is defined as cleaning, oiling, greasing and replacement of parts.)
- When there is more than one staff member working simultaneously on equipment.
- If a mechanical or electrical fault develops and there is waiting time for technical assistance.
- When working on equipment.
- Set up: if more than one staff member is involved in a set up.

PERSONAL PROTECTIVE EQUIPMENT

General Policy

The purpose of this policy is to put into place a personal protective equipment programme in Local Employment Service which:

- Ensures the protection of our Staff and Volunteers, and other persons working in, or visiting our Centre.
- Complies with the requirements of the *Safety, Health and Welfare at Work Act 2005, and associated Regulations, including the S.H.W General Application Regulations 1993 amended 2007 and the Safety, Health and Welfare at Work Construction Regulations 2013.*
- Complies with all requirements of this Safety Statement.
- Provides for the ongoing assessment of risks and the provision of the correct personal protective equipment.
- Defines responsibilities for the development, monitoring, implementation and auditing of policy.
- The Centre recognises the limitations placed on the provision of personal protective equipment and will only employ this strategy where engineering controls, or other preventative strategies are not practicable.

Scope

This policy covers all activities listed below and refers to work carried out by Staff and Volunteers, or contractors, throughout the site

Protective Clothing

Protective clothing is provided to all Staff and Volunteers and must be worn as designated during issue. Protective clothing is also provided to all Staff and Volunteers in duties for both hygiene purposes and thermal protection.

Safety Gloves

To be used when handling chemicals and inks.

MACHINE SAFEGUARDING

General Policy.

The purpose of this policy is to ensure that all machinery employed by the Centre:-

- Complies with the requirements of the *European Communities (Machinery) Regulations 1994 as amended by S.I. No. 372 of 1995.*
- Complies with the requirements of the *Safety, Health and Welfare at Work General Application (Work Equipment) Regulations 1993 amended 2007.*
- Operated by trained and competent Staff and Volunteers
- Maintained and repaired by competent persons with safe working procedures fully in place.

Scope

This policy identifies the hazards and risk associated with equipment, employed by Northside Family Resource Centre Ltd and describes the safe working procedures which are in place to eliminate risks and prevent accidents arising out of the use, care, maintenance and relocation of machinery.

Definition

Machinery is defined as any apparatus for producing or applying power, having fixed or moving parts each with definite functions. A full inventory of all equipment will be retained by The Centre CEO and Coordinators of Services.

Risk Assessment

The main risks associated with machinery used within the Centre can be summarised as follows:-

- Contact with power sources.
- Contact or entanglement with the machinery.

Responsibilities

The Centre CEO and Coordinators of Services is responsible for ensuring:

- That all Statutory requirements regarding policy development, implementation and auditing is adhered to and documented
- That all safeguards required by Statute are assessed on existing equipment, new equipment, or any modified or relocated machine.
- That all necessary training is provided to operators, affected Staff and Volunteers, maintenance staff and relevant Coordinators of Services.
- That all specified inspections and audits are carried out and recorded. That all machine guards are provided and maintained.
- Those emergency stop facilities are provided at each machine.
- That an updated machine inventory is kept.
- That safe working procedures are developed for each machine including all foreseeable maintenance/adjustment operations.

The Centre CEO and Coordinators of Services is responsible for ensuring that all new or modified equipment are risk assessed, prior to operation, that they carry the C.E.Mark and are located safely to prevent striking accidents. He/She will also ensure that the Lock Out Procedure is employed fully in compliance with this Safety Statement.

The Centre CEO and the Health and Safety Officer will develop safety policy with regard to equipment and ensure that any changes in policy are communicated to all relevant Coordinators of Services and Staff and Volunteers. They will also develop suitable training programs and ensure that records of training are retained.

Operator Instructions

All machine operators will be instructed and trained to observe the following operational rules:

- Never operate any equipment if the guards are removed.
- The removal of guards, unless by an authorised person, is strictly prohibited.
- Operators shall report any defects, to their Coordinators of Services, immediately
- Isolate power to equipment, before cleaning.
- Keep working area around equipment clean and free from obstruction at all times.
- Loose clothing, long hair, and jewelry must be covered over or removed prior to working near moving machinery.
- All specified personal protective equipment must be worn.
- Only Staff and Volunteers who have been authorised, instructed, trained and understand the safety aspects of the machine

Training

It is the responsibility of The Centre CEO and Coordinators of Services to ensure that statutory training requirements are met in the provision of training for Staff and Volunteers on equipment safety. Documented training shall be provided to:

- Affected Staff and Volunteers

All training provided shall be documented and reviewed, by the Health and Safety Officer in conjunction with The Centre CEO and Coordinators of Services and records of training retained.

ELECTRICAL SAFETY

General Policy

This policy makes provision for the safe installation, use and maintenance of electrical appliances and wiring in conformance with:-

- *The Safety Health and Welfare at Work General Application Regulations 1993 amended 2007 (part 8 Electricity).*
- *The Safety, Health and Welfare at Work Act 2005. -The Fire Services Act 1981.*
- *The Building Regulations.*
- *The National Rules for Electrical Installations.*

Scope

This policy refers to all electrical installations throughout the Centre.

Risk Assessment

The main risks associated with electricity are electrocution, electric shock, fire, explosion, burns and striking injuries following shock

MANUAL HANDLING

General Policy

It is policy of Northside Family Resource Centre Ltd to eliminate, where practical, the manual handling of loads in conformance with the requirements of The Safety, Health & Welfare at Work General Applications Regulations 1993 amended 2007, and to assess all manual handling operations with a view to reducing or eliminating any risks.

Scope

This policy refers to all situations where Staff and Volunteers lift, move or carry loads within the Centre.

Risk Assessment

Staff and Volunteers are engaged in lifting containers, boxes, cartons, children and other loads which may put them at risk of injury such as:

- Back strain or slipped disk.
- Hernias.
- Lacerations.
- Injuries to toes and feet.
- Various sprains, strains etc.

These risks are significantly reduced where mechanical aids have been provided.

Responsibilities

It is the responsibility of The Centre CEO and Coordinators of Services, to carry out an ongoing assessment of the work site to identify all manual lifting hazards and to specify suitable controls. They will ensure that a written risk assessment, as per ***The Safety Health and Welfare at Work General Application Regulations 1993 amended 2007***, is carried out each year, to assess the level of risk associated with each handling task and retain records of such assessments.

On the basis of the risk assessments The Centre CEO and Coordinators of Services will introduce any recommended engineering controls to mitigate against such risks and monitor their effectiveness.

The Centre CEO and Coordinators of Services, will ensure that manual lifting operations are carried out as per training and that assistance is provided as requested.

All Staff and Volunteers shall adhere to the safe systems of work, covering manual lifting, as detailed in training or as specified by their The Centre CEO and Coordinators of Services. Staff and Volunteers are not to attempt to lift or move, on their own, articles or materials which may result in an injury to them. Certain basic details should be considered before an object is lifted-namely:

- Is it of a size which can be handled comfortably by the lifter.
- Is its weight within the physical strength of the lifter.
- Is there enough room in which to carry out the lifting and handling, i.e. no obstruction or movement.
- Will the lifter be able see over the object when it is in the carrying position.
- Can mechanical aids be used.

If any employee/child carer is unable to answer these questions in the affirmative then help should be sought for the task.

Pregnant Staff and Volunteers must inform The Centre CEO and their Coordinators of Services of their condition to enable a risk assessment to be carried out.

Remember.

- Inform your manager if you are pregnant.
- A sudden jerk or lift could result in back injury.
- Safety equipment must be worn if issued to you.
- Always store goods in the correct locations.
- Use mechanical lifting devices where provided.

General Control Measures

- Where practicable manual handling will be avoided by the use of suitable mechanical devices.
- The Centre CEO and Coordinators of Services will ensure that the general principles of safe manual handling are adhered to.
- All Staff and Volunteers will receive training in safe handling techniques.
- Staff and Volunteers shall not attempt to lift, push, pull or carry any load which they feel are too heavy, big, awkward etc.
- The Centre CEO and Coordinators of Services will observe all handling operations, on a daily basis, and provide assistance, whether physical or mechanical, where required
- Personal protection such as safety gloves and footwear are provided and shall be worn when necessary.

Training

The H&S Officer, is responsible for ensuring that all Staff and Volunteers receive training in safe manual handling techniques, prior to commencing work and at intervals thereafter including assignment to different work duties. Refresher training will be provided as appropriate especially as a result of problems highlighted during inspections, audits, safety observation, job safety analysis and during regular team briefings.

Review

The Centre CEO and Coordinators of Services will review this policy in line with any changes in Legislation, Corporate Policy or following any change in processes or procedures.

CHEMICAL SAFETY

General Policy

The purpose of this policy is to define responsibilities and procedures for the safe operation of chemical processes. The main objectives of this policy are to:

- Ensure compliance with the requirements of *The Safety Health and Welfare at Work Act 2005, and associated Regulations*
- Prevent accidents and ill health arising from exposure to chemical agents.
- Ensure that all chemicals entering the site are risk assessed and Material Safety Data Sheets obtained.

Scope

This policy refers to the handling, dispensing, storage and use of chemicals in all parts of the Centre.

Risk Assessment

The Centre utilises small quantities of chemical/Detergents in the kitchen area. The main risks associated with the use of the chemical agents are:

- Skin contact with corrosive substances and solvents.
- Eye damage resulting from splashes of corrosive substances or solvents.
- Fire resulting from uncontrolled used of flammable liquids.
- Inhalation or ingestion of chemicals during handling or dispensing.
- Accidental spills of chemicals.

Responsibilities

It is Centre policy to comply with the requirements of *The Safety, Health and Welfare at Work General Application Regulations, The S.H.W. Act 2005*, regarding the storage use and handling of chemical agents. All relevant Coordinators of Services are responsible for the effective implementation of this policy and will ensure that:

- Only trained and authorised Staff and Volunteers handle, store, transport or dispense chemicals,
- A full inventory of all chemicals used is maintained and available for inspection.
- All new chemicals agents are subject to a risk assessment and the relevant Material Safety Data Sheet made available to all affected Staff and Volunteers.
- Containers of chemical agents are clearly labeled in conformance with E.U. Directives
- Provide a suitable emergency spill kits, train Staff and Volunteers in its safe use and ensure that it is maintained on an ongoing basis
- Chemicals are stored in the designated storage Centre.

The Centre CEO and Coordinators of Services is responsible for monitoring chemical hygiene and will:

- Ensure that employee exposure to chemicals is assessed on an annual basis.
- Coordinate the provision of engineering controls where shown to be necessary following any assessment.
- Monitor the implementation of this policy on an ongoing basis.
- Oversee and manage the provision of a central chemical storage Centre on site.

Staff and Volunteers will follow all safety procedures as detailed in training, use all personal protective equipment as provided and report any defects in equipment or processes to their Coordinator of Services.

Training

Centre CEO is responsible for the provision of adequate training to affected Staff and Volunteers on chemical safety and emergency procedures. This training will be repeated annually.

LONE WORKERS

Are people legally allowed to work alone?

Yes. There is nothing specific in general legislation that prohibits a person from working alone. Section 19 of the Safety, Health and Welfare at Work Act 2005 requires the employer to undertake a risk assessment, and so this shall determine whether or not an employee may work alone. Therefore, in general, an employer must assess whether an employee is at significantly higher risk when working alone. However, employers must be aware of any specific legislation on lone working, which may be applicable to their specific industry, e.g. supervision in diving operations, vehicles carrying explosives.

Who are lone workers?

Lone workers are those who work by themselves without close or direct supervision. Anybody who works alone, including contractors, self-employed people and employee, is classed as a lone worker. Lone workers include:

- People in fixed establishments where only one person works on the premises, e.g. in small workshops, kiosks, petrol stations, shops and home-workers
- People work separately from others, e.g. in factories, warehouses, some research and training establishments, leisure centres or fairgrounds
- People who work outside normal hours, e.g. cleaners, security, special production, maintenance or repair staff, etc.
- People who work working away from their fixed base, e.g. on construction, Centre installation, maintenance and cleaning work, electrical repairs, lift repairs, painting and decorating, vehicle recovery, etc.
- Agricultural and forestry workers
- Service workers, e.g. rent collectors, postal staff, social workers, home helps, district nurses, pest control workers, drivers, engineers, architects, estate agents, sales representatives and similar professionals visiting domestic and commercial premises.

What kind of hazards might lone workers be exposed to?

- Accidents or emergencies arising out of the work, including inadequate provision of first aid
- Sudden illnesses
- Anadequate provision of rest, hygiene and welfare facilities
- Physical violence from members of the public and/or intruders

What responsibilities do lone workers have?

The employer holds the main responsibility for protecting the safety and health of lone workers. Nonetheless, lone workers themselves have a responsibility to help their employer fulfil this duty, and so they must:

- Take reasonable care to look after their own safety and health
- Safeguard the safety and health of other people affected by their work
- Co-operate with their employer's safety and health procedures
- Use tools and other equipment properly, in accordance with any relevant safety instructions and training they have been given
- Not misuse equipment provided for their safety and health
- Report all accidents, injuries, near-misses and other dangerous occurrences

What happens if the risk assessment shows that it is not possible for the work to be carried out safely by a lone worker?

If the risk assessment shows that it is not possible for the work to be done safely by a lone worker, arrangements for providing help or backup should be put in place. Where a lone worker is working at another employer's workplace, that employer should inform the lone worker's employer of any risks and the control measures to be taken. This also helps the lone worker's employer to assess the risks.

What control measures could be implemented to minimise the risk to lone workers?

The risk assessment should prescribe control measures to be implemented in order to eliminate/minimise the identified risks. Such control measures may include:

- Communication is very important: mobile phone, telephone or radio
- Controlled periodic checks
- Automatic warning devices, e.g. panic alarms, no movement alarms, automatic distress message systems, i.e. pre recorded message sent if not actively cancelled by operative, etc.
- Instruction and training in proper procedures, e.g. code words for potentially violent situations when combined with mobile phone communication.
- Use of Personal Protective Equipment (PPE)
- Health surveillance
- First-aid kits and training
- Implementing Standard Operating Procedures (SOP's)
- locking and securing place of work
- Implementing correct incident reporting procedures
- Provision of counselling

What issues should the employer address when planning safe working arrangements for lone workers?

When establishing safe working arrangements for lone workers, employers need to know the law and standards that may apply to their specific work activity. They must then assess if the requirements of that work activity can be met by people working alone. Issues that need to be addressed when planning such safe working arrangements are:

1. Can the risks of the job be adequately controlled by one person?

Lone workers should not be at more risk than other employees. This may require extra risk control measures. Precautions should take account of normal work and foreseeable emergencies, e.g. fire, equipment failure, illness and accidents. Employers should identify situations where people work alone and ask questions such as:

- Does the workplace present a special risk to the lone worker?
- Is there a safe way in and a way out for one person? Can any temporary access equipment that is necessary, such as portable ladders or trestles, be safely handled by one person?
- Can all the Centre, substances and goods involved in the work be safely handled by one person?
- Consider whether the work involves lifting objects too large for one person or whether more than one person is needed to operate essential controls for the safe running of equipment.
- Is there a risk of violence?
- Are women especially at risk if they work alone?
- Are young workers especially at risk if they work alone?

2. Is the person medically fit and suitable to work alone?

Check that lone workers have no medical conditions which may make them unsuitable for working alone. Seek medical advice if necessary. Consider both routine work and foreseeable emergencies, which may impose additional physical and mental burdens on the individual.

3. What training is required to ensure competency in safety matters?

Training is particularly important where there is limited supervision to control, guide and help in situations of uncertainty. Training may be critical to avoid panic reactions in unusual situations. Lone workers need to be sufficiently experienced and to understand the risks and precautions fully. Employers should set the limits to what can and cannot be done while working alone. They should ensure employees are competent to deal with circumstances that are new, unusual or beyond the scope of training, e.g. when to stop work and seek advice from a supervisor and how to handle aggression.

4. How will the person be supervised?

Although lone workers cannot be subject to constant supervision, it is still an employer's duty to ensure their safety and health at work. Supervision can help to ensure that employees understand the risks associated with their work and that the necessary safety precautions are carried out. Supervisors can also provide guidance in situations of uncertainty. Supervision of safety and health can often be carried out when checking the progress and quality of the work; it may take the form of periodic site visits combined with discussions in which health and safety issues are raised.

The extent of supervision required depends on the risks involved and the ability of the lone worker to identify and handle safety and health issues. Employees new to a job, undergoing training, doing a job which presents special risks, or dealing with new situations may need to be accompanied at first. The level of supervision required is a management decision, which should be based on the findings of risk assessment, i.e. the higher the risk, the greater the level of supervision required. It should not be left to individuals to decide whether they require assistance.

What provisions should be in place for lone workers in the case of an emergency?

- Lone workers should be capable of responding correctly to emergencies. Risk assessment should identify foreseeable events.
- Emergency procedures should be established and employees trained in them.
- Information about emergency procedures and danger areas should be given to lone workers who visit your premises.
- Lone workers should have access to adequate first-aid facilities and mobile workers should carry a first-aid kit suitable for treating minor injuries.
- Occasionally, the risk assessment may indicate that lone workers need training in first aid.

Are there special factors to be considered for lone workers working at a remote location or/and in isolation?

For a lone worker at a remote location, the following factors must be considered:

- How long should the work take and how frequently should the worker report in
- Has the worker a safe means of travel to and from the location, especially out of normal hours
- Is there access to adequate rest, hygiene, refreshment, welfare and first aid facilities
- Can emergency services approach the location without hindrance. Procedures for responding to 'worst-case' emergencies should be in place

What if I am a lone worker, working from home?

An employer has the same responsibility for the safety and health of employees who work from home as for any other employees. This covers the provision of supervision, education and training and the implementation of sufficient control measures to protect the homeworker. The employer should accept liability for accident or injury of a homeworker as for any other employee.

For additional information relating to lone workers, refer to HSE publication '*Working Alone in Safety; Controlling the risks of solitary work*'



Section I

Accident and Dangerous Occurrence Reporting & Investigation

ACCIDENT / DANGEROUS OCCURRENCE REPORTING AND INVESTIGATION

General Policy

It is Centre policy to comply with all requirements of the Safety, Health and Welfare at Work General Application Regulations 1993 amended 2007 with regard to the reporting, and investigation, of all accidents and dangerous occurrences. The purpose of investigating and reporting of accidents is to identify all causative factors and instigate controls to prevent reoccurrence. In order to ensure effective reactions to accidents and dangerous occurrences, it is imperative that incidents be reported:

- In a timely manner.
- With accurate and precise information.

DEFINITIONS

Accident

Any unplanned event, or series of events, resulting in death, injury, damage or near miss. The following are examples of accidents which shall be reported with immediate effect:

- Fatalities.
- Serious injuries.
- Minor injuries.
- Near miss events including where protective equipment prevented injury.
- Third party accidents including contractors.
- Property damage.

Dangerous Occurrences

The following are examples of dangerous occurrences which shall be reported with immediate effect:

- Any electrical short circuit or overload.
- All fire incidents.
- Any chemical spill or release from a vessel.
- The failure of any interlock or machine guarding control.

Occupational Illness

Any illness resulting from work activities shall be reported with immediate effect, including any illness resulting from exposure to environmental factors. Diseases, both acute and chronic, resulting from the inhalation, ingestion or skin absorption of any chemical agent or substance shall also be reported.

RESPONSIBILITIES

The Centre CEO and Coordinators of Services is responsible for the coordination of all procedures relating to accident / dangerous occurrence/ill health reporting and investigation.



Section J

Fire Prevention

&

Evacuation Procedure

FIRE PREVENTION AND CONTROL

General Policy

It is the policy of Northside Family Resource Centre Ltd to provide and maintain an active policy of loss control through the ongoing attention to fire prevention and control within the Centre. The Centre will meet, as a minimum, the requirements of the *Fire Services Act 1981* in relation to the safety of Children, Parents, Staff and Volunteers and our operations. All managers and Staff and Volunteers are responsible for ensuring that fire prevention and control procedures are implemented on an ongoing basis and that rules covering the control of sources of ignition are adhered to at all times.

Scope

This policy refers to fire prevention, and control, throughout the entire Centre and associated properties.

Responsibilities

The Centre CEO and Coordinators of Services is responsible for the co-ordination of all fire prevention and control procedures and will specifically ensure that:

- Records of the test and maintenance of fire control equipment are retained.
- Notices prohibiting smoking and other sources of ignition are erected.
- Fire prevention and control are included in all Centre audits.
- All Staff and Volunteers are trained and instructed in fire prevention and action to be taken should a fire occur.
- All fire risks are identified and adequate controls put in place.
- Adequate provision is made for the supply of fire control equipment.

The Centre CEO and Coordinators of Services is responsible for ensuring that:

- All sources of ignition are identified and documented.
- Electrical and mechanical equipment listed as a source of ignition are maintained on a pre-determined basis
- Fire control equipment, including fire extinguishers, hose reels, fire alarms and emergency lighting are maintained in accordance with relevant standards as specified in this policy.
- Safe storage is provided for flammable liquids and gases.
- The Centre CEO and Coordinators of Services are responsible for the day-to-day management of fire prevention throughout their areas. They will ensure that waste combustibles are stored safely and removed from the Centre by an approved disposal agent on a regular basis and that flammable liquids and gases and oxidising agents are stored, handled, transported and used safely at all times. They will also ensure that materials are not stored adjacent to fire equipment and all fire protection equipment is unobstructed.

Sources of Ignition

The following sources of ignition have been identified:

Electrical Sources

The Centre is dependent on electrical power for all operations thus the risk of fire from electrical sources is constantly present.

- Faulty conditions leading to overheating of circuits.
- Contact between combustible fuels and hot surfaces.
- Ignition of chemicals from static electricity discharges.

Controls

- All equipment and wiring installed and maintained in accordance with E.T.C.I. Rules for Electrical Installations.
- Combustibles and flammable liquids/gases stored away from electrical sources of ignition.
- Fire control equipment provided and maintained.
- Safe Operating Procedures and storage of chemicals are adhered.
- Training and instruction provided to all Staff and Volunteers and The Centre CEO and Coordinators of Services.
- Predetermined audits carried out.

Mechanical Sources

Many of the operations in the Centre are designed to run hot in normal use, including boilers, equipment, and general workshop processes.

The primary causes of fires from mechanical sources are:

- Hot sparks or debris coming into contact with combustible or flammable fuels.
- Overheating of equipment due to malfunction or incorrect use.

Controls

- All mechanical equipment maintained in accordance with manufacturers' instruction.
- Combustible or flammable fuels prohibited from workshops, where practicable.
- Training and instruction provided to all Staff, Volunteers and The Centre CEO and Coordinators of Services.
- Thermostats or other thermal limiting devices provided on machinery.
- Fire control equipment provided.

Predetermined audits carried out.

Chemical and Others

Chemical sources of ignition include self-ignition of waste,

Controls

Bins are provided for disposal of waste, and are removed from the Centre daily. Controls are audited on a pre-determined basis.

General Controls

Smoking is prohibited except in designated area. Rubbish is removed from the Centre daily. Security is provided in the form of manned security, physical alarms on entrance doors and strict access procedures.

Fire Control Equipment

Fire Extinguishers

Installed to I.S 291 and maintained annually by competent contractor. Checked for obstructions and faults by The Centre CEO and Coordinators of Services on weekly basis and as part of Audit.

Training

The Centre CEO and Coordinators of Services is responsible for the provision of fire prevention, and control training, to all Staff and Volunteers, as part of induction training. The Centre CEO and Coordinators of Services will re-enforce this training during Team Briefings and fire drills.

Policy Review

The Centre CEO and Coordinators of Services will review this policy on an annual basis, or following any observed breach in procedures. This policy will also be reviewed following any change in Legislation, or Corporate policy. Any alterations to this policy will be brought to the attention of all The Centre CEO and Coordinators of Services and Staff and Volunteers.

Auditing / Inspection

The effective implementation of this policy will be monitored on a regular basis by The Centre CEO and Coordinators of Services and formally inspected as part of the Centre Inspection/Audit.

When You Discover a Fire

If you discover a fire you should;

- Raise the alarm by operating the nearest break. glass unit.
- Deal with the fire if safe to do so.
- Evacuate to your assembly point.

When You Hear the Alarm Sound

- Switch off your machine / make safe your place of work.
- Move in an orderly fashion to the nearest exit, which are clearly marked in the Centre.
- Do not go to the locker room.
- Assemble at your pre-determined assembly point for a head count
- Do not re-enter the Centre until the fire warden has given the all clear.
- Provide assistance when requested by trained personnel.
- Remember the first priority in any emergency is to save lives. Do not panic as this could be the greatest hazard.

Fire Drill

Fire drills are held regularly and as you participate in these drills you should know the exact location in the grounds where you are to assemble on evacuation in the case of fire. If you are in any doubt, ask you immediate The Centre CEO and Coordinators of Services.

Fire Fighting Equipment

The Centre provides a number of different types of fire fighting equipment including extinguishers and fire hoses, etc.

Do not, under any circumstances, abuse or interfere unnecessarily with firefighting equipment.

Keep the areas around firefighting equipment **clear at all times**. If you have any cause to use firefighting equipment, inform The Centre CEO and Coordinators of Services. All fire extinguishers should be recharged after use, even for short periods. Inform The Centre CEO and Coordinators of Services if you find one not full.

Remember it is important that all firefighting equipment in the Centre be serviceable at all times and any misuse or undue **interference with firefighting equipment will subject the offender to disciplinary action.**

In your work area you will notice three main types of fire extinguishers:

- **Red - which contains water (pressurised)**

<u>For Use Generally On</u> Wood Paper Textile Fabric & Similar Materials	<u>Not To Be Used On</u> Electrical Fire Burning Liquids Flammable Metal
------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------
- **Red (blue label) - which contains powder (standard)**

<u>For Use Generally On</u> Burning Liquids Electrical Fires	<u>Not To Be Used On</u> Flammable Metal
--------------------------------------------------------------------	---------------------------------------------
- **Red (black label) - which contains carbon dioxide (CO₂)**

Carbon Dioxide (CO₂) is an asphyxiant - it does not support life. It therefore displaces oxygen, leading to a situation where combustion will not occur, thus eliminating fire. It is also a colorless and odorless gas.

Where Carbon Dioxide has been used in confined areas, care should be taken that the place is ventilated to make is safe to enter.

Plans showing the location of fire exits and fire doors in the Centre will be displayed at the main entrance door in the factory. The Centre also pinpoints the exact location of all firefighting equipment in the Centre.

Fire Wardens

Receptionists act as Fire wardens.

GENERAL EVACUATION ALL EMERGENCIES INCLUDING FIRE

The emergency evacuation procedure shall be observed and followed by all Staff and Volunteers whenever a threat to the safety of human life exists.

ALARM BELLS

The sounding of alarm bells or the use of any other suitable means of alarm should be taken as an indication of the existence of such a threat,



Section K

Welfare Facilities

WELFARE FACILITIES

General Policy

The Centre recognises its duties under *The Safety, Health & Welfare at Work Act 2005* and associated regulations to provide adequate welfare Facilities, for its Staff and Volunteers, children, visitors & members of the public and to maintain the facilities in a clean and healthy condition on an ongoing basis. It is the responsibility of the Centre CEO and Coordinators of Services to ensure that all welfare facilities are monitored and cleaned on a daily basis and to provide for the replenishment of stocks of cleaning materials and disposable toilet and hygiene products. It is the responsibility of all Staff and Volunteers to leave welfare facilities in a clean and tidy condition and not to abuse or damage any facilities provided for their welfare.

General Provisions

- Toilets and urinals are provided, separate from each other, for both male and female Staff and Volunteers in compliance with *The Safety, Health & Welfare at Work General Applications Regulations 2007*.
- Washing facilities are provided with hot and cold running water and with soap and drying facilities.
- Hygiene disposal units are provided for female Staff and Volunteers.
- All welfare facilities are cleaned on a daily basis.
- Facilities are provided for changing of clothing and securing clothing not in use.

Policy Review

The Centre CEO and Coordinators of Services will review the welfare facilities and policy each year.

Auditing

Welfare facilities will be monitored on an ongoing basis and formally inspected as part of the Centre Audit/Inspections.

Workplace Stress

“Stress may be defined as a state of imbalance between the demands experienced by individuals and their capacity to adjust to those demands. It is both the pressures on an individual and the individual’s response to it”. (SFA Law Employment Guidelines, 1999).

A systematic approach to stress management is the most effective approach, this involves being pro-active as opposed to reactive in the event of the above situation arising, it should include the following steps;

- Actions to prevent problems developing, i.e. tackle the cause not the symptom.
- Action to deal with the problem that has developed, i.e. to accept that stress is a problem.
- Action to help staff return to work, i.e. tackle attitudes, all staff must realise that admitting the problem is not a weakness.

It is very important therefore that The Centre CEO and Coordinators of Services be alerted to the stressors in the work environment. The Centre CEO and Coordinators of Services is a vital component of the interaction equation. A good management system tries to inject challenge into the work environment because challenge can often produce enhanced performance but this can result with positive (employee strives) or negative (stress) effects sometimes. It is therefore necessary that Limerick Regeneration Agencies have a **stress management policy** for staff to refer to.

DIGNITY & RESPECT AT WORK POLICY

Management is committed to implementing and promoting measures to protect the dignity of Staff and Volunteers and to encourage respect for others at work. We will do this by creating a work environment free from bullying, harassment and other disrespectful behavior and by dealing effectively with any complaints of such conduct as they arise.

Procedure

We have a detailed procedure for dealing with complaints of bullying/harassment or disrespectful behaviour and copies are available from your Manager. The procedure covers:

- How to make a complaint
- How the informal and formal procedure is structured
- How the matter will be investigated
- Staff and Volunteers rights to representation
- Requirement for confidentiality
- Sanctions which may be invoked where bullying or harassment or other unacceptable behaviour has taken place.

What is Harassment or Bullying?

Harassment, bullying, or other disrespectful behavior takes many forms and can be verbal, physical or visual in nature.

Bullying is defined as “repeated, inappropriate behaviour, direct or indirect, whether verbal, physical or otherwise conducted by one or more persons against another or others at the place of work and/or in the course of employment which could reasonably be regarded as undermining the employee’s right to dignity at work”.

An isolated incident of the behaviour described may be an affront to dignity at work, but, as a once off incident, is not considered to be bullying.

Complaints relating to instructions issued by The Centre CEO and Coordinators of Services, assignment of duties, terms and conditions of employment or other matters, which are appropriate for referral under the normal Grievance Procedure, do NOT constitute bullying. These complaints usually relate to a specific issue or incident. Bullying on the other hand is repeated inappropriate behaviour, which is specifically targeted at the recipient in order to undermine their dignity.

Harassment is any form of unwanted conduct towards another person, which has purpose of violating a person's dignity and creating an intimidatory, hostile, degrading, humiliating or offensive environment for the person. Harassment can take place on grounds of gender, marital status, family status, race, age, religious belief, sexual orientation, disability or membership of the traveller community

Behaviours that constitute Bullying

The following are examples of the types of behaviour that may constitute bullying. This list is not exhaustive:

- Ignoring others or showing hostility through sustained unfriendly contact or exclusion
- Constantly criticising others' work efforts
- Ignoring the views of others
- Withholding information that affects other people's jobs
- Humiliating or ridiculing others about their work
- Spreading rumours or gossip
- Making insulting or offensive comments about others
- Shouting at and being abusive towards others
- Pointing your finger, invading personal space, shoving, blocking or barring the way of others
- Suggesting that others should resign
- Being hostile to others
- Playing practical jokes on people you don't like
- Making false allegations against others
- Threatening violence to others
- Using malicious or insulting language
- Constantly picking on a person when things go wrong even when he/she is not responsible

Lack of respect can be shown by direct comments, sarcasm, snide remarks, inappropriate jokes or banter directed towards a colleague. It can also arise where colleagues are ignored, overlooked, avoided or shunned without good reason and in a manner likely to be hurtful and disrespectful. Jokes or comments directed at or referring to a colleague could be thought amusing by others but unpleasant, uncomfortable or hurtful to that colleague **No form of bullying/harassment or disrespectful behavior will be condoned at work or outside of work if it has a bearing on the working relationship.**

Positive Work Behaviours

The kind of behaviours that will help to protect dignity and respect at work include:

- Saying thank you whenever a colleague is helpful
- Making sure no-one is left out in a discussion or social event
- Welcoming new Staff and Volunteers and helping them to join in
- Being co-operative when working on a project/task with a colleague.

- Offering to help others when they are overworked
- Being considerate to less experienced Staff and Volunteers and respect their willingness to learn
- Being truthful, honest and open in your communications with others
- Apologising when you have done something wrong
- Accepting an apology from a colleague and move on
- If you are finding it difficult to get on with a colleague try and find a way to work constructively with them
- Where a colleague or a manager is causing distress or embarrassment to one or more people then bring this to their attention.
- Challenging disrespectful behaviour in others

Contact Persons

The following Staff and Volunteers have volunteered to act as “Contact Persons” for Staff and Volunteers who wish to speak in confidence about bullying or disrespectful behaviour that they have been subjected to.

1. _____
2. _____
3. _____
4. _____

The role of the “Contact Person” will be to discuss, confidentially, the nature of the behaviour, which has caused the upset, and to help the employee(s) identify the most appropriate action for their circumstances. The “Contact Persons” will consult with the other “Contact Persons” before advising the employee of possible solutions to the issue.

We will be providing the “Contact persons” with training to help them fulfil their role.

Review

We will regularly review the effectiveness of this policy and accompanying procedure to ensure they promote the dignity of the employee whilst at work through the use of surveys and other in-house feedback mechanisms.

In the meantime if you have any questions in relation to the above please feel free to contact any member of the Management Team, or one of the “Contact Persons” listed above

What to do if you believe you are being harassed or bullied?

Please speak to your manager or one of the “Contact Persons” listed above.

DIGNITY & RESPECT AT WORK PROCEDURE

INTRODUCTION

Management are committed to implementing and promoting measures to protect the dignity of Staff and Volunteers and to encourage respect for others at work. We will do this by creating a work environment free from bullying, harassment and other disrespectful behaviour and by dealing effectively with any complaints of such conduct as they arise.

No form of bullying/harassment or disrespectful behaviour will be condoned at work or outside of work if it has a bearing on the working relationship.

KEY POINTS

Complainants will be handled sensitively and discreetly and complainants will be protected from victimisation.

Persons against whom allegations have been made will also be treated discreetly and sensitively whilst investigations are underway.

Disciplinary action appropriate to the circumstances will be taken against offenders and also against anyone abusing this procedure by making spurious or malicious claims. In serious cases, offenders may be dismissed.

The Centre will monitor the application of this policy and keep it under review.

SCOPE

The procedure applies to Staff and Volunteers both in the workplace and at work associated events such as meetings, conferences and work related social events, whether on the premises or off site.

It covers bullying/harassment/disrespectful behaviour not only by fellow Staff and Volunteers but also by a client, customer or other business contact to which an employee might reasonably expect to come into contact with in the course of their employment and vice versa.

Employee Responsibilities

- To treat others with respect and dignity
- To challenge inappropriate behaviour in others
- To deal with conflict constructively

Manager Responsibilities

- To explain the Dignity & Respect at Work Policy and Procedure to all team members and to new Staff and Volunteers
- To promote ongoing awareness of the policy amongst their teams
- To be vigilant for signs of bullying and harassment and intervene before a problem escalates
- To respond sensitively to any employee who makes a complaint of bullying or harassment
- To respond promptly to requests from Staff and Volunteers to intervene and work to resolve the matter informally where appropriate

Centre responsibilities

- Protect the dignity of all our Staff and Volunteers
- Ensure that there are appropriate procedures, systems and campaigns in place to promote the dignity of the employee at work
- Educate all Staff and Volunteers on their personal responsibility to behave in a way that respects the dignity of fellow workers
- Raise awareness of the Dignity & Respect at Work Policy and Procedure by making training and education available to all levels in the organisation
- To audit and review the extent of adherence to the Dignity at Work standards
- To be open and constructive in our communications
- To prevent acts of exclusion, unfair treatment or other negative or demeaning behaviours
- To educate the workforce in the development of positive behaviours
- To provide appropriate awareness training to all Staff and Volunteers

PROCEDURES

The Informal Procedure

Sometimes an offender may not be aware that a type of behaviour is considered offensive. In these circumstances it may be that simply advising the offender that the behaviour is unacceptable and requesting that it be stopped is sufficient.

If an employee is unable to approach the harasser/bully on his/her own, they could ask a colleague to speak to the offender on their behalf, or to accompany them when approaching the harasser/bully in order to make it clear that the behaviour is not acceptable. Staff and Volunteers are advised to make a written note of any behaviour considered to be bullying/harassment, the date on which it happened and what steps (if any) taken to deal with it.

Staff and Volunteers may seek the support of a manager/supervisor at this stage however; their role during the informal stage can only be one of support or assistance. Please also be aware that:

- 1) A formal investigation and possible disciplinary action can only take place if the complaint is investigated under the formal procedure.
- 2) A written record of the action taken will be made by the Manager receiving the complaint to assist with any formal proceedings, which may arise if the behaviour does not stop. However, a failure to maintain such a record will not invalidate proceedings at the formal stage.
- 3) All reported incidents of bullying/harassment will be monitored by the Manager/Supervisor and in the event of any patterns emerging management may wish to initiate its own formal investigation and take remedial action where this proves to be necessary.

The Formal Procedure

There may well be situations in which the target of the harassment/bullying finds it difficult or impossible to tell the offender to stop, or situations where the type of harassment/bullying is so serious that an informal approach would not be appropriate. In these circumstances, or if the harassment/bullying continues after the informal procedures have been used, it will be appropriate to use the formal procedure.

N.B. Staff and Volunteers do not have to try an informal approach before making a formal complaint.

The Centre CEO and Coordinators of Services will be responsible for proceedings at the formal stage. Staff and Volunteers may raise a complaint with their Coordinator of Services or, if the Coordinator of Services is connected with the complaint, any other member of management.

The Centre CEO and Coordinators of Services will be assigned to carry out an investigation into the complaint. Managers carrying out investigations at the formal stage will not be connected with the allegation that has been made.

A representative from the Human Resource department (or other management representative) will assist throughout the procedure. He/she will attend meetings and maintain a written record of all proceedings including the investigation and any outcome. The manager conducting the investigation will check all records to ensure accuracy.

The following outlines each stage of the procedure to be adopted and also the recommended time limits for Centreion of each stage. Where these time limits are not possible, all parties should be informed of the revised time limits.

Making a complaint.

Complaints should be raised as soon as possible following an act or acts of alleged harassment/bullying so that the matter can be investigated swiftly and decisively.

It is preferable that a complaint is made in writing to the Centre CEO, or whichever manager it is chosen to raise the complaint with. However, an investigation can still take place even if the complaint is made verbally.

The Centre CEO will acknowledge receipt of the complaint and will endeavour to arrange a meeting with the complainant **within 3 working days**.

The Centre CEO will notify the HR department at this stage.

Initial meeting with the Complainant

The manager will meet with the complainant to:

- Clarify and formally record the nature of the complaint
- Clarify that the complaint is being handled under the formal procedure
- Ensure the complainant is aware of the next stage of the procedure, i.e., a formal investigation.
- Stress the importance of maintaining confidentiality

When making a complaint, full details of the behaviour being complained about should be provided and an explanation as to why it is believed the behaviour amounts to bullying/harassment. The complainant has the right to be accompanied/represented by a colleague or Trade Union representative at this initial meeting and at future investigatory meetings.

Avoiding contact between Complainant and Alleged Harasser/Bully

Before informing the alleged harasser/bully of the complaint, The Centre CEO and Coordinators of Services in charge of the investigation will consider the issue of avoiding contact between the alleged bully/harasser and the complainant.

The alleged bully/harasser may be placed on paid leave from the Centre in the case of an allegation of serious harassment/bullying. An individual who is going to be put on paid leave must be formally advised of this at a meeting with The Centre CEO and Coordinators of Services concerned. They will be entitled to have a trade union representative or a work colleague present at this meeting. **The purpose of this paid leave is to allow for a speedy investigation to be carried out. It is not a penalty against the alleged bully/harasser.**

In all other cases, both parties will be advised that there should be no communication, directly or indirectly, in relation to the complaint.

Informing the Alleged Bully/Harasser

The Centre CEO and Coordinators of Services will meet with the alleged bully/harasser as soon as is practical and: outline the nature of the complaint, confirm that it is being handled under the formal procedure ensure that the individual is aware of the next stages of the procedure, i.e., a full investigation. Stress the importance of maintaining confidentiality. The alleged bully/harasser is entitled to be accompanied/represented at this meeting and future investigatory meetings, by a trade union representative or work colleague.

The Investigation

A full investigation will then be carried out in order to establish the facts. This will involve formal meetings with the complainant, the alleged harasser/bully and anyone else who may be able to assist. Each individual will be asked to outline what happened.

Both the complainant and alleged bully/harasser may be represented by a trade union representative or work colleague. They may not be accompanied by the same person. All others giving information during the investigation will do so privately and not in the presence of any other person involved in the alleged incident. A record of all meetings will be kept. All evidence provided to assist with the investigation will be treated as confidential to the investigation, subject to any statutory requirements.

The investigation may also look at whether there is any history of previous conflict between the complainant and the alleged bully/harasser and/or with other parties.

The complainant and alleged bully/harasser will be treated with discretion and sensitivity at all times.

The investigation should be Centreed within **15 working days** of receiving the formal complaint. Where this is not possible, both parties will be informed of the revised time scale

Making a decision

Having obtained all information possible, the Centre will consider whether the complaint of bullying/harassment is substantiated. The Centre CEO will prepare a written report of their findings and recommended action. Where the Centre CEO has not the authority to take appropriate action, the complaint will be reported to the board.

The actions which may be taken are:

- To initiate the Centre's disciplinary procedure against any party, as appropriate.
- To take appropriate management action e.g., the provision of training or counselling
- To take no further action

Where a complaint is upheld a disciplinary hearing will take place. Should a case of bullying/harassment be proven then the organisation will take appropriate disciplinary action. The disciplinary action to be taken will be in line with the Centre's disciplinary policy. This may include transfer or other appropriate action up to and including dismissal. Records of any warnings for bullying/harassment will remain in the employee's file and will be used if any further offences of the same or similar nature occur in the future.

Regular checks will be made by the Centre CEO and Coordinators of Services investigating the complaint to ensure that the bullying/harassment has stopped and that there is no victimisation. Retaliation of any kind against an employee for complaining or taking part in an investigation concerning bullying or harassment at work will be treated as a serious disciplinary offence.

Communicating the decision

Having made the decision on the most appropriate course of action, this will be communicated in writing to both the person who has complained of bullying/harassment and the person against whom the complaint was made. The decision will be communicated within **20 working days** of receipt of the formal complaint. Where this is not possible, both parties will be informed of the revised time scale.

Training and/or counselling will be considered for both the person who has been bullied/harassed and to the bully/harasser. Training may also be offered where a complaint has not been upheld.

Dignity & Respect at Work Policy and Procedure

Guidelines for Managers

DO

- ❑ Explain the Dignity at Work Policy to all your team members and ensure understanding of the definitions of bullying and harassment and how the complaints procedures works
- ❑ Explain the Policy and complaints procedure to new Staff and Volunteers as part of their induction process
- ❑ Promote ongoing awareness of the policy amongst your team
- ❑ Set a good example by treating all Staff and Volunteers and any other person with whom you come into contact with in the workplace with courtesy and respect
- ❑ Be vigilant for signs of bullying and harassment and intervene before a problem escalates
- ❑ Respond sensitively to any employee who makes a complaint of bullying or harassment
- ❑ Respond promptly to requests from Staff and Volunteers to intervene and work to resolve the matter informally where appropriate

DON'T

- ❑ Assume that no complaints means no problems
- ❑ Try to dissuade Staff and Volunteers from making complaints
- ❑ Don't assume that complainants are over sensitive or trouble makers
- ❑ Accept "I didn't mean any harm" as an excuse for harassment
- ❑ Allow retaliation or victimisation of an employee who has brought a complaint



Section L

Occupational Health

&

Hygiene

OCCUPATIONAL HEALTH AND HYGIENE

CHEMICAL SAFETY COMMUNICATION

General Policy

The purpose of this policy is to define procedures, and responsibilities, for the implementation of safe working practices regarding the use of chemicals within the Centre.

The Centre recognises its duties under the Safety, Health & Welfare at Work Act 2005 and associated regulations to control all chemical substances brought into the workplace which may be hazardous to health. The main policy regarding harmful substances is to source a less harmful substitute where practicable. The objectives of this policy are to:

- Ensure compliance with the requirements of the Safety, Health and Welfare at Work (Chemical Agents) Regulations 2006.
- Prevent accidents or ill health arising out of the use of chemical agents.
- Make provision for the communication of relevant information, and training, to all Managers and Staff and Volunteers.

Responsibilities

The Centre CEO and Coordinators of Services is responsible for ensuring that a documented review is carried out for all new chemicals **prior to introduction** into the centre. He/she will ensure that the following review process is carried out:

- Only the smallest quantities practicable are brought into the building.
- All containers are correctly labeled prior to entry.
- All waste is disposed of safely by a competent contractor.

The Centre CEO and Coordinators of Services is responsible for ensuring that the review information and risk assessments are documented.

- All necessary control procedures are in place and documented.
- The risks and control procedures are communicated to all affected Staff and Volunteers.
- All necessary personal protection equipment is provided.
- All affected Staff and Volunteers are trained regarding identification and control of the risks.
- The risk assessment is reviewed at least 6 monthly.



SECTION M

CODES OF PRACTICE

CODE OF PRACTICE COVERING ERGONOMICS

Much pain and suffering and many accidents and injuries are caused by incorrect body mechanics and posture. Work can involve pushing, shoving, pulling and lifting and a basic knowledge of body mechanics and posture can either avoid the difficulties associated with these activities or substantially reduce them. The following are recommended:-

- Where possible, the worker should maintain an upright and forward facing posture.
- Where vision is a requirement of the task, the necessary work points must be adequately visible with the head and trunk upright or with just the head inclined slightly forward.
- Where possible, arrange your work activities so that you can adopt several different, but equally healthy and safe postures, without reducing capability to do the work.
- Where possible, arrange your work so that you can choose to do it in either a seated or standing position. When seated you should be able to use the back rest of the chair at will without necessitating a change of movements.
- The weight of the body when standing should be carried equally on both feet.
- Work activities should be performed with the joints at about the mid point of their range of movement. This applies particularly to the head, trunk and upper limbs.
- Where muscular force has to be exerted, it should be by the largest appropriate muscle groups available and in a direction collinear with the limbs concerned.
- Work should not be performed consistently at or above the level of the heart; even the occasional performance where force is exerted above heart level should be avoided. Where light hand-work must be performed above the heart level, rests for the upper arms are required.
- Where force has to be exerted repeatedly, it should be possible to exert it with either of the arms or either of the legs without adjustment to the equipment.
- Rest pauses should allow for all loads experienced at work including environmental and information loads and the length of the work period.

CODE OF SAFE WORKING PRACTICE COVERING MANUAL HANDLING

It is the policy of the Centre that no person is expected to lift a load that would be likely to cause him/her injury. Furthermore the Centre minimises the risk of injury to Staff and Volunteers by meeting legal requirements in this area.

Mechanical lifting equipment (pallet trucks, hand trucks and trolleys) are available. These must be utilised in preference to manual handling where it is feasible to do so. The wearing of safety footwear is compulsory for Staff and Volunteers involved in activities where they are exposed to risks from heavy objects, chemical or hot substances. Safety gloves are also used as a protection against metal staples, wire and the like.

Every employee must be familiar with the correct lifting techniques. These are attached in diagram form but they may be summarised as follows:

- Lift in easy stages - floor to knee then from knee to carrying position.
- Hold weights close to body.
- Don't jerk, shove or twist body.
- Grip load with palms - not fingertips.

- Don't let the load obstruct your view.

The risk of injury from manual handling is further reduced by having each employee ensure that the working environment is maintained in a safe condition. This includes gangways and floors being kept in a good condition and free from obstruction.

ADDITIONAL PRECAUTIONS

- Only manually lift loads which you know you can lift easily, comfortably and safely. If in doubt ask a colleague for assistance.
- Examine the load before lifting. The obscure sides could contain exposed and dangerous staples, wire, and other objects which could cut or puncture the skin.
- Factors which could make manual lifting dangerous are as follows:-

Characteristics of the load

The manual handling of a load may present a risk, particularly of back injury if it is:

- Too heavy or too large.
- Unwieldy or difficult to grasp.
- Unstable or has contents likely to shift.
- Positioned in a manner requiring it to be held or manipulated at a distance from the trunk, or with a bending or twisting of the trunk, or likely, because of its contours or consistency (or both) to result in injury to Staff and Volunteers, particularly in the event of a collision.

Physical effort required

A physical effort may present a risk particularly of back injury if it is:

- Too strenuous.
- Only achieved by a twisting movement of the trunk.
- Likely to result in a sudden movement of the load.
- Made with the body in an unstable posture.

Characteristics of the Working Environment

The characteristics of the work environment may increase a risk, particularly of back injury if:

- There is not enough room, in particular vertically, to carry out the activity.
- The floor is uneven, thus presenting tripping hazards, or is slippery in relation to the employee's footwear.
- The place of work or the working environment prevents the handling of loads at a safe height or with a good posture by the employee.
- There are variations in the level of the floor or the working surface, requiring the load to be manipulated on different levels.
- The floor, or footrest, is unstable.
- The temperature, humidity or ventilation is unsuitable.

Requirements of the Activity

The activity may present a risk, particularly of back injury, if it entails one or more of the following requirements:

- Over-frequent or over-prolonged physical effort involving in particular the spine.
- An insufficient bodily rest or recovery period.
- Excessive lifting, lowering or carrying distances.
- A rate of work imposed by a process which cannot be altered by the employee.

Personal Factors

The employee may be at risk if he/she:

- Is physically unsuited to carry out the task in question.
- Is wearing unsuitable clothing, footwear or other personal effects.
- Does not have adequate or appropriate knowledge or training.

If you have reason to believe that any of these factors are relevant in any circumstance, refer the matter to your Supervisor before attempting to Centree a lift.

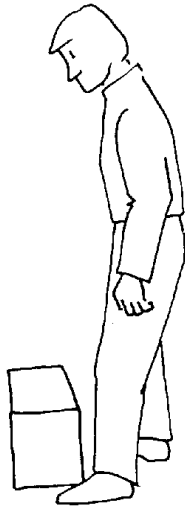
SAFE LIFTING

- Keep the test certificate for all lifting machinery and tackle showing its safe working load, and the fourteen or six-monthly examination reports.
- Use only certified lifting equipment (marked with its safe working load) which is not overdue for examination
- Never exceed the safe working load of equipment or tackle. Remember that the load in the legs of a sling increases as the angle between the legs increases.
- Do not lift a load if you doubt its weight or the adequacy of the equipment.
- Before lifting an unbalanced load find out its Centre of gravity. Raise it slightly off the ground and pause – there will be little harm if it drops.
- Never use makeshift, damaged or badly worn equipment – chains shortened with knots, kinked or twisted wire ropes, frayed or rotted fibre ropes.
- Provide suitable packing to protect slings from damage by sharp edges of loads and do not allow tackle to be damaged by being dropped or dragged from under a load.
- Take care to avoid snatch or sudden loads, particularly in cold weather.
- Cranes should have the correct counter weight, load radius indicator and/or automatic safe load indicator. Have a responsible slinger or banksman and use a recognised signalling system.
- Make sure that people or loads can't fall from a high level when using lifting equipment like lifts, hoists or cranes.
- Have properly interlocked or key-controlled access to motor rooms and service pits of hoists and lifts.

SAFE STACKING

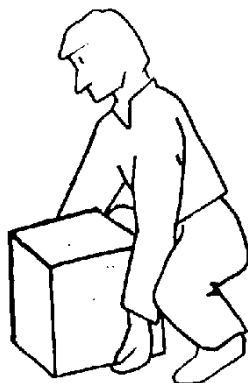
- Chock objects which may roll, such as drums and keep heavy articles near floor level.
- Inspect pallets, containers and racks regularly for damage.
- Prevent damage from fork-lift trucks and other vehicles.
- Stack palletised goods vertically on a level floor so they won't overbalance.

- “Key” stacked packages of uniform size like a brick wall so no tier is independent of another.
 - Use a properly constructed rack where possible – and secure it to a wall or floor.
 - Do not allow items to protrude from stacks or bins into gangways.
 - Never climb racks to reach upper shelves – use a ladder or steps.
1. Never lean heavy stacks against structural walls.
 2. Never de-stack by throwing down from the top or pulling out from the bottom.
 3. Exceed the safe loading of racks, shelves or floors.

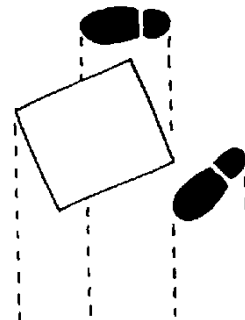


2. Place the feet. Feet apart, giving a balanced and stable base for lifting (tight skirts and unsuitable footwear made this difficult). Leading as far forward as is comfortable.

3. Adopt a good posture. Bend the knees so that the hands when grasping the load are as nearly level with the waist as possible. But do not kneel or overflex the knees. Keep the back straight (tucking in the chin helps). Lean forward a little over the load if necessary to get a good grip. Keep shoulders level and facing in the same direction as the hips.



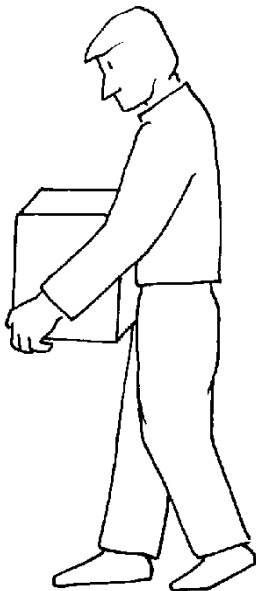
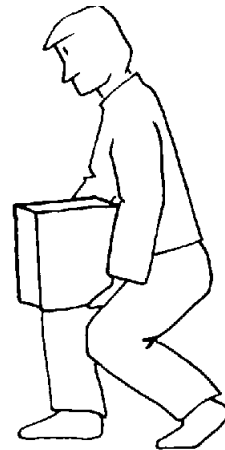
1. Stop and think. Plan the lift. Where is the load going to be placed? Use appropriate handling aids if possible. Do you need help with the load? Remove obstructions such as discarded wrapping materials. For a long lift – such as floor to shoulder height – consider resting the load mid-way on a table or bench in order to change grip.



4. Get a firm grip. Try to keep the arms within the boundary formed by the legs. The optimum position and nature of the grip depends on the circumstances and individual preference, but it must be secure. A hook grip is less fatiguing than keeping the fingers straight. If it is necessary to vary the grip as

the lift proceeds, do this as smoothly as possible.

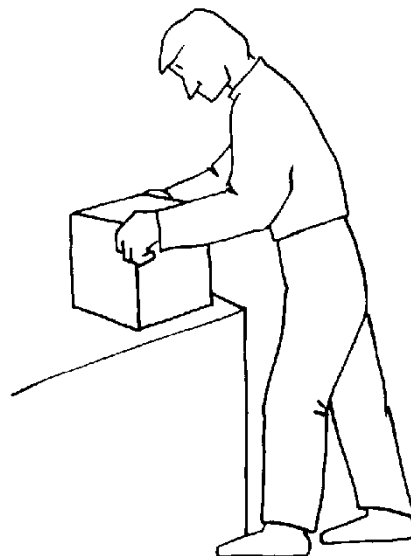
5. Don't jerk. Carry out the lifting movement smoothly, keeping control of the load.



5. Move the feet. Don't twist the trunk when turning to the side.

6. Keep close to the load. Keep the load close to the trunk for as long as possible. Keep the heaviest side of the load next to the trunk. If a close approach to the load is not possible try sliding it towards you before attempting to lift it.

7. Put down, then adjust. If precise positioning of the load is necessary, put it down first, then slide it into the desired position.



CODE OF PRACTICE COVERING OFFICES

Furniture & Fittings

- Office fitments (floor coverings, electrical fittings, heating, lighting and ventilation systems) and office equipment (desks, chairs, drawers and filing cabinets) must be selected for the task for which they are intended. Careful selection reduces the risk that unsuitable fitments or equipment will be brought into use on the premises.

Layout of Workplace

- The layout of the office area is critical for its safe use.
- Position all office equipment so as to avoid risks, falls or collisions when in use.
- Position all power cables where possible so as to avoid risks of trips or falls. Tape or fasten all phone lines, cables and extensions under the desk or along the base boards. A cable cover is fitted when it is absolutely necessary that a cable run across a passageway.
- Provide adequate means of access to, and exit from, the workplace including adequate means of escape in case of a fire (which must be clearly marked).

Housekeeping

- The removal of hazards to safety and health in the office depends greatly on the maintenance of appropriate standards of housekeeping. See separate Code of Safe Working Practice Covering Good Housekeeping in this regard.

Smoking

- Strict restrictions and regulations are in force covering this activity. These must be complied with literally. Where smoking is permitted, comply with the following: -
- Avoid or reduce smoking to the minimum. Ensure that adequate supplies of clean, fresh air are always available.
- Use proper ashtrays. Never use waste bins for disposal of cigarette ends, cigarette ash, burnt matches and the like.
- Clean ashtrays regularly.
- Do not deposit spent gas lighters in internal waste bins, containers or incinerators.

Installation of equipment

- Equipment must be positioned in a well-ventilated area away from doorways. The main isolating switch must be accessible at all times. The manufacturer's manual is available at all times.

Minor repairs

- Minor repairs, such as removing blockages from the photocopier, may be carried out by office staff where clear instructions exist and the action presents no hazard. Whilst equipment may be fitted with interlocking systems to prevent electrocution, they still must be switched off and unplugged before gaining access to the interior. Care is needed to avoid hot surfaces. Under no circumstances should office staff use screwdrivers or any other article to tamper with the inside of equipment.

Major faults

- Major faults, including any electrical faults, frayed wires etc., must be reported to the departmental manager or supervisor. No attempt should be made by office staff to repair electrical faults. In such cases, isolate the machine until repaired by a qualified electrician.

Maintenance

- Qualified maintenance personnel carry out basic maintenance of equipment. This includes replenishment of toner and silicone oil. Where replacement of toner involves more than cartridge replacement, rubber gloves must be worn. A First Aider is called in the event of accidental inhalation, swallowing or entry into eyes.

Filing Cabinets

- Do not use defective cabinets.
- Ensure cabinets are placed on even and secure supports.
- Use only one drawer at a time. Close each drawer prior to extracting another one.
- Do not overfill drawers.
- Do not leave drawers pulled out and unattended.
- Use mechanical means to move or transport empty and full cabinets.
- Store heavier items in the bottom drawer.
- Fill the bottom drawer first.
- Always use the drawer handles to open and close drawers.

Miscellaneous

- Do not use chairs, desks or other unsuitable means to access heights. Use only step ladders or purpose built stairs or platforms.
- Avoid storing files, office supplies and other equipment on overhead open-sided shelves.
- The temporary depositing or storage of used cups and containers on or close to electrical appliances is prohibited because of the risk of electrical shock caused by spillage.
- Report any breakage's, floor obstructions, or other hazards to your supervisor immediately on becoming aware of them.
- Ensure that bulk supplies of stationery, adhesives and other combustible material are stored in an orderly way and preferably in a self-contained non-combustible area.

CODE OF PRACTICE COVERING ACCESS & EGRESS

- Ensure the site is kept clean and free from obstructions.
- Ensure external / emergency lighting is provided and adequately maintained.
- The car park must identify employee and visitor parking areas.
- Assembly points in an emergency must be clearly marked and free from obstructions.
- External fire fighting equipment i.e. hydrants, must be conspicuously marked and again free from obstructions.
- No Parking signs must be clearly identifiable on site.

- A system should be in place for “all visitors must report to reception” and a sign displaying this message posted prominently on site.
- The site surface must be even with no dangerous pot holes, slopes etc.
- The site must be well drained.
- Ensure swinging gates, doors, windows, barriers, signs and the like do not create an additional hazard.
- Authorised personnel should only be permitted to enter the likes of transformer rooms, storage tanks, confined spaces, electrical switchrooms etc. A sign must be prominently displayed ensuring this.

CODE OF PRACTICE COVERING FIRE SAFETY

Fire is the largest single exposure to the safety of personnel and the continued operation of a business. Key matters of concern are fire prevention, control of ignition sources, training, emergency procedures, fire equipment and housekeeping.

FIRE PREVENTION & CONTROL OF IGNITION SOURCES

Control Measures:

- Physical isolation of heaters, boilers and burners
- Maintenance of Electrical fixed installation and portable equipment
- Maintenance of Centre & Machinery
- Housekeeping
- Inspections / Audits
- Smoking Controls
- Maintenance / Contractor Activities especially Hot Work.
- Waste management
- Storage and use of fuels and flammable gases / liquids
- Others

Contents

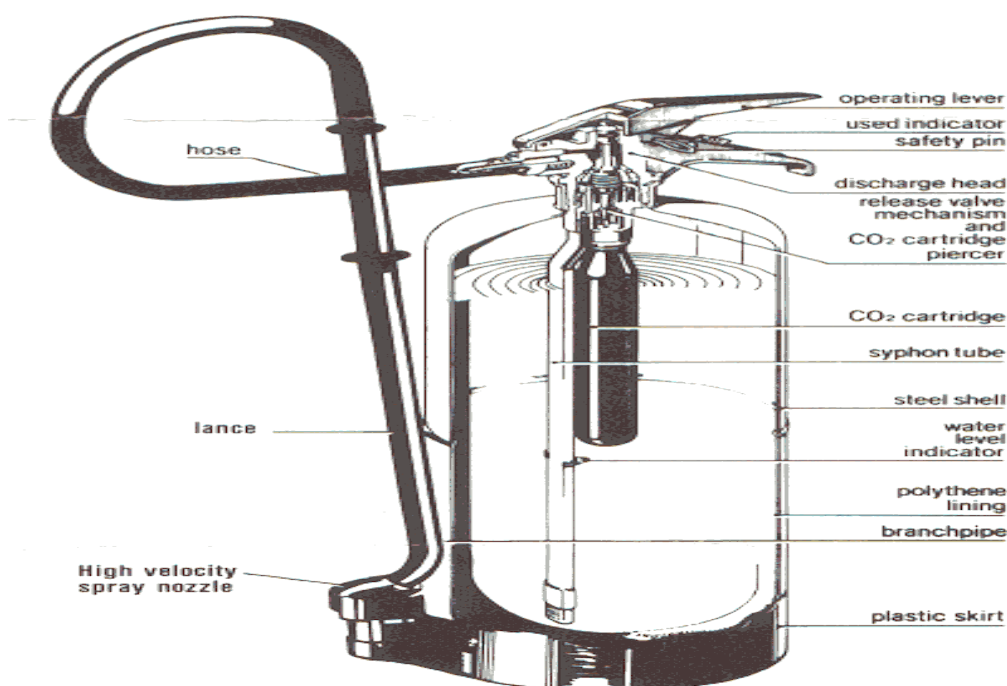
- Fire Equipment
- Inspection & Maintenance of fire equipment
- Construction – Fire Legislation
- Emergency Planning
- Fire Training

1. FIRE EQUIPMENT

Purpose

- To alert occupants to emergency
- To facilitate emergency response
- To enable occupants extinguish small fires
- To ensure a defined and visible route of escape.
- To ensure the constant supply of fire fighting water.

a. FIRE EXTINGUISHERS






Fire Extinguishers are portable device used to put out fires of limited size. Such fires are grouped into four classes, according to the type of material that is burning. Class A fires include those in which ordinary combustibles such as wood, cloth, and paper are burning. Class B fires are those in which flammable liquids, oils, and grease are burning. Class C fires are those involving live electrical equipment. Class D fires involve combustible metals such as magnesium, potassium, and sodium. Each class of fire requires its own type of fire extinguisher.

Each extinguisher is rated as to both type and size of the fire extinguished. For example, a 20-B extinguisher should extinguish a flammable-liquids fire that is 20 times the size of a fire that an extinguisher rated 1-B would extinguish. Extinguishers that cannot extinguish the minimum size test fires are not listed or rated. Some extinguishers will put out only one class of fire; others are used for two or even three classes; none is suitable for all four classes.

Fire extinguishers may go unused for many years, but they must be maintained in a state of readiness. For this reason, periodic inspection and servicing are required, and that responsibility rests with the owner. Your local Fire Officer checks at periodic intervals to see that extinguishers are present where required by law and that they have been serviced within the specified time period.

Extinguishers should be located in conspicuous positions, on brackets or stands (with the extinguisher carrying handle about 1m from the floor) and should be sited such that no point on the floor is more than 30m travelling distance from the nearest suitable extinguisher. Where a specific hazard or hazardous area can be identified, suitable extinguishers should be sited in a prominent position near to the hazard or area concerned but they should not be so close as to be inaccessible in the event of fire. If a specific hazard is contained in a confined space it is generally advisable to position the extinguishers outside that space.

FIRE TYPE	NOTES
Extinguishers for Class A Fires 	Class A fire extinguishers are usually water based. Water provides a heat-absorbing (cooling) effect on the burning material to extinguish the fire. Stored-pressure extinguishers use air under pressure to expel water. Pump-tank extinguishers are operated by a hand pump. Carbon Dioxide or normal (BC-rated*) dry chemical extinguishers are not to be used on class A fires.
Extinguishers for Class B Fires 	Class B fires are put out by excluding air, by slowing down the release of flammable vapours, or by interrupting the chain reaction of the combustion. Three types of extinguishing agents—carbon dioxide gas, dry chemical, and foam—are used for fires involving flammable liquids, greases, and oils. Carbon dioxide is a compressed gas agent that prevents combustion by displacing the oxygen in the air surrounding the fire. The two types of dry chemical extinguishers include one that contains ordinary sodium or potassium bicarbonate, urea potassium bicarbonate, and potassium chloride base agents; the second, multipurpose, type contains an ammonium phosphate base. The multipurpose extinguisher can be used on class A, B, and C fires. Most dry chemical extinguishers use stored pressure to discharge the agent, and the fire is extinguished mainly by the interruption of the combustion chain reaction. Foam extinguishers use an aqueous film forming foam (AFFF) agent that expels a layer of foam when it is discharged through a nozzle. It acts as a barrier to exclude oxygen from the fire.
Extinguishers for Class C Fires 	The extinguishing agent in a class C fire extinguisher must be electrically non-conductive. Both carbon dioxide and dry chemicals can be used in electrical fires. An advantage of carbon dioxide is that it leaves no residue after the fire is extinguished. When electrical equipment is not energised, extinguishers for class A or B fires may be used.
Extinguishers for Class D Fires	A heat-absorbing extinguishing medium is needed for fires in combustible metals. Also, the extinguishing medium must not react with the burning metal. The extinguishing agents, known as dry powders, cover the burning metal and provide a smothering blanket.





The extinguisher label gives operating instructions and identifies the class, or classes, of fire on which the extinguisher may be used safely. Approved extinguishers also carry the labels of the laboratories at which they were tested.

Before starting to fight the fire, be sure to take these steps:

- Sound fire alarm if available and make sure the fire brigade has been called
- Make sure everyone has left, or is leaving the building
- Be sure that the fire is confined to a small area and is not spreading
- Plan an unobstructed escape route to which the fire will not spread
- Know how to properly use a fire extinguisher
- Make sure the fire extinguisher is the proper one for the job
- Be sure the fire extinguisher is fully charged and able to extinguish the fire

FIGHTING THE FIRE UNDER ANY OTHER CIRCUMSTANCES IS DANGEROUS!!! LEAVE THE AREA IMMEDIATELY AND MAKE SURE IT IS SEALED OFF!!!

FIGHTING THE FIRE: Keep **P.A.S.S.** in mind:

	<p>Pull the pin: This action will unlock the operating lever on the extinguisher, allowing you to discharge the fire fighting medium. Some extinguishers are equipped with other seals or tamper indicators.</p>
	<p>Aim low: Point the extinguisher nozzle or hose at the base of the fire. Fires burn upwards so all of the flammable material will be at the base of the fire.</p>
	<p>Squeeze the lever above the handle: This will discharge the fire extinguishing medium. Releasing the lever will stop the discharge. Some fire extinguishers are equipped with a button instead of a lever.</p>
	<p>Sweep from side to side: Move slowly and carefully toward the fire, keeping the extinguisher aimed at the base of the fire. Sweep the nozzle or hose back and forth until the flames appear to be out. Watch the fire are to be sure re-ignition does not occur. If so, repeat the process.</p>

WHEN NOT TO FIGHT A FIRE

- If the fire could block your only exit!
- If the fire is spreading too quickly!
- If the type or size of the extinguisher is wrong!
- If the fire is too large!
- If you don't know how to use your fire extinguisher!

If any of the above conditions exist, leave immediately!!!

CODE OF PRACTICE COVERING WELFARE FACILITIES

This Code of Practice gives guidance on:

- First Aid including First Aid Equipment
- Sanitary Provisions
- Rest Rooms
- Pregnant Women & Nursing Mothers
- Supply of Drinking Water
- Shelters
- Toilet Facilities
- Facilities for Meals
- Cloakrooms
- Waste Disposal
- Health Surveillance

FIRST AID INCLUDING FIRST AID EQUIPMENT

- Trained first aid personnel are responsible for the upkeep of first aid boxes.
- First aid personnel must be continuously available in the workplace.
- Records of all first aid measures and treatments must be kept in the workplace.
- The names, telephone extensions and location of all first aiders must be prominently displayed in the workplace.
- Emergency contact lists must be placed in each first aid box and include details on first aiders, doctors, local hospitals etc.
- First aiders should be trained in artificial respiration techniques, particularly for electricians on site.
- If chemicals are commonly used on site, then special provisions such as safety showers, eye wash units etc. should be provided.
- First aiders must be trained in the use of resuscitation equipment in the workplace.
- Specialist first aid training should be given to occupational first aiders in places of work with special identifiable risks: meat factories, woodworking factories, risks from biological and chemical exposure, mining etc.
- Distance to medical services.
- Staff and Volunteers working away from the employer's premises.

An occupational first aider must hold a certificate in first aid, issued in the past three years by a person who is recognised as an occupational first aider instructor.

First Aid Kits & Boxes

- First aid kits or boxes, as appropriate, should be provided at the workplaces
- The minimum contents of first aid kits and boxes should comply with guidance issued by HSA.
- First aid kits and boxes should not contain anything besides material for first aid in emergencies.
- First aid kits and boxes should contain simple and clear instructions to be followed.
- First aid kits, should be in the charge of a responsible person who is qualified to render first aid.
- The contents of every first aid box should be inspected regularly by the person in charge of it, and the box should be kept stocked.

PREGNANT WOMEN & NURSING MOTHERS

- Pregnant women and nursing mothers must be able to lie down to rest in appropriate conditions.
- Additional risk assessments must be carried out in accordance with the 2005 Regulations.

CODE OF SAFE WORKING PRACTICE COVERING CHEMICALS & DANGEROUS SUBSTANCES

Controlling chemical hazards primarily depends on the nature of the actual hazard. The following are general guidelines for those using chemicals.

- Use the safest chemical possible for the job to be done. Compare potential hazards of the various chemical options available.
- Read the label and the Material Safety Data Sheet (MSDS) before opening the packaging. Note any hazard symbols and if necessary seek clarification.

- Take the special measure prescribed on the MSDS before starting to use the chemical and know the emergency measures in case of accidents. Handle all chemicals with care especially those classified as hazardous.
- Avoid the inhalation of vapours and dusts by using ventilation or extraction equipment or by working outdoors. This is especially important for toxic, harmful or irritant chemicals. The vapours of flammable chemicals must also be contained.
- Prevent contact with eyes, where there is any risk of eye contact wear protective goggles. This is especially important for corrosive or irritant chemicals.
- Prevent contact with the skin and use suitable protective gloves. This is especially important for corrosive, toxic, harmful or irritant chemicals. Solvents may penetrate protective gloves following prolonged contact.
- Do not eat, drink or smoke when working with chemicals and do not let chemicals come in contact with food. This is especially important for explosive, oxidising, flammable, toxic or harmful chemicals.
- Avoid contacts with chemicals and clean yourself and your working clothing. Good hygiene is always recommended especially with toxic or harmful chemicals.
- Do not dump chemicals on the soil or into a sewer. All chemicals must be disposed of according to the manufacturer's recommendations.
- Store all chemicals in closed, labelled containers in cool ventilated conditions or as prescribed by the manufacturer. Segregate all incompatible chemicals to avoid hazardous consequences in case of accidental spillage.

1. Explosive:



May explode if subject to heat, shock or friction.

- Precautions:
- a) Store away from other materials.
 - b) Always observe recommendations for storage and use.

2. Oxidising:

Produces heat on reaction with other materials and creates a fire risk in contact with flammable or combustible materials.

- Precautions:
- a) Store away from other materials.
 - b) Always observe recommendations for storage and use.
 - c) Keep container tightly closed.



3. Highly Flammable



A gas solid or liquid with flash point below 0°C and a boiling point below or equal to 35°C.

- Precautions:
- a) Keep away from sources of ignition.
 - b) Do not smoke.
 - c) Store in a secure place.
 - d) Keep container tightly closed.

3.(i) Flammable

A liquid having a flash point between 21°C and 55°C.

- Precautions:
- a) Keep away from sources of ignition.
 - b) Do not smoke.



4. Toxic or Very Toxic



May cause serious or extremely serious health risks or death if inhaled, swallowed or if it penetrates the skin.

- Precautions:
- a) Use exhaust ventilation system or full breathing apparatus to prevent exposure to dusts, vapours etc.
 - b) Wear protective clothing.
 - c) Do not eat, drink or smoke.
 - d) Wash hands thoroughly after use.

5. Corrosive

May cause chemical burns to skin and eyes, may also be corrosive to certain materials.

- Precautions:
- a) Wear protective clothing to avoid contact with skin, eyes and clothing.
 - b) Provide good ventilation. Specific chemicals may require the use of a protective face mask.



6. Harmful



May cause limited health risks if inhaled, swallowed or if it penetrates the skin.

- Precautions:
- a) Wear protective clothing to avoid contact with the skin and eyes.
 - b) Provide good ventilation or use protective face mask.
 - c) Do not eat, drink or smoke after use.

7. Irritant

Can cause irritation to skin eyes or breathing system if inhaled.

- Precautions:
- a) Wear protective clothing to avoid contact with skin and eyes.
 - b) Provide good ventilation or use protective face mask.



8. Dangerous for the Environment



All chemicals labelled as "Dangerous for the Environment" must be disposed of in accordance with current national guidelines. (This information should be provided by the suppliers of the chemical.)

- Precautions: Refer to the chemical data sheet for additional precautions.

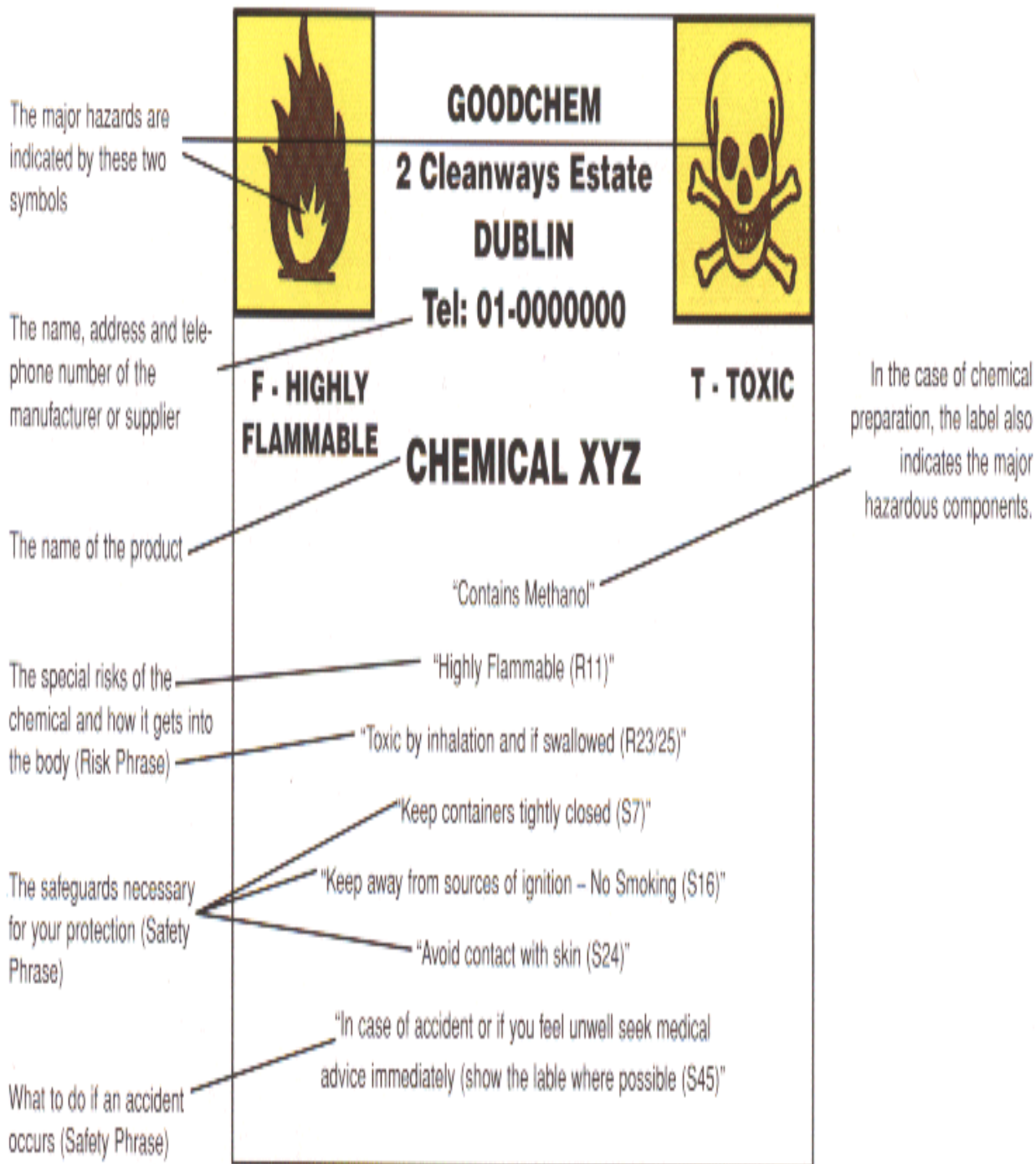
STORAGE

Chemicals must be stored in accordance with the Manufacturers recommendations. General guidelines for many chemicals include keeping the containers tightly closed in a well ventilated area with no extremes of temperature.

Quantities must be kept to a minimum and stored in correctly labelled containers. Chemicals that are incompatible with one another must not be stored together in case of breakage, spillage or fire.

Where chemical are supplied in glass containers, e.g. bottles, winchester etc. suitable safety cages must be used to carry these containers. The use of safety cans is recommended when transferring flammable or hazardous chemicals from bulk storage.

HOW TO READ A TYPICAL LABEL:



CODE OF SAFE WORKING PRACTICE COVERING THE USE OF ELECTRICITY IN THE WORKPLACE

All of our electrical appliances and installations must comply with the following Code of Practice.

Use only electrical equipment which is:-

- Well constructed and designed.
- Installed to current standards.
- Well maintained.
- Protected against overloading.
- Used so as to prevent danger.
- Any electrical equipment which may be exposed to adverse or hazardous environments must be constructed, installed and so protected as to prevent danger arising from such exposure.
- All electrical equipment must be suitably identified where necessary to prevent danger.
- All electrical equipment other than cables must display the maker's name together with all ratings necessary to show that it is suitable for the purpose for which it is used.
- All live parts which may cause danger must:-
 - Be suitably covered with insulating material and protected as to minimise danger, or
 - Have such precautions taken in respect of them (including where appropriate their being suitably placed) as will prevent danger.
- Precautions must be taken, either by earthing the supply of electricity or other suitable means, to prevent danger arising where any exposed conductive part may become live.
- Circuits and sockets between 125 and 1000 volts which are intended to supply portable equipment must be protected by one or more residual current devices having a tripping current not exceeding 300 mille amperes.
- Portable equipment with a voltage exceeding 125 volts is not used in building operations, works of engineering construction or in damp or confined locations unless its rating exceeds 2 kilovolt amperes.
- Portable hand lamps supplied at a voltage exceeding 25 volts alternating in current or 50 volts direct current are not used in building operations, works of engineering construction, damp or confined locations.
- Transformers used to supply electricity to portable equipment at a voltage not exceeding 125 volts ac or a portable hand lamp at a voltage not exceeding 25 volts ac are of the
 - double wound type and the Centre point of the lower voltage or secondary winding is connected to earth.
- Every electrical joint and connection must be of adequate construction as regards conductants, insulation, mechanical strength and protection so as to prevent danger.
- Effective means suitably located must be provided to protect all electrical equipment and installations from over current so as to prevent danger.
- Adequate means must be available to switch off the electrical supply and to isolate all electrical equipment.
- All switches and isolators referred to above are suitably located, readily accessible and clearly marked to indicate the on and off positions unless these are otherwise self-evident.

- Adequate precautions must be taken to prevent the operation of any switch while carrying current where that switch is not capable of safely interrupting normal load current.
- Adequate precautions must be taken against electrical equipment which has been made dead becoming accidentally live.
- No work is carried out on electrical equipment which is live. All equipment must be disconnected and isolated in accordance with a separate Code of Safe Working Practice before any work commences on it. See separate "Lock-Out" Procedures.
- No work commences on electrical equipment unless there is adequate working space, adequate means of access and egress and adequate lighting.
- No person is permitted to carry out any work on electrical installations unless they are experienced and qualified to do so.
- Effective means must be provided in relation to every circuit to which high voltage is used to prevent danger arising from leakage currents to earth.
- All overhead lines are constructed, installed and maintained in a manner suitable for the work and conditions under which they are to be operated and for the prevention of danger.
- Immediately report any smoke/fire/sparks/noise in electrical equipment to your supervisor or to the maintenance department.
- Be particularly careful about overhead electric lines when using scaffolding, lifting tables or mobile equipment.

CODE OF PRACTICE COVERING PERSONAL PROTECTIVE EQUIPMENT

Personal Protective Equipment (PPE) includes – eye, ear, head, respiratory, hand, arm, leg, foot and whole body protective equipment. PPE is intended to be used by a person to provide protection against risks to the health and safety of that person.

A definition of PPE include those intended to be worn or held by a person at work to protect them against one or more risks to health or safety, and any addition or accessory designed to meet that objective.

PPE should only be used as a last resort. An employer must have first considered all other ways of controlling the risks i.e. elimination, substitution, engineering controls etc.

The PPE must comply with recognised standards i.e. IS, BS etc. The manufacturer's recommendations of suitability and use must be complied with.

Before choosing PPE, an assessment should be undertaken to determine which type of equipment is best for protecting the person. The assessment must consist of:

- (a) An analysis and assessment of the risks present which cannot be avoided by other means.
- (b) Define the characteristics of the PPE.
- (c) Ensure the PPE does not present additional risks itself.

Where it is necessary for an employee to use PPE, the employer shall determine the conditions of use of such equipment, on the basis of

- (a) The seriousness of the risk (noise levels between 85dB and 90dB).
- (b) The frequency of the exposure to the risk (once a day or once a month).
- (c) The characteristics of the workstation of each worker (workstations may differ by design).
- (d) The period for which it is worn (fatigue, stress etc).

Personal protective equipment must be used only for the purposes specified, except in specific and exceptional circumstances. Where it is necessary for an employee to wear more than one item of PPE, his employer must ensure that such items of personal protective equipment are compatible with each other and continue to be effective against the risks involved.

Maintenance and Replacement

The employer must ensure that all PPE provided is maintained in good working order and satisfactory hygienic condition, by means of any necessary storage, maintenance, repair or replacement.

The employer must normally ensure that the use of an item of PPE provided by him is normally confined to one employee. If PPE has to be shared by more than one employee or more than the employer must ensure that the PPE does not create health or hygiene problems for any user.

Information, Training and Instruction

All Staff and Volunteers issued with PPE must be:

- (a) Informed of the risks against which the wearing of the equipment protects them.
- (b) Provided with adequate information on the personal protective equipment provided.
- (c) Provided with instruction on the use of such personal protective equipment.
- (d) Trained with appropriate demonstrations in the wearing of such equipment.

CODE OF PRACTICE COVERING BULLYING IN THE WORKPLACE

Introduction.

Bullying is widely regarded as being a health and safety issue and has links with harassment and sexual harassment (please refer to separate Code of Practice's covering Harassment / Sexual Harassment and the Centre's Anti-Bullying, Harassment and Sexual Harassment Policy). Among the possible human hazards listed by the HSA is bullying. For this reason, when the Centre is carrying out risk assessments, we check if bullying is a hazard.

Definition

'Workplace bullying is repeated inappropriate behaviour, direct or indirect, whether verbal, physical or otherwise, conducted by one or more persons against another or others, at the place of work and/or in the course of employment, which could reasonably be regarded as undermining the individual's right to dignity at work. An isolated incident of the behaviour

described in this definition may be an affront to dignity at work, however as a once off incident is not considered to be bullying’.

(This definition is taken from the Task Force Report on the Prevention of Workplace Bullying and is cited in both the HSA’s Code and the Labour Relations Commission’s Code of practice.)

Bullying is characterised by the misuse and abuse of power causing the target of bullying to be especially vulnerable. This power imbalance is pinpointed by researchers as a common feature of bullying. Being bullied is noted to be a traumatic and emotional experience for any individual. The bullied feel helpless, powerless and isolated. Reluctance to report is exacerbated by fear of the consequences. The target is afraid of being labelled a troublemaker, or of being accused of lying.

As with Harassment, the Centre believes that prevention is the best policy. The Centre recognises that bullying, when repeated or significant enough could lead to harmful effects. The Centre is committed to a workplace free from bullying in any form, and all our Staff and Volunteers have the right to be treated with dignity at work. Complaints will be treated with fairness and sensitivity and in as confidential a manner as possible, and any form or harassment, be it by employers, Staff and Volunteers or non-Staff and Volunteers will not be tolerated and could lead to disciplinary action.

Forms of Bullying

Bullying experts have identified five different types of bullying:

- Pressure Bullying: when negative interaction is due to the stress of the moment but this does not constitute workplace bullying.
- Corporate Bullying: when the employer feels free to bully because measures of accountability are ineffective or absent.
- Serial Bullying: when the perpetrator targets one person after another.
- Pair Bullying: when the serial bully conspires with a colleague and one person usually becomes more dominant than the other.
- Gang Bullying: when a serial bully encourages others to join in the bullying over a period of time.

The following list, though not exhaustive, indicates types of bullying behaviour:

- Undermining an individual’s right to dignity at work
- Humiliation
- Intimidation
- Verbal abuse
- Victimisation
- Exclusion and Isolation

- Intrusion by pestering, spying and stalking
- Repeated unreasonable assignments to duties, which are obviously unfavourable to one individual
- Repeated requests giving impossible deadlines or impossible tasks
- Implied threats

Consequences of Bullying at Work.

1. Effects on the Individual.

Exposure to bullying can be short in duration but extremely intense. It can also be less intense but stretched out over a long period of time. Bullying need not last long to cause severe stress and anxiety. Stress and ill health have been found to become part of the daily life of individuals who are bullied. Lack of intervention can put victims at risk of nervous breakdown and suicide.

Physiological symptoms can include:

- Headaches / migraines; Sweating / shaking; Feeling / being sick; Disturbed sleep; Loss of energy; Loss of appetite.
- Anxiety / Worry / Fear; Panic attacks; Depression; Loss of confidence / self esteem.
- Behavioural Changes:
- Becoming aggressive; becoming irritable; becoming hypersensitive to criticism; becoming emotionally drained.

2. The effects on the organisation as a whole can include:

Bullying should not be considered as merely the problem of the individuals involved, research throughout Europe has shown that it affects not only those directly involved but the workplace as a whole. It is well known that people working in a climate of fear and resentment do not perform to their optimal level.

Signs of workplace bullying in any organised setting include:

- Reduced efficiency;
- Reduced quality and quality control
- Low morale among staff
- Atmosphere of tension
- High rates of absenteeism
- Drop in productivity and profits
- Lack of creativity and initiative
- Increase in cases taken to court

CODE OF PRACTICE COVERING PREGNANT STAFF AND VOLUNTEERS **LEGISLATIVE GUIDE**

This Code of Practice covers the main requirements of the Safety, Health & Welfare at Work (Pregnant Employee) Regulations 2000 as well as the applicable requirements set out in the Maternity Protection Act 1994.

It is important to note some definitions when dealing with the requirements of these Regulations:

- "**employee**" means a pregnant employee, an employee who is breastfeeding or an employee who has recently given birth.
- "**employee who is breastfeeding**" means an employee who, having given birth not more than twenty six weeks previously, is breastfeeding.
- "**employee who has recently given birth**" means an employee who gave birth not more than fourteen weeks previously.
- "**pregnant employee**" means an employee who is pregnant.

The provisions of these Regulations apply as soon as the employee advises the employer that they are pregnant. The employer may request written confirmation to be supplied from a medical practitioner.

Schedule 1 of the 2000 Regulations lists a non-exhaustive list of agents, processes and working conditions:

Physical Agents: Physical agents where these are regarded as agents causing foetal lesions or likely to disrupt placental attachment (or both), and in particular:

- Shocks, vibration or movement.
- Handling of loads entailing risks, particularly of a dorsolumbar nature.
- Noise.
- Ionising radiation.
- Non-ionising electromagnetic radiation.
- Extremes of heat or cold.
- Working at heights
- Working in Hyperbarbic atmospheres
- Movement and postures, travelling, either inside or outside the place of work, mental and physical fatigue and other physical burdens connected with the activity of the employee.

Biological Agents: Those agents listed in risk groups 2, 3 and 4 in the Safety, Health and Welfare at Work (Biological Agents) Regulations 1994 – which include: Legionella, Ecoli, Ebola, Hepatitis, Leptospirious, Streptococcus, Brucella abortis, Lassa virus, Toxoplasma, Rubella virus, Orf, Food Handling, Hygiene, Water etc..

Chemical Agents: The following listed chemical agents, insofar as is known, can endanger the health of pregnant Staff and Volunteers and the unborn child:

- A substance labelled R40, R45, R46, R61, R63 and R64 under the European Communities (Classification, Packaging, Labelling and Notification of Dangerous Substances) Regulations 1994.
- Chemical agents listed in the First Schedule to the Safety, Health and Welfare at Work (Carcinogens) Regulations 1993.
- Mercury and mercury derivatives.

- Cytotoxic drugs.
 - Carbon monoxide.
 - Chemical agents of known and dangerous percutaneous absorption.
1. Processes: Industrial processes listed in the First Schedule to the Safety, Health and Welfare at Work (Carcinogens) Regulations 2006.
 2. Working Conditions: Underground mining work.

RISK ASSESSMENT

On receiving notification that an employee is pregnant the employer must carry out a thorough risk assessment of the workplace risks which may have the potential to effect the safety and health of such Staff and Volunteers or the unborn child. A substantial part of this assessment is based on the provisions of the Chemical Agents Regulations 1994 and the Occupational Exposure Limits (OELs) laid down in the approved Codes of Practice.

These risk assessments must take account of the changes throughout the course of the pregnancy, and thus it may be necessary to carry out 3 risk assessments for the relevant trimestres (1st – weeks 1-12, 2nd weeks 13-28 and 3rd 29-40).

When carrying out a risk assessment it is necessary to identify and assess all risks that may have the potential to cause adverse health and safety to such Staff and Volunteers.

Such risks include exposure to chemicals, viruses, the physical demands and agents such as lifting, hot or cold environments or even such diverse aspects as night work.

The employer needs to determine the nature, degree and duration of an employee's exposure to such agents, processes or working conditions and to take the preventive / protective measures necessary to ensure the safety and health of such Staff and Volunteers.

Where specific or specialised risks are involved it may be necessary to appoint the services of a competent person i.e. ergonomist, chemist etc.

The assessment may reveal that the employee should not work if exposed to the following:

Pregnant Staff and Volunteers

1. Agents
 - (a) Physical Agents - Work in hyperbaric atmosphere, such as in pressurised enclosures and underwater diving.
 - (b) Biological Agents –Toxoplasma, Rubella Virus etc, unless the pregnant employee is proven to be adequately protected against such agents by immunisation.
 - (c) Chemical Agents – Lead and lead derivatives insofar as these agents are capable of being absorbed by the human organism.
2. Working Conditions - Underground mining work.

Staff and Volunteers who are Breastfeeding

1. Chemical Agents – As above.
2. Working Conditions - Underground mining work.

If such risk exists, then protective and preventive measures need to be implemented. This can usually take the form of a 3 step process:

STEP 1 – Temporarily adjust the working conditions and/or the hours of work of the employee concerned. *If this does not remove the risk then*

STEP 2 – Provide suitable alternative work - it may be necessary to provide the concerned employee with a different role in the Centre. *If this is not possible then*

STEP 3 – The employer, having undertaken the risk assessment, identified occupational risks to the employee and unable to find alternative solutions should give the employee safety and health leave under section 18 of the Maternity Protection Act 1994.

Duration of Health and Safety Leave

An employee will remain on Health and Safety Leave up until:

1. the employee becomes entitled to maternity leave **or**
2. 14 weeks after the date of birth (for women who have recently given birth and are at risk) **or**
3. 26 weeks following the date of birth (in the case of breastfeeding mothers who are at risk) **or**
4. the date on which a fixed term contract expires **or**
5. the risk no longer exists **or**
6. the employee is no longer vulnerable to the risk **or**
7. suitable alternative work becomes available.

Health and Safety Benefit

The employee is entitled to be paid by her employer for the first 21 calendar days of the health and safety leave. Thereafter a social welfare benefit applies.

Night Work.

In this Regulation "night work" means work in the period between the hours of 11 p.m. on any day and 6 a.m. on the following day, and where the employee works at least three hours or 25% of their monthly working time between this period. If a registered medical practitioner certifies that such Staff and Volunteers should not perform night work during pregnancy or for 14 weeks following childbirth then the employer must comply with this. In such cases, the employer shall transfer the employee to daytime work or where applicable grant the employee leave or extend the period of maternity leave.

Information.

After the results of such assessment the Staff and Volunteers concerned or their safety representative (where applicable) should be informed of:

- the results of the assessment and

- the control measures to be taken to protect the Staff and Volunteers' safety and health.

In conjunction with this Code of Practice is a template Hazard Identification Audit “Pregnant Staff and Volunteers” which should be used for such an assessment.

CODE OF PRACTICE COVERING HARASSMENT / SEXUAL HARASSMENT

Management fully supports the aims and provisions of the Employment Equality Act 1998, and adopts the principles outlined in the Equality Authority’s Code of Practice on Sexual Harassment and Harassment at Work (SI 78/02). (Please refer to the Centre Anti-Bullying, Harassment and Sexual Harassment Policy).

Definition

Sexual harassment is defined in the Equality Authority Code by reference to the Employment Equality Act, which the Authority has summarised. The definition notes that

‘sexual harassment includes an act of physical intimacy, request for sexual favours, and / or other act or conduct including spoken words, gestures or the production, display or circulation of written words, pictures or other material that is unwelcome and could be reasonably regarded as sexually offensive, humiliating or intimidating’.

The Code states that prevention is the best policy. It provides that employers should adopt, implement and monitor a comprehensive, effective and accessible policy dealing with the issues of sexual harassment and harassment.

Employers are liable for the acts of Staff and Volunteers carried out in the course of employment, whether or not the acts were done with the employer's knowledge. An employer is also liable for agents of the Centre.

The Centre recognises sexual harassment as unwelcome or offensive sexual behaviour that when repeated or significant enough could lead to harmful effects. This can make the victim of such harassment feel angry, anxious, embarrassed, fearful, frustrated, guilty, and vulnerable. The Centre is committed to a workplace free from sexual harassment / harassment, and all our Staff and Volunteers have the right to be treated with dignity at work. Complaints will be treated with fairness and sensitivity and in as confidential a manner as possible, and any form of harassment, be it by employers, Staff and Volunteers or non-Staff and Volunteers will not be tolerated and could lead to disciplinary action.

Sexual harassment is against the law. If you are being subjected to sexual harassment and you have been unable to stop it, contact a senior member of management, a supervisor, the Equality Authority or if necessary the Gardai.

How to deal with Harassment at Work:

If you feel you are being bullied there are a number of steps that you can take to deal with it.

- Do not blame yourself. The fault lies with the ‘Harasser’.

- Keep calm under verbal attack, respond quietly and coherently.
- Do not hide the fact you are being harassed. Ask colleagues if they have the same problem. It helps if you can take joint action.
- Keep a written record of all the things said and done to you. It is a good idea to keep confidential notes about the harassment. Write down your own feelings as well as dates, times, circumstances and any witnesses.
- Confront the harasser and tell them to stop. This has proven to be the most effective way of countering the problem. (This can be difficult, as people who bully, tend to deny their actions. They may also counter attack, accusing you of harassing them or they may play the victim.
- Write a letter or memo to the 'harasser' if you are unable to confront him or her. Keep copies of all correspondence.
- Speak to someone in higher authority whom you trust and ask for help.
- Request a trained third party, mediator.
- Contact your trade union representative, if you have one.
- Enquire about the Centre's code of conduct and policy on bullying.
- If all efforts fail, consider taking legal action.

Your employer has a duty to make sure that sexual harassment does not happen in your workplace. If you think you are being sexually harassed at work, or have been in the past, you can do something about it.

You should expect to be listened to carefully and treated with sensitivity by your employer or contact person if you choose to complain.

Why you should act

1. You don't have to put up with sexual behaviour that you don't like.
2. Sexual harassment is often repeated unless action is taken.
3. Sexual harassment may affect your ability to work.
4. Sexual harassment can lower self-esteem.
5. Other people in your situation may have experienced similar behaviour, but felt unable to act.

Victimisation

It is unlawful to penalise an employee for taking action pursuant to the enforcement of the legislation, for example, referring an equality claim or giving evidence in proceedings under equality legislation.

RISK ASSESSMENT AND ACTION LIST

RISK ASSESSMENT

RISK ASSESSMENTS WILL BE CARRIED OUT IN CONSULTATION WITH EMPLOYEES, HAVING REVIEWED THE WORKPLACE AND WORK PRACTICES, BOTH IDENTIFYING THE HAZARDS THAT EXIST AND ASSESSING THE RISKS ARISING FROM THE HAZARDS.

- WHERE ADDITIONAL CONTROLS ARE REQUIRED TO AVOID OR REDUCE THE RISK, THEY WILL BE IDENTIFIED ON THE RISK ASSESSMENT ACTION LIST AND WILL BE IMPLEMENTED BY THE RESPONSIBLE PERSON
- EVERY REASONABLE EFFORT WILL BE MADE TO GIVE PRIORITY TO THE IMPLEMENTATION OF CONTROLS FOR THOSE HAZARDS OF MOST CONCERN
- WHERE THE NECESSARY COMPETENCE TO CARRY OUT PARTICULAR RISK ASSESSMENTS IS NOT AVAILABLE IN-HOUSE, ADDITIONAL EXPERTISE WILL BE OBTAINED
- WHEN A PROCESS, TASK OR ACTIVITY SIGNIFICANTLY CHANGES OR A NEW ONE IS INTRODUCED:
- THE EXISTING RISK ASSESSMENT WILL BE REVIEWED AND AMENDED AS REQUIRED; OR
- A NEW RISK ASSESSMENT WILL BE CARRIED OUT
- THIS WILL BE DONE IN CONSULTATION WITH EMPLOYEES.

ACTION LIST

FOLLOWING THE CENTREION OF THE RISK ASSESSMENT, AN ACTION LIST WAS GENERATED. THIS IS A LIST OF CONTROLS IDENTIFIED DURING THE RISK ASSESSMENT PROCESS THAT ARE REQUIRED TO BE IMPLEMENTED IN ORDER TO REDUCE THE RISK OF ACCIDENT/ILL-HEALTH IN MY/OUR WORKPLACE. YOU SHOULD:

- ASSIGN A RESPONSIBLE PERSON TO CENTREE EACH TASK?
- ASSIGN A REALISTIC GOAL DATE AND THE RESOURCES REQUIRED TO CARRY OUT EACH ACTION
- FOLLOW UP TO ENSURE SATISFACTORY CENTREION.

YOU CAN CENTREE THIS ACTION LIST BY PRINTING AND FILLING IT OUT BY HAND OR YOU CAN RETURN TO THE 'MANAGE ACTIO

PART B1 – RISK ASSESSMENTS

Completed Risk Assessments

1.	Electricity
2.	Fire
3.	Slips, Trips and Falls
4.	Manual Handling
5.	Chemicals
6.	Work at Height
7.	Workplace Transport
8.	Display Screen Equipment
9.	Maintenance
10.	Driving for Work
11.	Access to Drugs and Medicines
12.	Contaminated Waste Disposal
13.	Dishwasher / Glass Washer
14.	General Equipment
15.	Grill / Griddle
16.	Handling Raw Meat
17.	Heating Ventilation and Air Conditioning Systems
18.	Hot Objects
19.	Knives and Sharp Objects
20.	Microwave
21.	Mixer
22.	Oven / Range
23.	Tumble Dryer
24.	Washing Machine

Hazard: Electricity Contact with electrical installations or electrical equipment can cause burns, electrocution and other serious injuries to you, your employees and / or visitors
Current Controls
All new electrical installations and all extensions are tested and certified as safe, by a competent qualified electrician
Electrical installations are checked regularly by a competent qualified electrician <i>Refer to the 'Guidance-Note on Periodic Inspection and Testing of Electrical Installations' in 'Learn More' for more information</i>
Testing, certifying and repairs are carried out in accordance with appropriate E.T.C.I. (Electro Technical Council of Ireland) standards
Enclosures / covers are in place to prevent contact with live electrical equipment / parts
Damaged extension leads are repaired or removed from use
Means of cutting off power (e.g. fuses, trip switches) to electrical installations and equipment are provided and employees are aware of their locations
Work on live electrical equipment is avoided where reasonably practicable <i>Work on live electrical equipment might be necessary to check the presence of electricity. In such cases it should only be carried out by a competent person</i>
Fire extinguishers that are suitable for fighting electrical fires are provided
All circuits supplying socket outlets are protected by an RCD (Residual Current Device) <i>Residual Current Devices save lives. They are or should be in almost every workplace in Ireland. An RCD protects you against serious electric shock if there is an electrical fault in your workplace</i>
Operation of the RCD () is tested regularly in accordance with the manufacturer's instructions <i>A special test button is provided to trip out the RCD. Be aware this will cause a loss of power to electrical equipment</i>
Electrical equipment and fittings are suitable for the work environment (e.g. Suitable IP-rated for protection against water or dust; EX-rated. Refer to E.T.C.I. standards)

Where electrical portable appliances are subject to on-going wear and tear, they are inspected and tested
Any scorch marks associated with an electrical appliance or electrical wiring is checked urgently by a competent person
Electrical cable reels are uncoiled during prolonged use and when using high-power items (e.g. power-hose, large lighting circuit etc) <i>Heat can build up in coiled-up cables causing them to melt which can lead to fires or electrocutions. Electrical cable reels should only be connected to small electrical loads when coiled up; when using higher powered items make sure the cable is uncoiled</i>
Additional Controls or Information You Added
<div></div>

<p>Hazard: Fire</p> <p>Fire can cause smoke inhalation, burns and other serious injuries to you, your employees and/or visitors</p>
<p>Current Controls</p> <p>Sources of oxygen and ignition are controlled, amounts of flammable materials are minimised and waste is removed daily (Keep workplace clean and tidy)</p> <p><i>Sources of ignition; e.g. naked flames, sparks from welding or grinding, overloaded / damaged electrical cables or sockets. Flammable materials; e.g. petrol, paper, flammable gases. If oxygen is used check the equipment is not leaking</i></p>
<p>Fire alarm, manual call points and smoke / heat detectors are in place where necessary, kept in good working order and checked regularly (e.g. Daily and weekly checks by the user and three monthly and annual checks by a competent person)</p> <p><i>You may need an automatic detection system linked to an automatic warning system (with back up battery supply) and manual call points on escape routes & at final exits. Servicing, maintenance & repair must be done by a competent person. Keep records</i></p>
<p>Emergency routes and exits are clearly marked, kept clear at all times and lead directly outside or to a safe area</p> <p><i>Escape routes must be adequate for the various types of people likely to use them. The number and types of persons likely to be present must be known. Emergency exit doors must always be available for use i.e. not locked when the building is occupied</i></p>
<p>Emergency lights are installed on escape routes where necessary, at and outside exits and near call points / fire fighting equipment and are tested regularly (e.g. Weekly checks by the user and three monthly checks and annual tests by a competent person)</p> <p><i>Emergency lights must have a back-up power source. They may be lit all the time or only light in the event of a power outage. Full standby lighting must be provided in swimming pools and high risk areas such as commercial kitchens</i></p>
<p>Fire extinguishers are accessible, kept in good working order and inspected regularly</p> <p><i>Firefighting equipment is for use in the early stages of a fire without exposing anyone to danger. It should be checked weekly and serviced annually by a competent person and records must be kept. Refer to the fire safety checklist in Learn More</i></p>
<p>Employees are trained in how to raise the alarm, what to do in the event of an alarm sounding, emergency evacuation procedures and in the use of fire extinguishers</p>
<p>Emergency evacuation procedures are in place</p> <p><i>Emergency procedures must take account, where necessary, of persons who have reduced mobility and / or understanding and may require help</i></p>

Fire drills are held regularly

Appropriate signs (e.g. assembly point, fire point) are in place

Each fire point should be signed and have a copy of the evacuation strategy displayed. The assembly point(s) should be in a safe location away from any fire hydrant and moving traffic

Additional Controls or Information You Added	

<p>Hazard: Slips, Trips and Falls</p> <p>Slips, Trips and Falls due to stairs and steps, wet slippery surfaces and trip hazards can cause serious injury to you, your employees and / or visitors</p>
<p>Current Controls</p>
<p>Stairs and steps are clearly visible, handrails are suitable, and distractions are avoided</p> <p><i>Adequate lighting, visually clear step edges and handrails, handrails that permit a power grip, no distractions such as posters on walls, mobile phones not used</i></p>
<p>Problem stairs and steps (e.g. slippery, short or irregular steps) are identified and extra precautions are in place</p> <p><i>Examples of extra precautions include slip-resistant step edges and highlighting surprise or irregular steps</i></p>
<p>Pedestrian routes (including entrances and exits) are slip resistant, kept clear and clean and are properly maintained</p> <p><i>Repair damaged flooring, keep outside pathways free of moss, leaves etc. Have procedures in place for dealing with ice and snow e.g. gritting or salting</i></p>
<p>Slippery surfaces have been identified and have been replaced, treated or improved</p> <p><i>e.g. floor deep cleaned, spills controlled, floor mats used, slip-resistant footwear used or floor may need to be treated with an abrasive technique, acid etched, coated, or other method and new slip-resistance checked</i></p>
<p>Floors around entrances are slip resistant when wet</p> <p><i>Wet footprints inside an entrance show that water is entering the building and if the flooring is not slip-resistant there is a risk of persons slipping</i></p>
<p>Floors are wet cleaned when the workplace is closed or quiet and wet areas are cordoned off until dry</p> <p><i>Remove wet floor signs when floors are dry</i></p>
<p>Suitable slip resistant footwear is provided and worn where necessary</p> <p><i>Choose footwear with a tread pattern and sole that will grip what is underfoot e.g. liquids, loose solids, ice. Consult with employees and trial the footwear in your workplace. 'Watch your Step—Choosing Slip-resistant Footwear' Info Sheet is in Learn More</i></p>
<p>Adequate lighting is provided and is appropriate for the work being carried out</p> <p><i>Identify and consider where there is movement from high to low light work areas e.g. moving from inside to outside a building</i></p>

<p>Spills are cleaned up immediately and absorbent materials and warning signs are available</p> <p><i>Use absorbent material to soak up spills. Have these materials near areas where spills are likely</i></p>
<p>Trailing cables and leads are re-routed, removed or secured and other good-housekeeping practices are in place to avoid trip hazards</p>
<p>Additional Controls or Information You Added</p>

<p>Hazard: Manual Handling</p> <p>Manual Handling means the lifting, putting down, pushing, pulling, carrying or moving of a load which involves risk of injury due to risk factors such as: Load is too heavy, large, awkward or is carried away from the body. Load is lifted too high or carried too far / too often or involves bending and / or twisting. Inadequate space, uneven floor or steps / ramps</p>
<p>Current Controls</p> <p>Each manual handling task is assessed (Using the risk factors) and measures put in place where needed to avoid or reduce the risks</p> <p><i>Risk Factors: Load is too heavy / large / awkward or carried with arms outstretched. Load is lifted above shoulder height, lowered to floor level or carried too far. Moving the load involves bending /twisting of body or is done more than 30 times per hour</i></p>
<p>Task is organised to allow the use of mechanical aids (e.g. hoist, forklift, stairlift, gantry crane, winch, goods lift, pallet truck, trolley) to avoid or reduce the need for manual handling</p> <p><i>Maintain the equipment in good working order and make sure staff are trained in its correct use. Lifting equipment such as hoists and lifts must be examined every 6 or 12 months by a competent person. Keep records</i></p>
<p>Task is organised so that handling is carried out between waist and shoulder height</p> <p><i>Where possible heavy loads should be stored at waist height and lighter loads stored at a higher level</i></p>
<p>Heavy or large or unwieldy loads are broken down into more manageable weights or sizes or suitable mechanical aids / team lifts are used</p> <p><i>Load weight should be reduced where possible for safe handling e.g. source a 10kg bag of material instead of 20kg. A two people or team lift may be appropriate but mechanical handling aids, e.g. trolleys, should be used where possible for loads above 25kg</i></p>
<p>Work is planned to prevent handling over long distances or frequent repetitions</p> <p><i>Where repetitive tasks cannot be eliminated, it is good practice to rotate staff. Efforts could be made to reduce carry distances by changing the layout of a work area or by using simple handling aids to reduce the long carrying distances</i></p>
<p>Bending, twisting and unstable postures are avoided</p> <p><i>Organise the workplace: good housekeeping, clear routes, adequate space and suitable equipment can allow the safe handling / movement of loads and prevent twisting postures. Storing materials at waste height can reduce bending and unstable postures</i></p>
<p>Employees receive relevant manual handling training where necessary</p>

<i>The control measures to be put in place may still require employees to carry out some manual handling. Employees need instruction on how to assess and lift loads safely and instruction is recommended to be delivered by a trained manual handling instructor</i>
Additional Controls or Information You Added

Hazard: Chemicals Exposure to chemicals can cause fires, explosions, skin and eye irritation, cancer, ill health and other serious injuries to you, your employees and/or visitors
Current Controls
A list (inventory) of all chemicals used in the workplace has been prepared
Chemical labels (Label applied to containers of dangerous chemicals to indicate the risk and precautions to be taken) and Safety Data Sheets are available for each chemical and the associated hazards of each chemical has been identified <i>A Safety Data Sheet (SDS) is a document to be provided with all hazardous chemicals. It gives information on the chemical hazards, advice on safe handling/use/storage & emergency measures in case of an accident/spillage. Cosmetics do not require an SDS</i>
Employees are trained in the safe use of chemicals
The number of employees and the exposure to chemicals is assessed and minimised
Less hazardous chemicals are used where possible
Adequate ventilation is provided
A wash hand basin, soap and disposable towels/hand dryer are available
All chemicals are used, stored and disposed of in accordance with the Safety Data Sheet or supplier recommendations <i>Consider the risk of spillage or leakage during storage and if an outer container or bund should be in place to contain the chemical</i>
Eye, skin and respiratory protection (Device designed to protect the wearer from inhaling harmful, fumes, vapours, and/or gases) is provided and worn where appropriate and in accordance with the safety data sheet

Additional Controls or Information You Added

Hazard: Work at Height Falls from a height or impact with falling objects can cause fractures, head injuries, death and other serious injuries to employees or visitors
Current Controls
Work at height is avoided where possible
Appropriate barriers or work equipment (e.g. fixed railings, podium steps, mobile elevated working platforms, scaffolding) are used to prevent falls where work at height cannot be avoided <i>Risk assessments on podium steps, ladders, scaffolding etc are available within the browse hazard function of BeSMART.ie</i>
Where falls cannot be prevented, work equipment (e.g. soft landing systems, safety nets, bean bags, airbags) which minimises the risk of injury is used
Equipment that protects all employees who work at height is used instead of equipment that only protects one employee at a time (e.g. safety nets or soft landing systems instead of safety harnesses)
Work at height activities are planned and supervised
Work areas / platforms at height are stable, strong and have a 1m high parapet or double handrails
Safe access to work at height area is provided <i>Avoid any gaps that employees have to step across and could fall through</i>
The use of ladders is avoided, or they are used only for light work of short duration <i>Ladders must be in good condition, used on a firm level surface and tied at the top or stabilised at the bottom. The work must be light and should not take longer than 30 minutes</i>
Work equipment is inspected regularly, and any defects found are repaired

<i>All equipment for work at height has to be examined either every 6 or 12 months by a competent person</i>
Materials are not stored at height or they are secured (e.g. by shrink wrapping) <i>Consider where materials are stored and how to safely retrieve them. Make sure you complete the 'Racking and Storage' risk assessment where relevant</i>
Work areas at height are kept clear of loose materials and materials are prevented from falling (e.g. by using a toeboard or barrier at the edge)
Training is provided to employees on using equipment for work at height
Personal Protective Equipment (e.g. safety harness) is provided and employees are trained in its use
Additional Controls or Information You Added

<p>Hazard: Workplace Transport</p> <p>Contact between people / property and moving vehicles, vehicles overturning or collapsing, people falling from vehicles, or collisions can cause damage, crush injuries and other serious injuries to you, your employees and / or visitors</p>
<p>Current Controls</p>
<p>Entry to the workplace is directed and controlled</p> <p><i>Traffic can be directed using signs and ground markings, and can be controlled using barriers or gates</i></p>
<p>All pedestrian and vehicle routes, crossing points, parking, loading and vehicle only areas are clearly marked and signposted</p>
<p>All routes are kept free of obstructions and any permanent obstructions (e.g. lamp posts) are marked and protected as necessary</p>
<p>People and vehicles are kept apart</p> <p><i>Separate vehicle and pedestrian entrances, footpaths and / or marked walkways can be used</i></p>
<p>Vehicle reversing is eliminated, where possible</p> <p><i>A one way system can be used. See 'Workplace Transport Safety - Reversing Vehicles' in 'Learn More' for more information</i></p>
<p>All work areas are well lit</p>
<p>Loading and unloading is carried out in a designated area away from overhead obstructions (e.g. overhead power lines)</p> <p><i>Contact with overhead electricity lines can kill. Don't allow high reach vehicles to load or unload near them</i></p>
<p>High visibility vests / jackets are provided and worn by people who work near vehicles</p>
<p>Speed limits and speed ramps / rumble strips etc. are used to control speed, as needed</p>

<p>Vehicles are maintained in good condition by a competent person as per the manufacturer's instructions</p> <p><i>Manufacturer's and operator's manuals supplied with every vehicle should always be kept and consulted for information on use, servicing and maintenance of the vehicle. Vehicle servicing will help prevent breakdowns and keep it in a safe working condition</i></p>
<p>All works vehicles have working amber beacons / hazard lights and reversing alarms</p>
<p>A defect reporting system is in place and defects are dealt with promptly</p>
<p>Drivers check vehicles daily before use and report any problems</p> <p><i>Driver Walk-Around Check Sheets, e.g. Pre-Checks, etc are available in 'Learn More'</i></p>
<p>Keys are not left in unattended vehicles</p>
<p>All drivers are instructed, trained and authorised to drive workplace vehicles</p>
<p>Driver's handbook is provided</p>
<p>Driver operates vehicle at appropriate speed</p>
<p>Seatbelts, where provided, are worn at all times</p>
<p>Additional Controls or Information You Added</p>

Hazard: Display Screen Equipment

Poor workstation set up, prolonged display screen equipment (DSE) use and prolonged poor seating posture at DSE workstation can cause neck, back, shoulder or arm strain, eye strain or fatigue to you and your employees

Current Controls

An assessment of individual workstations is carried out

See Practical guide to DSE in Learn More. A trained assessor should go to the workstation of an individual & conduct an assessment to ensure it is set up correctly e.g. seating is adjustable, monitor set to correct height. Issues found should be corrected

Work tasks are varied to ensure that employees are not working at their computers for long periods of time

Plan work activities so that people do not spend long periods of time doing computer work. Try to ensure that other work activities are used to break up computer time, including attendance at meetings, phone calls or paperwork

Employees are given information and training on the hazards associated with computer use and the steps they can take to minimise the effect of these hazards

Give instruction to employees on how to maintain a good computer workstation set up e.g. advise employees to change posture frequently and show them how to adjust their seating

Employees who use computers are made aware of their right to eye tests

The employer should make employees aware that they are entitled to an eye and eyesight test and the employee should consult with their employer to arrange an appointment

Additional Controls or Information You Added

<p>Hazard: Maintenance</p> <p>Unsafe maintenance activities can cause cuts, lacerations, eye injuries, amputations and other serious injuries to employees and / or visitors</p>
<p>Current Controls</p>
<p>Only trained and authorised employees carry out maintenance work</p> <p><i>Maintenance employees must have adequate training, knowledge and experience for the maintenance tasks. It should not be assumed that all specially skilled maintenance employees have full knowledge of all your machinery and equipment</i></p>
<p>Maintenance employees are trained in the use of work at height equipment, fire extinguishers, hot work permits and confined space entry as appropriate</p> <p><i>Maintenance which involves welding, work at height or a confined space requires special precautions. Make sure you complete the Work at Height risk assessment as needed. See Code of Practice 'Working in a Confined Space' in Learn More for more information</i></p>
<p>Where maintenance work may involve disturbing asbestos, all possible types and locations of asbestos are identified by a competent person and suitable control measures put in place before work commences</p> <p><i>Most asbestos-containing materials were installed in buildings between the 1960s and the mid 1980s with asbestos cement in use until 2000. See 'Safety with Asbestos' Information sheet in Learn More for more information</i></p>
<p>Maintenance employees are aware of all external gas, water and electricity cut off points</p> <p><i>Isolation of electricity, compressed air, gas, water etc. is crucial to safe maintenance work. Suitable labels should be placed at isolation points</i></p>
<p>Machines are isolated from electric, hydraulic and pneumatic power supplies before maintenance work starts</p> <p><i>Isolation may be by removing the plug from the socket but more steps may be required to prevent accidental / unintended start-up of a machine e.g. isolator locked in the off position and tested. Emergency stop must not be relied on as a means of isolation</i></p>
<p>Guards are only removed to the extent that work requires and are replaced as soon as maintenance is complete</p> <p><i>Machinery must not to be returned to use until all guards are in place</i></p>
<p>Machine adjustments, when parts are moving, are only carried out by maintenance employees and only when machine is at slow speed or under hold-to-run control</p> <p><i>Care should be taken when testing equipment after repairs or maintenance</i></p>
<p>Work areas are cordoned off to exclude unauthorised access where necessary</p>

Workshop or storage areas used by maintenance employees are adequately lit, free from trip hazards and items are stored properly
Hazardous areas (e.g. high voltage switch room) are locked when not in use
Appropriate PPE (Personal Protective Equipment) is worn by maintenance employees and they have received training in its use
External maintenance workers report to a designated person
Tools used for maintenance are in good working order and properly guarded where necessary <i>Badly maintained tools are a potential source of accidents</i>
Additional Controls or Information You Added

<p>Hazard: Driving for Work</p> <p>Driving on the public road may result in collisions which may cause serious injuries to you, your employees and / or others</p>
<p>Current Controls</p>
<p>Employees have a full drivers licence, are competent, authorised and experienced and are familiar with the vehicle</p> <p><i>Valid driving license is carried and is appropriate to the vehicle being driven and any equipment being towed. Refer to the Road Safety Authority, www.rsa.ie, for information on licencing and other requirements for vehicles and towed machinery on the road</i></p>
<p>Vehicles are maintained in accordance with the manufacturer's instructions, in a roadworthy condition and fit for use</p> <p><i>Vehicle should be fully serviced and insured for business use. Servicing it as per the manual will help keep it in safe working order and prevent breakdowns. Keep the manual in the vehicle and consult it for information on use, checks and maintenance</i></p>
<p>A driving for work policy is in place and is communicated to all employees who drive for work</p> <p><i>For more information on a driving for work policy see driver's handbook and guidelines in 'Learn More'. The policy should cover all vehicle types driven for work purposes. Vehicles must never be operated by persons under the influence of alcohol or drugs</i></p>
<p>The use of hand held equipment (e.g. hand held phone or electronic device) is not allowed while driving</p> <p><i>Holding a mobile phone while driving, sending SMS/MMS messages or emails even if the phone or device is held in a cradle, are not allowed</i></p>
<p>Employees are trained in safe driving practices (e.g wearing of safety belts, speed, breaks and rest periods, use of dipped headlights during daylight hours, use of daily vehicle check list, actions in event of a collision)</p> <p><i>Drivers should do a quick walk around of the vehicle prior to driving e.g. check fuel level, tyres, wipers, washers, lights, indicators, warning devices, load security. See Walk-Around Check Sheets, posters and information in 'Learn More'</i></p>
<p>Safe practices and suitable aids (e.g. where it is safe to reverse, well positioned mirrors, use of reversing alarms etc) are used for reversing and aids are kept in good working order</p> <p><i>Improve the driver's ability to see around the vehicle / load where required by providing extra aids such as convex mirrors or CCTV. Refer to the Workplace Transport Safety Reversing Vehicles guidance in 'Learn More' for more information</i></p>
<p>Adequate rest breaks are planned and taken, and adequate time is allowed for journeys, taking account of road, traffic and weather conditions</p>

<p><i>During daylight hours it is recommended to take a 15-minute break after 2 hours of driving. In the hours of darkness, it is recommended to take rest breaks more frequently, about every 1.5 hours</i></p>
<p>Records are kept of drivers' licences, authorisation, training, collisions, incidents, vehicle checks, maintenance, NCT / DOE and insurance</p>
<p>Vehicles are parked safely and legally</p> <p><i>Vehicles should not be parked in such a way that they are liable to cause an obstruction to traffic or others e.g. vulnerable road users, pedestrians, cyclists or motorcyclists</i></p>
<p>Work equipment carried in the vehicle is secured for travel (e.g. using bulkheads, roof racks, boot)</p>
<p>Plans are in place for dealing with vehicle breakdown and collisions, and employees are trained</p> <p><i>Make sure employees know how to deal with incidents and to whom and how they must be reported. Breakdown cover and a breakdown kit, containing warning triangle, torch, high visibility clothing, fire extinguisher and first aid kit, should be provided</i></p>
<p>In the event of breakdown, the vehicle is safely stopped, hazard warning lights are activated, and warning triangle is used where appropriate (Try to park in as safe a place as possible. Avoid stopping on bends, narrow road sections or where there is reduced visibility)</p> <p><i>On motorways and high-speed roads employees should exit the vehicle by the non-traffic side, remain clear of the vehicle and not attempt repairs. Warning triangle should not be used on motorways</i></p>
<p>Additional Controls or Information You Added</p>

Hazard: Access to Drugs and Medicines Contact with drugs or medicines can cause ill health which may cause serious injuries to you, your employees and/or visitors
Current Controls
An inventory (a list) of medicines in the workplace has been prepared and is kept up to date
A policy on misuse of drugs is available and implemented
Product labels and Data sheets are available for each medicine and the associated hazards of handling each medicine have been identified <i>A Safety Data Sheet (SDS) is a document to be provided with all hazardous chemicals, giving info on how e.g. to handle it safely. SDSs are not required for all medicines but Product Data Sheets and Summary of Product Characteristics (SPCs) are available</i>
Only trained and authorised employees have access to, handle or dispense medicines
All medicines are handled, stored, dispensed, labelled and disposed of in accordance with the supplier's Data sheet and in accordance with legal requirements where relevant
Medicines are stored safely, protected from unauthorised access and controlled drugs are kept in a locked cabinet or container
Procedures are in place for immediate clean-up of spills of medicines, in accordance with the supplier's recommendations and PPE (Personal protective equipment) and materials for clean-up are readily available
Additional Controls or Information You Added

Hazard: Contaminated Waste Disposal

Exposure to or contact with contaminated waste can cause infection and other serious injuries to you, your employees and/or visitors

Current Controls

All materials used for cleaning potentially contaminated areas, are confined for use to that area

Bins with foot pedals are used and disposable gloves are provided and worn

All containers of contaminated waste are appropriately labelled

Containers should be secure, leak proof and contents identified

Contaminated waste is segregated from other waste and securely stored for collection

Waste is collected and disposed of by a licensed contractor

Additional Controls or Information You Added

Hazard: Dishwasher / Glass Washer Contact with dishwasher/glass washer can cause scalds, cuts and other serious injuries to you, your employees and/or visitors
Current Controls
Machine is installed, used and maintained in accordance with the manufacturer's manual <i>Always keep the instruction manual that comes with every piece of new equipment and consult it for information re use, cleaning and maintenance of the equipment.</i>
Hot water cycle stops automatically if door is opened
Employees are trained in the use of the dish/glass washer and operator's manual is available
Warning signs are in place
Baskets are not overloaded
Additional Controls or Information You Added

Hazard: General Equipment Use of defective equipment or wrong use of equipment may cause cuts, bruises, electric shock, back, crush or other serious injuries to you, your employees and/or visitors
Current Controls
Equipment is used and maintained in accordance with the manufacturer's instructions <i>Examples of general equipment: beds, chairs, lockers, tables, fridge/freezer, trolley</i>
Equipment is maintained in good condition, reported defects are dealt with promptly and unsafe equipment is taken out of use <i>A regular visual inspection of equipment should be carried out to check for defects</i>
Employees are trained in the safe operation of equipment
Additional Controls or Information You Added
Empty space for additional controls or information

Hazard: Grill / Griddle Using a grill or griddle can result in contact with gas, electricity, hot surfaces or fires which may cause asphyxiation, electrocution, burns, scalds or other serious injuries to you, your employees and / or visitors
Current Controls
Grill / griddle is installed, used and maintained in accordance with the manufacturer's manual
Employees are instructed on the safe operation of the grill / griddle
Grill / griddle is kept in good working order, reported defects are dealt with promptly and unsafe equipment is taken out of use <i>Regularly check for obvious signs of wear, tear and damage of electrical cords and plugs, gas controls etc</i>
Grill / griddle is turned off and allowed to cool before cleaning or maintenance work <i>Make sure any gas jets are kept clear</i>
Heat resistant gloves are provided and worn
Additional Controls or Information You Added

Hazard: Handling Raw Meat Handling raw meat can result in infection or ill health to you, your employees and / or visitors
Current Controls
Employees are trained in good hygiene practices <i>Hands are washed, and work surfaces are thoroughly cleaned after handling raw meat to prevent the spread of germs</i>
Washing and welfare facilities are provided <i>One sink should be designated solely for hand washing</i>
Raw meat waste is stored in closed containers <i>Waste buckets should be cleaned and disinfected every time they are emptied</i>
Cuts are thoroughly cleaned and covered with a food-grade plaster or dressing
Additional Controls or Information You Added

Hazard: Heating Ventilation and Air Conditioning Systems Poorly maintained systems can result in serious illness to you, your employees and/or visitors
Current Controls
<p>All ventilation, heating and air conditioning systems are used and maintained in accordance with the manufacturer's instructions</p> <p><i>Equipment should be serviced regularly by a competent person and records kept</i></p>
<p>Only trained employees operate heating, ventilation and air conditioning systems and operators manuals are available</p>
<p>Ventilation filter units are cleaned as part of general maintenance in accordance with the manufacturer's instructions</p>
<p>Accessible hot pipework is lagged as required</p>
<p>Equipment is kept in good working order, reported defects are dealt with promptly and unsafe equipment is taken out of use</p> <p><i>Consider the use of a carbon monoxide alarm where relevant and maintain it in good working order</i></p>
Additional Controls or Information You Added

Hazard: Hot Objects Contact with hot objects, surfaces and products can cause burns and scalds to you, your employees and/or visitors
Current Controls Ovens, radiators and piping are insulated, guards are provided, or temperature is controlled
Warning signs are in place
Care is taken when moving hot objects or liquids around the workplace <i>Organise work to minimise the amount and distances hot items are carried</i>
Heat resistant gloves are provided and worn where relevant
Additional Controls or Information You Added

Hazard: Knives and Sharp Objects Contact with knives and sharp objects can cause cuts, lacerations and amputations to you, your employees and / or visitors
Current Controls
Use of knives and sharp objects is minimised and they are stored safely (e.g. safe location, knife block, blade retracted or housed in a holster or sheath)
Safe work practices are in place for the use, cleaning and sharpening of knives and sharp objects and employees are trained <i>Training in safe cutting and use e.g. cutting away from the body, not leaving knives / blades in areas where others may not be aware of them e.g. in a sink or other areas</i>
Knives and sharp objects are checked (e.g. blade seating, blade and overall condition of knife) before use, reported defects are dealt with promptly and unsafe equipment is taken out of use
Knives or sharp object used are suitable (e.g. blade size, type of blade, holder / sheath, rounded edges, functionality and ergonomic use) for the job <i>Typical catagories of utility knives include bladeless cutters, concealed blades, spring loaded blade retraction, manual blade retraction, automatic blade retraction</i>
Blades are kept sharp and replaced as needed
PPE (Personal Protective Equipment e.g. cut resistant gloves, aprons) is provided and worn as required
Additional Controls or Information You Added

Hazard: Microwave Working with a microwave can cause burns, scalds and other serious injuries to you, your employees and/or visitors
Current Controls
Microwave is used and maintained in accordance with the manufacturers manual
Metal is never placed in the microwave
Reported defects are dealt with promptly and unsafe equipment is taken out of use
Containers used are suitable for use in the microwave
Heat resistant gloves/cloths are provided and used when handling hot containers
Additional Controls or Information You Added

Hazard: Mixer Contact with the moving beater (blade / whisk / hook) of a mixer can cause entanglement, lacerations, fractures, amputation and other serious injuries to you, your employees or visitors
Current Controls
<p>Mixer is used and maintained in accordance with the manufacturer's instructions and safety devices (e.g. larger mixers will be supplied with a bowl cover and will not start if the moving part or cover is raised or the bowl is not in position) and warning signs are in place</p> <p><i>Do not use bowl extension rings. If the machine was supplied prior to 1995 (not CE marked) review to see if the risks can be further reduced e.g. by improving the guarding. 'Guidance on the Purchase of New Machinery' Info Sheet is available in Learn More</i></p>
<p>Employees are trained in the use of the mixer</p> <p><i>Have the operators manual available</i></p>
<p>Power to the mixer is disconnected (e.g. switch off and unplug/turn off at isolator) when cleaning and when mixer is not in use</p>
<p>Mixer is positioned safely (e.g. so that the gear or clutch lever cannot fall or be knocked into gear; clear work space)</p>
<p>Reported defects are dealt with promptly and unsafe equipment is taken out of use</p>
<p>Loose clothing, dangling jewellery and unsecured long hair are avoided when using the mixer</p>
Additional Controls or Information You Added

Hazard: Oven / Range
Working with ovens or ranges can cause fire, burns, scalds and other serious injuries to to you, your employees and / or visitors
Current Controls
Oven/range is installed, used and maintained in accordance with the manufacturer's instructions
Handles of pots/pans are secure and they do not project beyond the edge of the hob or range
Ladles or spoons are not left in saucepans on hotplates or rings
Heat resistant gloves are provided and used
Oven is not used if the fan guard is not in place
Reported defects are dealt with promptly and unsafe equipment is taken out of use
Bottom-hinged oven doors are not left open
Additional Controls or Information You Added

Hazard: Tumble Dryer Using a tumble dryer can cause fires, entanglement, burns, fractures and other serious injuries to you, your employees and/or visitors
Current Controls
Tumble dryers are installed, used and maintained in accordance with the manufacturer's instructions and safety guards and warning signs are in place
Employees are trained on the use of tumble dryers and operator's manuals are available
Tumble dryers are isolated from the power supply prior to maintenance work (e.g. dealing with faults) and maintenance is only carried out by those who are trained and authorised <i>Make sure you complete the 'Maintenance' Risk Assessment</i>
Tumble dryers are regularly checked, reported defects are dealt with promptly and unsafe equipment is taken out of use <i>e.g. check that any emergency stops fitted are working. Check that the door interlock is working i.e. door cannot be opened when in use or machine stops tumbling when door is opened</i>
Tumble dryers are only used to dry suitable materials and are not overloaded <i>Do not tumble dry materials with a low melting point e.g. foam rubber and do not put items contaminated with flammables in the dryer e.g. solvents, oils, fats - prewash them with detergent in hot water</i>
Tumble dryer's cool down cycle is adequate to reduce the temperature of the items <i>Hot items could cause a fire risk so should not be left in the tumble dryer or stacked / piled</i>
Lint filters in tumble dryers are cleaned before use and lint is not allowed to accumulate
Additional Controls or Information You Added

Hazard: Washing Machine Contact with moving parts of a washing machine can cause entanglement, lacerations, fractures and other serious injuries to you, your employees and / or visitors
Current Controls
Washing machines are installed, used and maintained in accordance with the manufacturer's instructions
Employees are trained on the use of washing machines and operator's manuals are available
Washing machines are isolated from the power supply prior to maintenance work (e.g. dealing with faults) and maintenance is only carried out by those who are trained and authorised <i>Make sure you complete the 'Maintenance' Risk Assessment</i>
Washing machine is regularly checked, reported defects are dealt with promptly and unsafe equipment is taken out of use <i>e.g. check that any emergency stops fitted are working. Check that the door interlock is working i.e. that the door cannot be opened while the machine is running</i>
Additional Controls or Information You Added



SECTION M

APPENDICES

ACCIDENT REPORT FORMS
To be completed for all accidents

To be completed by nurse / first aider / safety officer.		Accident No.		
Name of Employee				
Address				
Date accident occurred			Time	
Date accident reported to employer			Time	
Date injured person ceased work due to accident			Time	
Date injured person returned to work			Time	
To whom was accident reported				
On what work was injured person engaged at time of accident				
Where exactly on premises did accident occur				
Provide injured person's description of how accident occurred				
Name of Witness				

INJURY

Part of body injured	
Nature of injury	
Details of immediate medical treatment provided and by whom	
Was injured person referred to Doctor or sent to Hospital	
NAME/ADDRESS of Doctor/Hospital	

DATE: _____ SIGNATURE: _____ TITLE: _____

TO BE COMPLETED BY PERSONNEL DEPARTMENT

Clock No		PRSI No/NI No.		Occupation	
Age		Sex		Marital Status	
When was injured person first employed by you					
Was the injured person's employment permanent or casual					
Previous accident record, if available					

CLASSIFICATION (See Next Page) P.S. Please complete Accident Tick Form.

Anatomy	Injury Type	Cause of Injury	Accident Location	Occupation
(A to G)	(A to H)	(A to J)	(A to E)	(A to G)
<div style="border: 1px solid black; height: 50px; width: 100%;"></div>	<div style="border: 1px solid black; height: 50px; width: 100%;"></div>	<div style="border: 1px solid black; height: 50px; width: 100%;"></div>	<div style="border: 1px solid black; height: 50px; width: 100%;"></div>	<div style="border: 1px solid black; height: 50px; width: 100%;"></div>

DATE: _____ SIGNATURE: _____ TITLE: _____

<u>ANATOMY</u>		
A	Eye	
B	Back	
C	Arm, Wrist & Shoulder	
D	Hand and Fingers	
E	Torso Abdomen	
F	Foot/Leg/Ankle/Knee	
G	Head/Face (Exl. Eye) (Inc. Respiratory)	

<u>TYPE OF INJURY</u>		
A	Strain, Jerk or Drag Injury	
B	Cut, Abrasion, Graze or Prod Wound	
C	Bruise or Soft Tissue Injury	
D	Break, Fracture or Dislocation	
E	Irritation, Skin Disorder, Respiratory, Infection	
F	Sprain	
G	Burns, Scalding, Flashburns, Splash	
H	Foreign Body – Dust, nails, dirt etc.	

<u>CAUSE</u>		
A	Lifting, Pushing or Pulling	
B	Machinery including Tools	
C	Falling Object, Hitting Obstructions etc.	
D	Incorrect Work Practice	
E	Heat including Steam or Hot Liquids	
F	Housekeeping - Trip/Slip or Fall	
G	Third Party Negligence	
H	Chemical Handling and Lagging	
I	Welding, Drilling, Blasting or Grinding	
J	Forklift	

<u>LOCATION</u>		
A	Offices	
B	Factory	
C	Away from Premises	
D	Warehouse	
E	Yard	

<u>OCCUPATION</u>		
A	General Worker	
B	Craft - Fitter, Elect. etc	
C	Apprentice	
D	Manager/Foreman	
E	Administration/Clerical	
F	Drivers	
G	Seasonal/Temporary	

ACCIDENT TICK FORM

EMPLOYEE TRAINING RECORD

Name of Employee: _____

Start Date: _____

Position: _____

Department: _____

Supervisor/Manager: _____

[illegible]

Safe and Comfortable Computer Use - Self-Assessment Checklist

- This checklist should be completed and returned to the Safety Officer or other appropriate person within 1 week
- The Safety Officer or other appropriate person should then discuss the answers with the individual and ensure any problems highlighted are resolved.
- Actions taken should be noted on the checklist.
- The checklist should then be kept as a record and used again should there be a significant change in the workstation or job requirements.

NAME:		DATE:				
	<u>EQUIPMENT</u>	<u>Circle as applicable</u> N/A = not applicable D/K = don't know				<u>Comments</u>
1.	TRAINING					
	Have you received and understood the Safe and Comfortable Computer Use training?	Yes	No	N/A	D/K	
2.	GENERAL					
	Does it appear to be electrically safe?	Yes	No	N/A	D/K	
3.	CHAIR					
	Is it stable with 5 star base on castors/glides?	Yes	No	N/A	D/K	
	Does it swivel?	Yes	No	N/A	D/K	
	Is the seat pan adjustable in height?	Yes	No	N/A	D/K	
	If you are not able to rest your feet flat on the floor, is a footrest available?	Yes	No	N/A	D/K	
	Does the backrest adjust in height and tilt to give support to the lower back?	Yes	No	N/A	D/K	
	Are the mechanisms for adjustments easy to operate from the sitting position?	Yes	No	N/A	D/K	
	If there are arm rests, can they be adjusted to a comfortable position and do they allow you to sit as close to the desk as required?	Yes	No	N/A	D/K	
4.	SCREEN					
	Is the top of screen at or just below eye level?	Yes	No	N/A	D/K	
	Can you adopt a satisfactory 'square-on' arrangement of body to keyboard and screen?	Yes	No	N/A	D/K	
	Is the screen at a comfortable viewing distance?	Yes	No	N/A	D/K	
	Will it tilt and swivel?	Yes	No	N/A	D/K	
	Is the size compatible with the task?	Yes	No	N/A	D/K	
	Does it have brightness/contrast control?	Yes	No	N/A	D/K	
	Are the characters legible and stable?	Yes	No	N/A	D/K	
	Is the screen free from reflections and contrast glare?	Yes	No	N/A	D/K	
5.	KEYBOARD					
	Is it detachable or moveable?	Yes	No	N/A	D/K	
	Is it light but stable?	Yes	No	N/A	D/K	
	Has it got a shallow keyboard slope?	Yes	No	N/A	D/K	
	Does it have non-reflective keys and surround?	Yes	No	N/A	D/K	
	Is there a minimum space in front for resting palms whilst not typing?	Yes	No	N/A	D/K	

	<u>EQUIPMENT</u>	<u>Circle as applicable</u> N/A = not applicable D/K = don't know				<u>Comments</u>
6.	MOUSE					
	Can it be positioned within close reach and be operated with wrist straight and forearm supported on the desk?	Yes	No	N/A	D/K	
7.	DESK					
	Is there sufficient room beneath and around the desk permitting mobility changes of position for legs at both knee and foot level?	Yes	No	N/A	D/K	
	Is the surface area sufficient to provide space for equipment, documents etc for the work tasks?	Yes	No	N/A	D/K	
	Is the depth of the surface adequate to accommodate the screen and allow variable positioning of the keyboard?	Yes	No	N/A	D/K	
	Is it free from trailing cables that may constitute a tripping hazard?	Yes	No	N/A	D/K	
8.	DOCUMENT HOLDER					
	Is one available?	Yes	No	N/A	D/K	
	Is it moveable?	Yes	No	N/A	D/K	
	Is it adjustable in height?	Yes	No	N/A	D/K	
	Does it tilt and swivel?	Yes	No	N/A	D/K	
	Is it able to hold a variety of documents firmly in place?	Yes	No	N/A	D/K	
9.	LIGHTING					
	Is additional lighting required at the desk?	Yes	No	N/A	D/K	
	Can the lighting level be controlled as required using blinds or curtains?	Yes	No	N/A	D/K	
10.	TEMPERATURE					
	Is the temperature ordinarily acceptable?	Yes	No	N/A	D/K	
11.	WORK ORGANISATION					
	Are there sufficient natural breaks in your VDU work to avoid continuous periods of VDU work?	Yes	No	N/A	D/K	
	Do you have sufficient discretion over your work that you can plan-in breaks from continuous VDU work?	Yes	No	N/A	D/K	
12.	<u>PROBLEMS</u>					
	Have you been free from any ill health conditions which you feel could be attributed to your work at your VDU workstation?	Yes	No	N/A	D/K	
	Are you free from any eye/sight condition, or other health conditions, which might present special difficulties with VDU work?	Yes	No	N/A	D/K	

Staff member:	Date:
Line management or other appropriate person:	Date:

HEALTH & SAFETY INSPECTION SHEET

Location: _____

Date: _____

Assessed by: _____

1 HOUSEKEEPING	COMMENTS
Are all areas clean and tidy	
Is waste removed regularly – end of working shift/day	
Is waste kept clear of buildings and in closed metal containers	
Are smoking restrictions applied and signs clearly visible	
Is there evidence of careless disposal of smoking materials	
2 CONTRACTORS	
Are there formal/written procedures for contractors working on site	
Are permit systems/operations checked	
5 FIRE FIGHTING	
Are fire exit routes clear of obstruction	
Are fire doors in good condition, operating and clear of obstruction	
Are fire extinguishers and hose reels accessible / maintained	
Are hydrants accessible & readily identifiable	
Are all/new employees trained in emergency action	
Is re-fresher training provided.	
6 FIRE DETECTION	
Are there any areas needing detection	
Are systems / alarms tested weekly and maintained	

8 SECURITY	
Are doors and windows in good condition and secure	
Do intruder systems cover all necessary areas	
Are access controls adequate	
Is lighting adequate & in good condition	
10 HEATING	
Are heating appliances suitable / maintained	
Are boiler houses clean with no storage of combustibles	
Is there adequate clearance around heaters	
Are safety devices in good condition ie fusible link / fire valves	
13 ELECTRICAL SYSTEMS	
Are electrical transformers / switch gear regularly inspected / tested	
Are switch gear / electrical panels / clear of combustibles	
Are distribution systems regularly inspected / tested (thermographic)	
Are wiring / connections in good condition	
Are portable appliances regularly inspected / tested	
Are suitable electrics installed where flammables use/storage areas	
Are lightning conductor systems in good condition/earthing checked	

LONE WORKING RISK ASSESSMENT

RISK ASSESSMENT CHECKLIST & RECORD		
ASSESSOR:	DATE:	RECORD NO.
TASK: (briefly describe the task or occasion this assessment relates to)	ONE-OFF?FREQUENT (note if the assessment is for a one off assessment, or a frequent task or occasion, where a generic assessment may be applicable)	
INDIVIDUAL OR GROUP (note who is to carry the task where it is a one off task, note the group or individual to which the assessment applies if it is a generic assessment)		
SPECIFY RISKS THAT MAY EXIST	ARE EXISTING CONTROL MEASURES ADEQUATE	ARE ADDITIONAL CONTROL MEASURES REQUIRED

LONE WORKING RISK ASSESSMENT (Continued)

THE WORKPLACE AND WORK RISKS			
(any question where a box with an astrix is ticked should also have comments added)			
QUESTION	YES	NO	COMMENTS
Does the workplace present any special risks to a person working alone?			
Can any manual handling that maybe carried out be safely done by a lone person?			
Is there a risk of violence?			
Are young workers (under 18 years of age) at a higher risk due to their lack of experience knowledge etc.?			
Are women working alone at a higher risk?			
EMERGENCY ARRANGEMENTS			
QUESTION	YES	NO	COMMENTS
Are adequate first aid facilities available?			
Is there a need to train the lone worker in first aid?			
In an emergency can help easily find the lone worker?			
Are there arrangements for regular contact between the lone worker and a colleague?			
THE LONE WORKER			
Does the lone worker have any medical condition making them unsuitable for lone work?			
Is the lone worker sufficiently trained and experienced?			
Is the lone worker trained to allow them to deal with any foreseeable circumstances?			

I have read and understand the contents of this safety statement and agree to carry out its requirements.

[illegible]

Fire Drill Procedure

When fire alarm sounds the following procedures need to take place:

- The adult(s) in the room instructs the children to leave activities and to form a line by the nearest exit.
- The adult(s) in the room gathers the roll book.
- The adult(s) in the room checks the toilet to ensure no child is in there.
- The children and adult(s) calmly proceed to leave the room, and the adult closes the door once everyone is outside.
- The group will calmly walk to Assembly Point A.
- At Assembly Point A, a roll call is done to ensure all children present on the day is present at the assembly point.
- The group wait until advised it is safe to return or further instructions.

Child Friendly Version:

Step 1: Line up together



Step 2: Walk calmly



Step 3: Stay at green 'A' sign



Step 4: Roll call and wait





COVID- 19

Policy & Response Plan

Standard Operating Procedure

For Sunshine Childcare Centre,

Northside Family Resource Centre

Covid-19 Policy and Response Plan

Content:

Introduction

Policy Statement

1. What is Coronavirus?

- The most common symptoms of Covid-19
- Symptoms in children
- Children with nasal cold symptoms
- Covid-19 Testing Update
- Self-Isolation
- Restricting movement

2. Actions taken prior to children and staff members returning to setting.

- Notification to Tusla

3. How to reduce the risk of transmission

- Hand Hygiene
- Respiratory Hygiene
- PPE- Disposable gloves/Aprons
- Face Masks
- Social Distancing

4. Measures to reduce the risk of transmission of Covid-19 in the setting.

- Play Pods
- Temperature Testing
- Physical Environment- Staff Areas
- Toys and Equipment
- Trips
- Food Provision
- Provision for sleep/rest
- Covid-19 Cleaning Schedules
- Cleaning of Toys

- Fire Evacuation
- Waste Management
- Ventilation
- Outdoor Play

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- Revised Drop off and Collection Procedures.
- Verification of Child's fitness to attend.
- Communication with Parents/Guardians

6. Childcare Staff

- Return to work protocol.
- Rosters
- Training
- Covid-19 Committee
- Meetings
- Staff Clothing

7. Children

- Return to Service Protocol

8. Visitors and Contractors

9. Incident Plan in event of suspected case of Covid-19

10. Return to service Process.

11. Vaccination

COVID-19 Policy and Response Plan

Sunshine Childcare Centre, Northside Family Resource Centre

Introduction

To create a safe workplace for all, it is the policy of the Northside Family Resource Centre to implement a plan that will enable all managers, supervisors, workers, service users and children to help contain the spread of Covid-19 in the workplace.

This Covid-19 Standard Operating Procedure has been compiled to provide a policy for the return-to-work activities and continued precautions for the current Covid-19 virus situation currently existing in the workplace.

The information contained in the Standard Operating Procedure has been extracted and interpreted from current guidance documents from some of the following sources:

- Northside Family Resource Centre Covid-19 Response Plan SOP
- HSE- Health Service Executive
- HSA- Health & Safety Authority of Ireland
- WHO- World Health Organisation
- Canavan Byrne Policy and Response Plan 2020

The policy is underpinned by the governments and the National Public Health Emergency Team (NEPHET) key recommendations to reduce the risk of transmission of the virus by good hand hygiene, good respiratory hygiene, social distancing and regular cleaning and disinfection.

The policy highlights the revised methods utilised for drop off and collection procedures, communication with parents/guardians during Covid-19, fire safety, risk assessments, staffing, waste management and play pods.

The Policy is:

- In addition, and complimentary to Regulation 23 Safeguarding, Health, Safety and Welfare of the Child of the Child Care Act 1991 (Early Years Services Regulations) 2016
- In addition to the Services' Infection Control Policy

- In addition to the Services' Risk Management Policy
- In addition to the Services' Staff Training Policy

Policy Statement

- The policy highlights Northside Family Resource Centre's ability to as much as possible put procedures in place to safely re-open our services for staff, parents, and children.
- The Centre will open based on the guidelines laid out by the government and NEPHET. This includes when the government may introduce restrictions which may require opening only for essential workers and vulnerable children therefore reducing the number of children and childcare staff in the setting at these instances.
- The policy will ensure that the service's policies and practices remain child-centered and that children's health and well-being are a primary concern. The importance of effective communication with staff, parents and children are also recognised within the policy.
- Provide childcare practitioners with a list of procedures to follow if they or another staff member develop symptoms.
- Northside Family Resource Centre/ Sunshine Childcare Centre will monitor the most up to date advice from the relevant bodies and revise the policy when/if required in line with the updates.
- A close contact tracing system is utilised daily in the setting. The importance of work pods/ room pods is essential for contact tracing.
- The setting will ensure that non-compliant personnel are not permitted to enter the workplace.
- The Northside Family Resource Centre's policy has been reviewed due to the Covid-19 pandemic. This Standard operating Procedure incorporates additional enhanced procedures in line with the services' standard infection control policy.

What is Coronavirus?

Covid-19 is a new illness that can affect your lungs and airways. It is caused by a new coronavirus (SARA-CoV-2) which is spread primarily through tiny droplets scattered from the mouth or nose of a person with the infection when they cough, sneeze, laugh or talk. To infect you, it must get from an infected person's nose or mouth into your

eyes, nose, or mouth. A person can also become infected from touching surfaces contaminated with the virus and then proceeding to touch their face (eyes, nose, mouth). It has been found that the Covid-19 virus may survive on some surfaces for several hours for example plastic or steel for up to 72 hours. **It can take up to 14 days for symptoms to appear.** It appears from the evidence that people with symptoms are most infectious in the early days after their symptoms appear. In some cases, an infected person may transmit the virus a day or two prior to their symptoms appearing and some people may be asymptomatic where they have no symptoms but be Covid-19 positive and can transmit the illness.

Anyone can get this illness; it was more prevalent at the outset with older people and people with underlying illnesses. However, new strains of the virus are emerging where people of any age are vulnerable, and the speed of transmission has increased.

The most common symptoms of Covid-19 are:

- Cough - this can be any kind of cough, usually dry but not always.
- Fever - high temperature equal to or greater than 38 degrees Celsius
- Shortness of Breath
- Breathing Difficulties
- Loss of sense of smell
- Loss of sense of taste or a distortion of sense of taste

Children

Children of all ages can become ill with Coronavirus (Covid-19). The evidence suggests they do not become as sick as often as adults; most children have mild or no symptoms. However, in some instances, children can get severely ill.

Symptoms in children

Advice from the Health Service Executive Website (www2.hse.ie) states that parents of children with the following symptoms should be advised to keep their children at home from the service and seek the advice of their GP.

The common symptoms of Covid-19 are:

- Fever equal to or greater than 38 degrees Celsius

- A new cough, shortness of breath or deterioration in an existing respiratory condition
- Loss of sense of smell, loss of sense of taste or a change in terms of sense of taste or smell (where children can express or describe these symptoms)

Children with the above symptoms are likely to be referred for COVID-19 testing and will be advised to stay at home and self-isolate until test results are known.

Other symptoms not commonly associated with Covid-19 Include:

- Sore Throat
- Headaches
- Feeling sick or vomiting or diarrhoea

These are unlikely to be the sole symptoms, however a child may require testing if they occur with a fever.

According to the Health Service Executive, if a child has any of the above (**other**) symptoms, they should remain at home for 48 hours, **NOT** come to the setting/school or if they begin portraying these symptoms in the setting, they will be sent home to be observed.

After 48 hours, the child can return to the setting if:

- Their symptoms **DO NOT** get worse.
- They do **NOT** develop new symptoms.
- They have **NOT** had any medication i.e., Ibuprofen during the 48 hours- as this may hide a fever/high temperature.
- No one else in the household is ill or has tested positive for Covid-19.

If a child is sent for a test, the whole household must restrict movements until the results of the test are known.

If the test is returned positive, the child must self-isolate for a minimum of 14 days from the onset of the symptoms, the last 5 days of which should be without fever.

If COVID-19 is not detected the child must self-isolate until 48 hours after the resolution of symptoms.

Children with nasal cold symptoms

The Health Protection Surveillance Centre provide information on when children from 3 months to 13 years can attend their school and Early Years' Service.

- A child with nasal cold symptoms (runny nose or sneezing) can continue to attend their Early Years setting, provided:
 - The child is otherwise well and active,
 - The child has no new cough or temperature.
 - There is no other person in the child's household with a suspected or confirmed case of COVID-19.

The HSE Executive have stated that a runny nose or sneezing on their own are more likely to be symptoms of a cold or other viral infection.

COVID-19 Testing update

- Routine testing of asymptomatic children and staff and children and staff who have not been identified as COVID-19 contacts is not recommended by the HPSC.
- If a staff member or parent of child is concerned that they may have symptoms of COVID-19, they should self- isolate and telephone their doctor for advice.
- If a staff member or a child is referred by their GP for a COVID -19 test they should **self- isolate** until they get their test results.
- A child/staff member will usually need a test if they have:
 - Been in close contact with someone who has the virus.
 - Have common Symptoms of Covid-19.
 - Been in contact with someone who has symptoms.

Self- Isolation

If a child or staff member is portraying symptoms or require a test, they need to **self-isolate**. Self-isolation means staying indoors and completely avoiding contact with other people. This includes other people in your own household, as much as possible. The Health Service Executive recommends that if you live with people, stay on your own in a room with a window you can open.

Self -isolate:

- If you have symptoms of Covid-19

- While awaiting your test and test results
- If you have a positive test result of Covid-19
- If you have arrived from abroad particularly Brazil, Great Britain or South Africa where new strains of the virus are emerging.

Restricting movement means avoiding contact with other people and social situations as much as possible.

The Health Service Executive state that a person must restrict their movements for 14 days if they:

- Are a close contact of a confirmed case. This involves restricting your movements from the last date you were in contact with that person. If your test returns negative, still restrict movements as it can take up to 14 days for the virus to show in your system after being exposed to it.
- Live with someone who has symptoms, but you feel well.
- Arrive in Ireland from another country.

To ensure safety prior to staff and children returning to the setting:

- All staff of Sunshine Childcare Centre must undertake a Covid-19 screening form to ensure they are fit to return to their position and have kept their contacts low (Bubble) as per government guidelines.
- Prior to commencing, all parents of children attending Sunshine Childcare Centre are contacted and a Covid-19 screening form is undertaken to ensure each member of the household is in good health and the children are fit to return to their room safely and the household have kept contacts low as per government guidelines.
- It is explained to parents the policy regarding travel outside the country during Covid-19 restrictions. If a member of the household travels abroad then the children in the household **MUST** remain out from school for the isolation period of 14 days and to only return if not portraying any symptoms. A letter outlining same is also distributed to each parent.

Notification to Tusla

COVID-19 is a notifiable disease, and an incident must be notified **within 3 working days of the Service** becoming aware of a notifiable incident. A Notification Form for

COVID-19 has been developed by Tusla which must be submitted in the event of a positive case/outbreak within the childcare setting.

How to reduce the risk of transmission

Hand hygiene

Sunshine Childcare Centre will adhere to the following protocol in terms of hand washing:

We will wash our hands frequently with soap and water. Water will be controlled to 43 degrees C. Alcohol-based hand rub (minimum 60% alcohol) can be utilised if hands are not visibly dirty for 40-60 seconds in line with the WHO and HSE recommendations. The childcare practitioners will support children with good hand hygiene through modelling, child friendly posters, activities, and games.

- Several staff have undertaken the FETAC Level 5 Infection Control Course and at least one member of staff who is based in a pod has undertaken this course to ensure infection control procedures are in place and being adhered to, particularly the area of Hand Hygiene.
- Adequate supplies of liquid soap, hand gel or rub and disposable paper towels are available for all staff and children. Hand gels for staff, parents or visitors to the centre are kept out of children's reach.
- There are an adequate number of hand wash basins located in each pod and in the outdoor pre-school/environment to ensure hand washing occurs with liquid soap and warm running water for the children and staff.
- Staff and children will be encouraged to avoid touching their eyes, their mouth or nose with their hands.

a. Children's hands must be washed:

- When they arrive at the Service and before they go home
- Before eating and drinking
- After using the toilet
- After playing outside
- After sneezing or coughing into their hands
- Whenever hands are visibly dirty
- Before and after undertaking various activities i.e., painting, sensory play etc.

b. Staff must wash their hands:

- When they arrive at the Service and before they go home
- After coughing and sneezing
- Before handling food, or feeding children
- Before and after their own breaks/lunches.
- Before and after giving or applying medication or ointment/sun cream to a child
- After changing nappies, when assisting a child to use the toilet.
- After using the toilet.
- After caring for babies or children who are teething or dribbling.
- After caring for babies and young children who require close physical contact and comfort, where contact points such as the neck or arms may become contaminated with secretions or mucous, these should be washed immediately.
- If staff move from one room to another room for example moving from their pod to the office.
- If staff are coming from inside to outside areas for example returning from a break outside.
- Staff involved in bringing children in from the gated area to their pods must rigidly adhere to hand hygiene techniques especially in the case where they may need to lift a child. Staff at drop off and collection also receive packages from parents i.e., Nappies/wipes which are stored for a period of 48 hours before being given to the rooms/pods. Parents are aware of the requirements to bring in items in advance.
- After contact with bodily fluids.
- After cleaning tasks
- After removing gloves
- After handling rubbish
- Whenever hands are visibly dirty
- If in contact with someone who is displaying any COVID-19 symptoms
- Before and after being on public transport [if using it] when coming to work
- Before having a cigarette or vaping.

Hand-drying

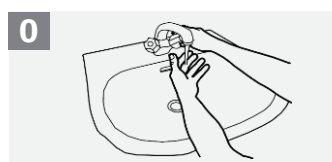
Disposable single use papers towels will be used for hand-drying and are available in each bathroom and readily available to staff and children in each room.

Reusable towels are not utilised in the setting. Microfibre cloths are permitted for single use only, must be colour coded for their particular use and laundered at a temperature of sixty degrees or above.

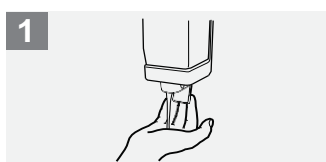
How to Handwash?

WASH HANDS WHEN VISIBLY SOILED! OTHERWISE, USE HANDRUB

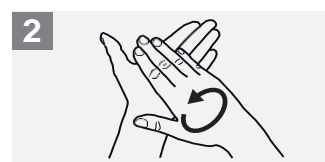
 **Duration of the entire procedure: 40-60 seconds**



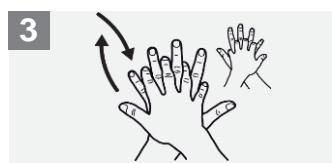
Wet hands with water;



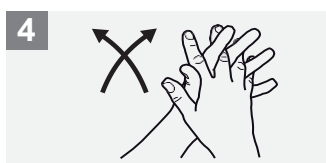
Apply enough soap to cover all hand surfaces;



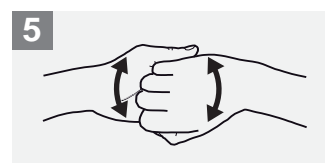
Rub hands palm to palm;



Right palm over left dorsum with interlaced fingers and vice versa;



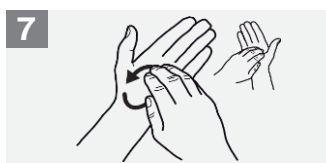
Palm to palm with fingers interlaced;



Backs of fingers to opposing palms with fingers interlocked;



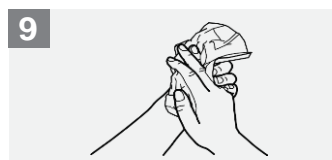
Rotational rubbing of left thumb clasped in right palm and vice versa;



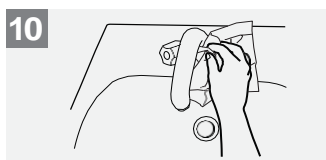
Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;



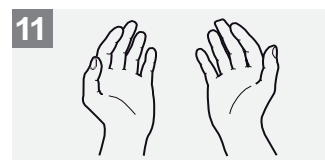
Rinse hands with water;



Dry hands thoroughly with a single use towel;



Use towel to turn off faucet;



Your hands are now safe.



How to Handrub?

RUB HANDS FOR HAND HYGIENE! WASH HANDS WHEN VISIBLY SOILED



Duration of the entire procedure: 40-60 seconds

1a



Apply a palmful of the product in a cupped hand, covering all surfaces;

1b

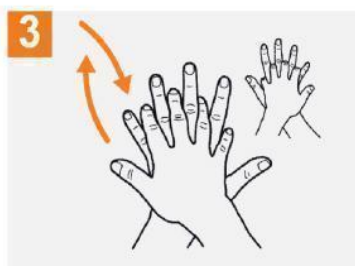


2



Rub hands palm to palm;

3



Right palm over left dorsum with interlaced fingers and vice versa;

4



Palm to palm with fingers interlaced;

5



Backs of fingers to opposing palms with fingers interlocked;

6



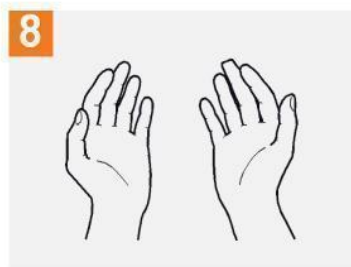
Rotational rubbing of left thumb clasped in right palm and vice versa;

7



Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;

8



Once dry, your hands are safe.



Coronavirus
COVID-19

HE

Sunshine Childcare Centre promotes good respiratory hygiene practice and respiratory hygiene.

- When coughing and sneezing, cover your mouth and nose with flexed elbow or tissue. Tissues are readily accessible throughout the service.
- Tissues are to be discarded immediately into a closed lidded pedal bin provided in each of the rooms and in the outdoor area providing easy disposal of used tissues.
- Wash your hands immediately after coughing or sneezing.

Personal Protective Equipment (PPE)

The service will supply good quality PPE for use by staff. The childcare department must identify what PPE is required and ensure there is a sufficient supply available. All childcare staff must complete the assigned training for the correct use, removal, and disposal of PPE.

Disposable gloves/Aprons

Disposable single use plastic aprons and non-powdered, non-permeable gloves are provided and readily available for use during activities such as nappy changing and when there is a risk of contact with bodily fluids. In the service, disposable gloves will not be utilised in place of washing hands. The virus can get on gloves in the same manner it gets on hands, therefore disposable gloves can give a false sense of security.

Face Masks

The National Public Health Emergency Team recommends the use of cloth face coverings advising that this guidance is applicable in childcare settings where it **does not pose a barrier to care** and where the 2 meters social distance cannot be maintained. Staff members if they wish may use a face covering.

Northside Family Resource Centre advocates the use of face coverings during lockdown/level 5 restrictions in the pods to protect the children, other staff, parents, and themselves. Visors are not recommended as the Health Service Executive has stated that face coverings or masks are superior to visors as a measure for preventing the transmission of Covid-19. Visors should only be worn if you have an illness or impairment that makes wearing a face covering difficult.

Medical/surgical/disposable masks are provided by Northside Family Resource Centre in each room/pod. The masks are manufactured to a recognised standard and

are resistant to droplets of fluids and splashes. Masks must be utilised correctly by ensuring they cover the nose and mouth, and it is recommended they are changed at least every three hours and discarded safely in a designated PPE lidded pedal bin.

Masks are to be worn prior to entering the building, upon moving around the building, in offices where desks must be 2 metres apart and are wall facing.

Masks during Covid-19 lesser restrictions can be worn if staff wish to do so in the pods. When leaving their pods, face coverings/masks **must be worn**, walking through the internal area, going to the bathroom, moving around the building, going to the canteen; masks must be worn to protect yourself and colleagues. Cloth face Coverings are the type most people should wear in public settings and should have at least two layers of fabric.

Social distancing

- Social distancing is a set of interventions or measures taken to prevent the spread of Covid-19 by maintaining a physical distance between people and reducing the number of times people come into close contact with each other.
- The service advocates that all staff must adhere to social distancing measures where possible of 2 metres as recommended by the HSE.
- The service recognises that it is not possible for staff to observe physical distancing when caring for young children within their pod as it is vital to ensure their well-being and care needs are met.

Play Pods

- Northside Family Resource Centre, Sunshine Childcare Centre will implement the Department of Children and Youth Affairs recommendation to organise children and staff into 'play pods'.
- The 'play/room pods' aim to limit the number of people a child and a staff member have contact with which in turn aids in facilitating contact tracing if required.
- The Child Care Act 1991 (Early Years' Service) Regulations 2016 outline the adult-child ratios and space requirements for different age groups in each service and these will not change under the pod system.

- Sunshine Childcare Centre have created Seven Pods, all adhering to ratios with each room having a staff member who aids in ensuring maximum infection control takes place within the pods.

Play Pod Formation

POD 1 - Baby Room - The Busy Bees - 12 Children in total

7 attending the morning session (3 Full Time)

8 attending the afternoon session.

3 Staff

POD 2 - Toddler Room - The Happy Hoppers - 13 Children in total

10 attending the morning session (7 Full Time)

10 attending the afternoon session.

3 Staff

POD 3 – Playgroup - The Tiny Turtles - 19 Children in total

12 attending the morning session (5 Full Time)

12 attending the afternoon session.

POD 4 - Preschool 1 - The Sun Room - 24 Children in total

19 attending the morning session (12 Full Time)

17 attending the afternoon session.

5 Staff

POD 5 - Preschool 2 ECCE - The Star Room - 14 Children in attendance

3 Staff

Pod 6 - Preschool 3 ECCE - The Willow Garden - 20 Children in total

16 attending the morning session-Outdoor Preschool (12 Full Time)

16 attending the afternoon session.

4 Staff

POD 7 - After-schools - The Den - 15 Children in attendance

3 Staff

- There will be no contact between two or more play pods as far as possible, the rooms will have their own space and equipment specific to their room. Each play pod has their own outdoor area, and the pods can utilise the large outdoor garden at times specific to them; the area and equipment must be cleaned before the next pod comes out. The internal play area has dedicated days allocated per room to ensure the pods are not mixing. In this manner, the service is hoping this will help to ensure that in the case of a confirmed COVID-19 case, only one play pod is affected, and the service can continue following disinfection, cleaning etc. **Any decisions to close any part of the service will only be made in consultation with local public health staff.**
- The service will structure the play pods to have an adequate number of staff in the pod to ensure the staff in the pods can cover their own breaks therefore eliminating the need for other adults to enter the pod.
- If a staff member is absent and cover is required, as far as possible, an allocated person will cover the break, washing their hands, on entrance and exit of the pod and wearing PPE (mask & apron). A record should be kept regarding staff cover and the amount of time in the pod should be kept to a minimum.
- Each room has their own entrance through the internal play area, however during Covid-19, the children will enter through the back garden entrances to their pods so there is no crossing over of children into each other's pods.
- The children enter through the large side gates and designated staff wearing appropriate PPE meet them and their parents at the gate and bring them down to their pods.
- A record/role will be retained of the people (children and staff) in each pod on each day to facilitate contact tracing, particularly if staff had to cover an absence or break throughout the day. The record of children attending will remain unchanged throughout the year as for safety reasons children will not be moving between the pods throughout the year.
- It is recommended that staff do not kiss children.

Temperature testing

- All Staff upon arrival at the setting will have their temperature recorded at reception. It is a forehead thermometer linked to the reception computer which records staff temperature.
- Parental permission has been sought to take their child's temperature when they attend. The child's temperature will be recorded by their pod teacher upon arrival to their pod and recorded.
- Thermometers are available in each pod.

Physical environment

- The premises were cleaned thoroughly both indoor and outdoor prior to the service re-opening, including all toys and equipment and is cleaned thoroughly daily.
- The service will ventilate the environment as much as possible through opening windows etc.
- The service will use the outdoor space as much as possible. Each pod has their own individual garden area outside that can be utilised at any time by the pod and is separated from the other pods and larger garden area. The larger garden area can be utilised by each pod individually provided is cleaned after use in preparation for the next pod.
- Child friendly signage will be displayed such as physical distance markings in communal areas and at drop and collection points to encourage social distancing of parents and children at the drop off and collection point.
- The Service does not advocate staff dropping children to parents' cars in the car park for Health and Safety reasons.
- Children's personal items (e.g., clothing and bags) will be separately stored for each child. The items will be stored in lidded storage boxes in each pods' room so only the staff in the pod have access to the items. Each child's belongings will be stored in their own individual container, labelled and for their use only.

Physical environment – staff areas

- All offices should have access limited primarily to office staff assigned to that office. If childcare staff must complete administrative, filing or reporting tasks,

they may utilise the office once social distancing can be maintained, and equipment utilised is cleaned before and after use.

- Each office has a limited number of staff allocated and the doors of each office display the number permitted in the office at any one time. The Childcare office provides space for two staff with desks wall facing and 2 metre spacing apart and staff must wear masks in the office.
- The counselling room, boards rooms in the setting have transparent Perspex partitions available allowing for social distancing for sessions and staff/team leader meetings. Where possible meetings are conducted online through Microsoft Teams to avoid pods from offices mixing.
- All desk-based staff have their own equipment, keyboard, mouse, headset and stationary as required. The setting provides cleaning equipment, sanitizer sprays and electronic equipment is cleaned with an alcohol spray after each use.
- The staff room is utilised by childcare staff only, breaks for staff are staggered as much as possible. The canteen is limited in numbers with distance markers on the floor for chairs to ensure the 2-metre social distancing is in place in the canteen.
- Staff are responsible for cleaning and disinfecting their tables and chairs after use for the next person.

Toys and equipment

- The toys utilised in the pods are those that can be easily cleaned, disinfected (where necessary) and dried daily.
- The pod room does not change therefore the children in the pods can utilise all the toys available in the room once cleaned and disinfected after each use. Individual toys such as playdough, gloop, sensory activities, will be discarded immediately after use.
- The service has cleaned all the dress up clothes and soft toys and each room is allocated their assortment of dress up clothes and dolls. The dress up clothes and soft toys must be washed daily before reuse.
- The service will limit food preparation activities where children take turns in preparing and later eating the food.

- Toys, jigsaws, and puzzles used by babies and young children, which have been placed in their mouths, will need to be capable of being washed before reuse by another child in their play pod.
- Sand and water play must not be shared across the play pods.
 - If a child requires a soother, comforter, blanket, parents are asked to bring them in prior to their child starting in the centre and they will remain in their child's pod in their own individual container/storage box, cleaned daily.
- Individual mouthing toys used for children who are teething will be brought in from home and only used if required. Staff will ensure that these items are not transferred between children.
- These items and any items which the children place in their mouth must be sterilised in accordance with manufacturer's guidance. A record of cleaning and disinfection and sterilization of equipment will be kept.

Trips

- Sunshine Childcare Centre have recommended that trips to nearby parks and amenities are to be deferred for now due to the transmission numbers and to ensure the safety of the children and staff in the centre.
- Trips will recommence once it is deemed safer to do so.

Food provision

- Sunshine Childcare Centre catering staff will not be moving between rooms. Food will be brought to the individual pod rooms door by the catering staff on their individual trolleys and left outside the door at designated times.
- The staff in the room will collect the trolley and the dinner/snacks will be served by the staff members working in the pod. Each pod has their own individual-coloured dishes and cups to avoid cross contamination.
- Parents have been notified and asked not to bring food into the centre. Allergies/religious factors for each child if applicable are documented in each pod and with the Kitchen staff so they are aware of individual requirements for the menu.

Sleep/rest

- Sleeping cots will be arranged as normal so that there is a physical distance of 50 cm between cots. The service has divided the cot room with a physical barrier, so the baby and toddler rooms have their own individual sleep rooms so there is no crossing over of pods for sleeping.
- The service provides as much as possible a cot for each child requiring sleep with their name placed on the cot. The bed linen is removed and washed after each use.
- A sleep bed is available for each room and each room has access to additional sleep beds if required. Each sleep bed is cleaned/sanitized after each use.
- Where children cannot be provided with their own named cot, children can use the same cot at different times subject to strict infection control practices being undertaken between use.
- Staff must take care removing and laundering of soiled linen from the cots and beds. All laundry is to be washed at the highest temperature that the fabric can tolerate.
- The clean linen is stored in the laundry room after cleaning.

COVID-19 Cleaning Schedules

Enhanced cleaning schedules are utilised which specify:

- The areas to be cleaned, particularly frequently touched surfaces, e.g., light switches, door handles, taps, toilet flush handles, tables etc
- The method of cleaning, frequency of cleaning, and the cleaning product to be utilised. The cleaning products must be utilised following the manufacturers guidelines.
- Each room or pod will have an adequate supply of cleaning agents stored safely in the pod. The service will ensure that there are adequate supplies of cleaning agents, liquid soap, hand gel/rub, paper hand towels etc available to the staff in each pod. For safety only designated staff may enter the storeroom for supplies.
- The cleaning schedules are adhered to and signed off on daily after the activity has been completed.
- A cleaner comes later in the evening and cleans the rooms thoroughly, fogging and buffing each pod.

Cleaning of Toys

- All toys will be cleaned on a regular basis, for example after each use where possible or at the end of the day as the toys will only be utilised by that pod.
- Toys that are used by very young children will be washed daily.
- Toys that children put in their mouths will be washed after use.
- All toys that are visibly dirty or contaminated with body fluids must be taken out of use immediately for cleaning or disposal. Toys waiting to be cleaned must be stored separately.
- Toys will be washed in warm soapy water and rinsed in clean water. Toys that cannot be placed in water should be wiped with a damp cloth and dried. Hard plastic toys may be suitable to be cleaned in a dishwasher.
- Some toys may need to be disinfected after cleaning.

Fire Evacuation

- Fire drills are completed monthly or when required in the Childcare Centre. The service advocates that each room/pod perform a fire drill monthly but only one pod at a time to undertake their drill at a time. This is to familiarise the children with the fire exits and method of exiting the building safely. The staff when undergoing the fire drill are to bring their roll books, exit via the back entrance of the room to the large back gate which leads to a designated meeting point in the car park. The staff are to make management aware they are undertaking the drill with their pod so a member of childcare management can attend and make a record of the drills.
- The drills are to be undertaken at different times of the day and week to ensure all children attending experience a fire drill.
- If a large evacuation must occur (Alarm has gone off) then the pods must each follow their fire drill routine while adhering to social distancing as much as possible at the assembly point.

Waste Management

- All personal waste, including used tissues and all cleaning waste, should be placed in a plastic rubbish bag, and tied when it is almost full.

- The bag should be left at a safe designated area to be placed in suitable large outdoor bins or staff at the close of day can submit the rubbish to the designated bins.
- Foot-operated pedal bins are available in all rooms and accessible to staff and children.
- In the event of a suspected case or confirmed case of COVID-19 occurring at the service, the service will ensure that there is a supply of refuse bags readily available for the double bagging and disposal of the contaminated waste.
- The service has assigned a designated area for the storage of possible contaminated COVID-19 waste **for 3 days**. The area is the shed/an indoor covered area at the rear of the building away from normal waste.

Ventilation

- Rooms will be kept well ventilated. The staff in the rooms will ensure the windows are opened throughout the day to ensure an adequate circulation of air. Children have access to the outdoor environment for air and the doors can be opened throughout the day as each back door leads to an enclosed garden area for each pod.
- The childcare Office utilises an air purifying system throughout the day to ensure adequate circulation of air as the office is utilised by two members of management.

Outdoor Play

- The service will encourage and advocate the use of the outdoor and outdoor activities as much as possible. Outdoor times to the large garden area will be staggered; the garden area is utilised by the outdoor preschool in the mornings and the area and equipment are cleaned after use.
- A garden timetable is created for afternoon use by the pods. Each pod is allocated a specific time for their room to utilise the large outdoor area with time afterwards for a staff member to clean the area and equipment used by the group before the next pod comes out.

The service has created to ensure the safety of the pods:

- sheltered outdoor areas.
- easy and safe access to the outdoors for the children
- safe access to toilets
- outdoor hand washing areas.
- access to tissues and pedal disposable bins

Parents

Revised Drop off and Collection Procedures.

The service in as far as possible want to minimize the number of contacts that parents, and children have with others. Parents are requested to adhere as much as possible to their child's drop off and collection times.

- Children are dropped off and collected via the large outdoor gates leading to the back entrances of each pod. 2-meter markings on the ground outside the service are to encourage parents with their children to socially distance at drop off and collection times.
- Times for dropping off and collection are initially staggered to allow for less congregation of parents at the gate. Sunshine Childcare Centre opens at 8.30 so fulltime children can begin at this time, others are allocated times of 8.45 and 9.00 and the ECCE pod are allocated their time of 9.00. Children coming for the afternoon are allocated times of 1.30 and 1.45.
- Collection is also staggered, those leaving at 12.00, 12.30, 1.30, 5.00 and 5.30.
- The children and parents will be met by designated staff at drop off and collection times so there is limited changeover of staff. The staff will bring the children to their room pods and provide feedback to staff and parents.
- The service requests that only one person drops and collects to limit gathering at the gate. Only those permitted to collect may do so, and those collecting must be well with no symptoms of Covid-19 and not a close contact of a confirmed or suspected case.
- Parents are requested to wear masks upon drop off and collection times. This is for the safety of all and it is explained to parents if they do not wear masks and staff are feeling uncomfortable then we may be unable to take their child that day.
- Buggies, car seats, bikes etc are not to be left on the premises by parents.

Verification of Child's Fitness to attend

When the child is dropped to the service, the parents/guardians will be asked the following questions:

- Has the child been ill in the last 24 hours?
- Has the child had anti-febrile medication in the last 24 hours?
- Has the child had a temperature in the last 24 hours?

The designated staff at the collection point will admit the child only if the staff member is satisfied with the answers to the above questions. This information will be passed onto the child's teachers and logged particularly if they received medication for any reason i.e., if teething.

Communication with parents/guardians

Prior to the children returning, the service will contact the parents/guardians:

- Enrolment forms will be updated to note changes in contactable phone numbers.
- Parents will be asked via telephone to complete the covid-19 screening form.
- The Covid-19 screening form ascertains the health of everyone in the child's household and ensures all are well for the child to come to school.
- It is emphasised to parents about travel restrictions and if anyone in the household travels abroad for whatever reason then their child will have to isolate from the service for 14 days. A letter explaining this procedure is provided to each parent/guardian.
- Management/staff upon contacting parents will explain the revised Covid-19 procedures, the new drop off and collection procedures, the importance of social distancing and communicating with the service.
- The service will explain the concept of the 'play pod' to parents and address any concerns or queries parents may have.
- The service will emphasize the importance of their child **only attending the service if they are well and with no symptoms of COVID-19.**
- The service will ensure that parents will have as much communication as possible with staff in their children's pods via telephone or when possible and safe to do so face to face. Parents can contact the centre at any time through methods that are suitable whether via telephone or e mail. Newsletters from each pod are created

and distributed to parents monthly to update them on the actions taking place in the room and what themes are being undertaken.

Childcare Staff

Return to work protocol.

- Prior to returning to work all staff must complete a Covid-19 screening form. This form should seek confirmation that the staff member to the best of their knowledge has no symptoms of COVID-19 and are fit to return to work and have limited their contacts to their social bubble as per government guidelines.
- If a staff member is identified as being in the “at risk or vulnerable category”, the Service will carry out a **risk assessment** with the staff member to identify what controls can be put in place to support the staff member’s safe return to work.

After returning to work

- If a staff member becomes unwell, displaying any of the symptoms of the coronavirus, the service will ascertain they need to stay at home, contact their GP and seek their guidance on referral for coronavirus testing.
- If referred for testing the staff member should stay at home and self-isolate until the test result is known.
- Any staff member who tests positive for COVID-19 should self-isolate at home for a minimum of 14 days from the onset of the symptoms, and the last 5 days of which should be without a fever.
- Staff members with symptoms of respiratory infections but do not test positive for Covid-19 should stay at home until 48 hours after the resolution of symptoms and can then safely return to the service. Upon return to the service staff will undertake a **return-to-work meeting** with their manager to ascertain their fitness to return.
- If a staff member is absent from work for any period e.g., annual leave then prior to return they must undertake a Covid- 19 screening form.
- Staff must inform their employer if planning on going abroad. The service may not accommodate the travel plans as travel restrictions are in place and staff will

have to restrict their movements upon their return for 14 days. Staff must adhere to all public health travel restrictions.

Rosters

Childcare management prior to returning to the service and when any updates will notify them of any changes relating to:

- New staff rosters according to pods. To ensure children were comfortable and secure returning to the service after the closure, a staff member from their previous room would move pods therefore there was some movement.
- Starting and finish times changed as opening and closing times altered during this period. The centre opening hours are now 8.30-5.30. To accommodate staggered, drop off and collection times, staff times in the pods are also staggered.
- Each pod is adhering to recognised staff and children ratios as set out in the Child Care Act 1991 [Early Years Services] Regulations 2016 so there is an additional staff member in each pod to ensure staff breaks are covered and staggered as much as possible.

Staff training

COVID-19 staff induction training

Prior to returning to work all staff will have specific Covid-19 Induction training and a record of this training will be maintained. The training will discuss:

- Covid-19 including symptoms, modes of transmission and how to reduce the risk of transmission of Covid-19.
- Revised policies such as infection control, risk management
- The Service's Covid-19 Incident Plan on the actions to be taken if a staff member or child is suspected as having or tests positive for Covid-19, where the Isolation room is and who will undertake activities during these incidences.
- The revised procedures for drop off and collection of children.
- The revised and enhanced procedures for cleaning
- The importance of the pods and ensuring the service remains as child centred as possible.
- How to use personal protective equipment in the event of a child or another staff member becoming unwell.

COVID-19 Committee/Co-Ordinator

Northside Family Resource Centre have established a Covid-19 Compliance Committee consisting of 7 members from various departments including 2 members of childcare management from Sunshine Childcare Centre and the Childcare Manager from King's Island Community Creche. The committee meet weekly, and the members/Covid- 19 Compliance Co-Ordinators have several roles and responsibilities including:

- Being aware of the signs, symptoms, transmission of Covid-19 and how to prevent the spread.
- Being familiar with what to do if a staff member or a child develops symptoms while in the service.
- Ensure staff complete relevant Covid-19 forms and ensure that contact tracing systems are complied with.
- Being familiar with all the Covid-19 measures in place in the service, therefore being able to monitor compliance in the workplace and ensure social distancing is being adhered to as much as possible.
- Keeping up to date with government and HSE advice on Covid-19
- Committee members ensure procedures are being adhered to in terms of hand hygiene, respiratory etiquette and any concerns raised by staff are brought to the Covid-19 Committee.
- Being available to staff for any concerns they may have.

Meetings

- Meetings will be conducted as much as possible using online remote means such as Zoom and Microsoft Teams. Where face to face meetings are necessary the length of the meeting should be kept to a minimum and the participants must always maintain social distancing of 2 meters.
- Staff members must not gather in groups in the service or on arrival or when leaving.

Staff clothing

- The service will recommend that staff wear a clean uniform each day and, at the end of the day, that staff go home, shower and put uniform or work clothes in the wash immediately at a temperature of 60°
- It is recommended that staff have some additional clean clothing in the service or stored in their car e.g.in case of spillages.

Children

Return to the service Protocol.

- Before returning to the service parents will be asked to complete a Covid-19 screening form for their child.
- If a child has a medical condition or is in an at-risk category, parents will be advised to discuss any concerns that they may have about their child returning to childcare with their child's doctor and feedback any relevant information regarding their child's care while attending the service to childcare management.

After returning to the service

Exclusion from Service:

Parents should not send their child to the service if:

- They have a temperature of 38 degrees or above.
- Any other common symptoms of coronavirus such as new cough, loss or changed sense of taste or smell and shortness of breath.
- Been in contact with someone who has tested positive.
- Been living with someone who is unwell and may have coronavirus. The parent should phone the GP and they will advise if the child needs a test.
- If referred for testing the child should stay at home and self-isolate until the test result is known.

- Any child who tests positive for COVID-19 must self-isolate for a minimum of 14 days from the onset of the symptoms, the last 5 days of which should be without fever.
- Any child who is a close contact of a person who has or is suspected to have Covid-19 should restrict their movements for 14 days even though the child feels well but it is possible that they are also infected as it can take 2 – 14 days to show symptoms. They should only return to the service after this 14-day restricted movement period has been completed. Prior to their return, parents will be asked to conduct a covid-19 screening form via telephone to ensure the child is fit to return to the service.
- Parents/guardians/children must adhere to all public health travel restrictions that are in place e.g., restricted movement for 14 days on return from travel abroad.

Visitors and contractors

- Where at all possible, the service will limit access to the service to staff and children only.
- Visitors will only be permitted to enter the childcare service on essential business, for example a professional attending to observe a child, essential maintenance work. They will undertake a temperature check and a Covid-19 Visitors screening form.
- Shopping will be delivered outside the reception area and designated staff will take the shopping. Deliveries for the main kitchen will be left at a designated point outside the kitchen area and designated staff will collect the delivery.
- Visitors will utilise a visitor fob which will restrict their movement around the centre and allow for contact tracing if required.

The incident plan where a child or staff member has or is suspected of having Covid-19 while attending the service.

The following incident plan will be utilised by Northside Family Resource Centre, Sunshine Childcare Centre, to safely manage a situation if a staff member or child becomes unwell while in the centre, presenting with symptoms of Covid-19:

- The Service has appointed COVID-19 representatives (Alison Dore & Aisling Ryan-Childcare Department)
- The Service has identified **the family room located in the courtyard** as the designated isolation room or area in the Service and the route to the isolation area is known by all staff in the service.
- If a staff member or child is unwell with Covid-19 symptoms, then the person should go to the isolation room. The window in the room should be opened for ventilation. The staff member should wear a face mask to prevent contamination of the area. The room must be sealed after use for a period (up to 72 hours) and sanitised afterwards.
- A designated person, member of the covid-19 committee, who is a first aid responder will accompany the unwell staff member to the isolation room-
- The staff member who is unwell must contact their doctor and outline their symptoms-
- On advice from their doctor, the unwell staff member will return home awaiting a test date-
- A risk assessment of the setting will be undertaken by the HSE after they have been contacted and the service will follow the guidelines issued by the HSE-
- If a child must go to the Isolation room if portraying symptoms/unwell, a staff member from their pod who is a first aid responder will bring them to the isolation room and remain with them until the parents are contacted and arrive to collect-
- The room will be sealed afterwards and sanitized after use by a designated person-
- The staff member accompanying the child must wear PPE.
- Toys designated to the Isolation room must be available for the child to ensure they feel comfortable, safe, and secure. The parents on arrival are asked to contact their doctor and outline their child's symptoms. The child must remain out until a test is completed if required and all symptoms are gone for at least 48 hours.
- Management will ensure that the isolation room contains Personal Protective Equipment i.e., disposable aprons, gloves, face masks; tissues, hand sanitizer, disinfectant, dedicated pedal bin to dispose of any waste material. The room will have a clear and accessible route and have disability access.

Return to Service Process

- In the event of a staff member/child being a suspected/confirmed case of Covid-19 or a known close contact with a confirmed or suspected case then the staff member/child may only return to the service if deemed fit to do so and are symptom free
- 1) 14 days since their last 'close contact' with a confirmed/suspected case and have not developed symptoms in that time or
- 2) 14 days since the onset of the symptoms and 5 days since their last symptom/fever (high temperature) or
- 3) Have been advised by their GP they can return to the service.

STAFF - If a staff member becomes unwell and presents as a suspected case of COVID-19 while at work in the Service

The staff member will be accompanied to the isolation area via the isolation route by a designated person so as to reduce the risk of transmission to children and staff in other 'play pods'. The accompanying staff member must maintain a distance of at least 2 meters from the staff member who is unwell.

Provide a mask for the staff member, tissues if required, and to use the dedicated waste bin, as necessary.

The staff member should be advised not to touch surfaces, people, or any objects.

Assess whether the unwell staff member can immediately be asked to go home and contact their GP. This assessment may include temperature testing.

Arrange transport home or to hospital for medical assessment if necessary. Public transport of any kind should not be used.

If the staff member tests positive for COVID-19 they should self-isolate at home for a minimum of 10 days from the onset of the symptoms, and the last 5 days of which should be without a fever.

Inform (as appropriate to your service) the manager, infection control officer, COVID-19 lead staff representative as soon as possible.

Carry out an assessment of the incident which will form any part of follow-up actions.

Arrange for appropriate cleaning and disinfection of the isolation area or any other area.

FOLLOW-UP: If COVID-19 is confirmed the Service will notify Tusla.

CHILD - If a child becomes unwell and presents as a suspected case of COVID-19 while at the Service

The child should be brought to the isolation area via the isolation route by a designated person so as to reduce the risk of transmission to children and staff in other 'play pods'. The staff member should keep at least 2 meters apart from the child if possible.

Where a child is unable to walk or is too young to walk to the isolation area, staff member will wear protective equipment, i.e., disposable apron, gloves, and face mask, and carry the child to the isolation area using the Service's isolation route.

It is not recommended that children under 13 years of age wear a face mask. Provide tissues if required and use the dedicated waste bin, as necessary.

The staff member caring for the child in isolation can wear personal protective equipment, i.e., face mask, disposable apron, and gloves.

The child should be encouraged not to touch surfaces, people, or any objects.

Contact the child's parents immediately and ask them to collect the child and to contact their GP. Public transport of any kind should not be used.

If the child tests positive for COVID-19 they should self-isolate at home for 10 days from the onset of the symptoms, and the last 5 days of which should be without a fever.

Inform (as appropriate to your service) the manager, infection control officer, COVID-19 lead staff representative/ Covid-19 Committee as soon as possible.

Carry out an assessment of the incident which will form part of follow-up actions.

Arrange for appropriate cleaning and disinfection of the isolation area or any other area.

FOLLOW-UP: If COVID-19 is confirmed the Service will notify Tusla.

Vaccination

Vaccinations are being undertaken at present for Covid-19. A timetable for the vaccination of Ireland is available with Childcare Practitioners on the list. Children attending the service must have received their vaccinations before attending, therefore if the government recommends that children must be vaccinated within a period of time parents must ensure their children receive their Covid-19 vaccine in order to attend the service.

This policy has been reviewed considering the COVID-19 pandemic and in accordance with HPSC and Tusla's Early Years Inspectorate Guidance and Information on how to operate as safely as possible at this time.



Covid-19 Standard Operating Procedure

School Aged Childcare-Afterschool

School Aged Childcare

- The ratio in the Junior Afterschool for Northside Family Resource Centre, Sunshine Childcare Centre, adheres to the Child Care Act 1991 (Early years Services) (School Age Childcare) Regulations 2018.
- The children attending the service are from three primary schools within the locality, Thomand Primary School, Salesians Primary School and Corpus Christi Primary School.
- Those children attending Thomand Primary School (junior and senior infants) are collected from school and walked up to the afterschool by two staff members/teachers of the afterschool (known as The Den).
- The children finish school at 1.30, therefore staff are waiting for them by the school gate at a designated point agreed with their class teachers.
- Parental permission is sought from the children's parents/guardians to collect them from the school and the teachers in the school are made aware of this agreement.
- Afterschool staff collecting the children must wear a mask and social distance at the designated point for collection.
- Upon collection, the school will be asked to provide assurance to the afterschool staff that to the best of their knowledge the child is well and has no symptoms of Covid-19 before going to Afterschool. If there are concerns a child has symptoms, the school should follow their control measures, isolate the child, and contact the parents.
- The Afterschool staff have the authority to decline escorting the child to the afterschool if the child has obvious symptoms and ask the school to take responsibility for the child.
- Upon arrival at the centre, the children and staff will utilise the large side gate to enter and walk to their pod through the back garden. The pod has a separate entrance into their room via the back garden.
- Children attending Afterschool from Salesians and Corpus Christi will be brought to the Northside Family Resource centre by a parent or guardian and met at the courtyard by reception and a designated staff member will bring them to their pod.

Control Measures

- As part of the parental agreement with the afterschool in the Northside Family Resource Centre we:
- Require parents to complete the Covid-19 screening form prior to their return/attendance. This will be undertaken via telephone with childcare management.
- The form will ask parents to declare that their child and those residing in the household are well with no symptoms of Covid-19 and are not a close contact with

a suspected or confirmed case of Covid-19 and if their child or any member of the household become unwell, the child must not attend the afterschool.

- Parents are not to send their child to school and later to afterschool if they have been unwell, have had a fever or have taken anti febrile medication in the previous 24 hours.

The most common symptoms of Covid-19 are:

- A cough- Any type particularly if have developed a new cough.
- Fever- A high temperature equal to or greater than 38 degrees Celsius
- Shortness of breath/breathing difficulties.
- Loss of smell or taste.
- Diarrhoea, vomiting or abdominal pain (Unlikely to be the sole symptoms)
- If the child develops any of the above symptoms, they may be referred for a Covid-19 test and will be advised to stay at home and self-isolate until the test results are received. The whole household must restrict their movements until the results of the test are known.
- If the test is positive, the child must self-isolate and remain out from afterschool for 14 days the last five must be without a fever or any other symptom.
- If the test is negative, the child must remain out from afterschool until 48 hours after the resolution of symptoms.

Other symptoms not commonly associated with Covid-19 Include:

- Sore Throat
- Headaches
- Feeling sick or vomiting or diarrhoea

These are unlikely to be the sole symptoms, however a child may require testing if they occur with a fever.

According to the Health Service Executive, if a child has any of the above (**other**) symptoms, they should remain at home for 48 hours, **NOT** come to the setting/school or if they begin portraying these symptoms in the setting, they will be sent home to be observed.

After 48 hours, the child can return to the setting if:

- Their symptoms **DO NOT** get worse.
- They do **NOT** develop new symptoms.
- They have **NOT** had any medication i.e., Ibuprofen during the 48 hours- as this may hide a fever/high temperature.
- No one else in the household is ill or has tested positive for Covid-19.

Nasal cold symptoms

- The Health Protection Surveillance Centre have noted that children from 3 to 13 years can attend their afterschool setting if they have nasal cold symptoms (runny nose or sneezing) as long as:

- The child is well and active apart from these symptoms.
- The child has no new cough or temperature.
- There is no other person in the household with a suspected or confirmed case of Covid-19.
- Parents are requested to follow all government advice regarding travel and restriction of movement following travel. Parents are informed if they travel abroad that upon their return their child will have to remain out of afterschool for a period of 14 days. A letter indicating this is provided to each parent.

School Collection

- Children will only leave school with the designated after school staff members unless a parent has been in contact regarding alternative arrangements.
- The children attending afterschool are from Junior and Senior Infants, when attending after school they are creating their own pod together.
- The children must listen to their teachers, walk together in a group on the footpath taking a safe designated route to the afterschool setting.
- It is advised that the group does not stop to converse with family members/members of the public as ensuring the integrity of the pod is maintained is important to ensure each child's and staff members safety.
- Where children have a school bag, we will ask them to carry their own bags and take responsibility for their belongings.
- Upon arrival the child will hang their coats on their individual hangers and store their belongings in their own area.
- Children coming from Thomand Primary School will change out of their uniform upon arrival to afterschool.
- Parents are requested to bring in five sets of clothes for each day of the week for their child. The clothes are to be dropped into the setting every Friday so they can be stored for the weekend. The clothes are stored in their individual bags which are labelled and kept on their hanger so there is no mixing of clothes. Parents are also asked to bring in a spare set of shoes and wellington boots for their child to change into for playing in the garden.
- The children are encouraged to change their own clothes, promoting independence, taking turns to utilise the changing area which promotes privacy and respect for each child. If a child requires assistance the afterschool teachers will be available to help them.
- Children attending from other schools, coming to afterschool with a parent/guardian must be changed out of their uniform prior to attending.
- Once changed, the child's uniform will be placed in their labelled bag which is taken home upon collection.
- The afterschool staff will take the child's temperature upon arrival to the afterschool pod and keep a record of this information. This is undertaken with parental permission.

RISK ASSESSMENT

Risk factors for those attending the service.

- A staff member or a child with symptoms of Covid-19 introduces the virus into the service. The virus could spread within the afterschool pod to the children and staff.
- A staff member or a child who are asymptomatic or pre-symptomatic introduce the virus into the service where the virus could be transmitted to children and staff.
- The virus is shed onto surfaces in the service and children and staff touch these infected surfaces and then touch their face (eyes, nose, mouth). It has been found that the virus can survive on surfaces for up to 72 hours. It is advised that children and staff avoid touching their face as much as possible.

Afterschool Control Measures

- The afterschool play pod is established to limit the number of people a child and staff member have contact with. The pod facilitates contact tracing if required in the instance of a suspected or confirmed case of Covid-19.
- The Child Care Act 1991 (Early Years' Service) Regulations 2016 outline the adult-child ratios and space requirements for different age groups in each service and these will not change under the pod system. After-school services continue to operate within the regulatory adult-child ratio of 1 to 12. The pod consists of 15 children and 3 staff.
- The service will structure the play pods to have an adequate number of staff in the pod to ensure the staff in the pods can cover their own breaks therefore eliminating the need for other adults to enter the pod.
- If a staff member is absent and cover is required, as far as possible, an allocated person will cover the break, washing their hands, on entrance and exit of the pod and wearing PPE (mask & apron). A record should be kept regarding staff cover and the amount of time in the pod should be kept to a minimum.
- Staff in the afterschool pod are recommended to wear masks in the pod particularly during level 5 restrictions. Masks are provided by the Northside Family Resource Centre, Sunshine Childcare Centre and masks should be changed at least every three hours. Staff in the pod after the restrictions may wear a mask in the pod if they feel more comfortable to do so.
- It is important that both children and staff practice hand hygiene by washing their hands on entry to the service, before and after eating, after using the toilet, when hands are visibly dirty, after sneezing or coughing and when leaving the service to go home. The afterschool staff will model these hand hygiene behaviours with the children and child friendly signage will be displayed in the room.
- It is important that staff practice social distancing as much as possible and the afterschool pod will not mix or come in contact with another pod.
- Children will practice cough and sneeze etiquette by covering their mouth and nose with a flexed elbow or tissue when coughing or sneezing and to dispose of used tissues immediately in a dedicated pedal operated lidded bin.
- The equipment, toys and resources in the pod are specific to the afterschool pod and not shared with another pod. The toys and equipment are cleaned after use daily and

infection control is of a high standard in the afterschool room. Staff in the room are trained in infection control and at least one staff member has undertaken the FETAC Level 5 Infection Prevention and Control Course.

- High touch surfaces are cleaned frequently such as door handles etc. There is an adequate supply of cleaning equipment and PPE available for the staff in the room.
- There are supplies of alcohol-based hand sanitizer available for use under staff supervision and stored safely.
- Outdoor activities are recommended as much as possible. The large outdoor garden is available to be utilised daily. A timetable is in place so only one pod at a time from the Sunshine Childcare Centre are out at any given time and the afterschool also have an allocated time.
- A daily record is to be retained of the people (children and staff) in each pod on each day to facilitate contact tracing in the event of an episode of the infection.

Parent control measures

- Parents dropping their children to the Northside Family Resource Centre for afterschool must wear a mask and social distance.
- The parents will be met in the courtyard of the centre by a designated staff member who will bring their child to the afterschool room.
- Collection Procedures involve parents coming to the large outdoor gates where a designated staff member will bring their child to them and relay feedback of the day.
- Social distancing and masks are required to promote safety at collection time. Cough etiquette must be followed and hand hygiene. A hand sanitizing station is located at the gate for use by parents.
- If a parent wishes to meet an afterschool staff member, it will be organised as safely as possible. Parents can ring staff to converse with them.
- Prior to attending the afterschool, a Covid-19 screening form is undertaken via telephone. Parents are informed of the revised procedures for collection and drop off, bringing clothes in for their child, safety requirements and ensuring they recognise if their child is displaying any symptoms, they must not attend the afterschool service.
- In this manner, the service is hoping this will help to ensure that in the case of a confirmed Covid-19 case, only one play pod is affected, and the service can continue following disinfection, cleaning etc. **Any decisions to close any part of the service will only be made in consultation with local public health staff.**

Notification to Tulsa

COVID-19 is a notifiable disease, and an incident must be notified **within 3 working days of the Service** becoming aware of a notifiable incident. A Notification Form for COVID-19 has been developed by Tulsa which must be submitted in the event of a positive case/outbreak within the childcare setting.