Youth Club @ The Elbowroom

Policies and Procedures

Address: 32 North Brunswick St

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Provider: Lisa Wilkinson

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Review of Policies

1. STATEMENT OF PURPOSE AND FUNCTION

Document Title:	**Statement of Purpose and Function**
Unique Reference Number:	**001**
Revision Number:	**N/A**
Document Author:	**Youth Club @ The Elbowroom**
Document Approved:	**Lisa Wilkinson**
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KEY INFORMATION:

Opening Hours:	1.00 PM - 18.00pm
No of Weeks per year opened:	38 weeks
Capacity:	45
Age Range:	4– 10 years
Ratios:	1:12
Curriculum:	Play-based, child-centred
Address:	The Elbowroom, 32 North Brunswick St, Dublin 7
Phone number:	Studio 2 - 083 349 7487 Studio 3 - 086 029 4678
Email:	youthclub@the-elbowroom.com

Key Personnel: In-House

Manager (Person in charge):	Angie O'Brien
Deputy in the absence of Manager:	Estevao De Moraes (Steve)
Health and Safety Officer:	Angie O'Brien
Fire Officer:	Ed Murphy
First Aid Co-ordinator:	Angie O'Brien
Designated Liaison Officer:	Angie O'Brien
Deputy Designated Liaison Officer:	Estevao De Moraes
Data Controller:	Angie O'Brien

Key Personnel: External

TUSLA Early Years Inspection Team:	Child and Family Agency, Dublin North City, Ballymun Healthcare Facility, Ballymun Civic Centre, Dublin 9 01 846 7129
TUSLA Social Work Department:	Child and Family Agency, Dublin North City, Ballymun Healthcare Facility, Ballymun Civic Centre, Dublin 9 01 846 7129
Garda:	Bridewell Garda Station 01 6668200
Doctor:	Catherine Mullen 01 679 3197
Pharmacist:	Janet Dillon Pharmacy 01 679 4362
Hospital:	Temple Street 01 878 4261
Fire Brigade:	999 / 112
Fire Maintenance:	Kernel Fire Protection 0879745451
Pest Control:	JD Pest Control 016950611
Garda Vetting:	Early Childhood Ireland/ Self application
Water Leaks:	1850 27 87 78
Electricity Emergency:	1850 372 999 (24-hours)
Gas Emergency:	1850 205 050 (24-hours)

The purpose of this service is to provide a afterschool facility for children aged 4 - 10 years old. We open 38 weeks per year and daily from 1.00 PM – 18:00 PM Monday to Friday. We also offer Summer, Halloween and Easter Camps. We have capacity to cater for 45 children at any one time and our ratios are listed overleaf. This service is privately owned by Lisa Wilkinson (The Elbowroom Ltd)

Mission Statement

Youth Club @ The Elbowroom is an afterschool facility committed to providing a quality child-centred, play based environment, which empowers children to actively pursue their own learning.

Values/Ethos

Youth Club @ The Elbowroom values the individuality of each child, the importance of play, local community liaison, the support of parents and families, and the human rights of children.

Our Youth Club endeavours to promote these values through partnership with parents, equality and respectfulness to all children, play based child centred activities, on-going training for staff in the provision and practice of early years care and education.

Aims

To help each child to learn and develop as an individual, providing a stimulating, broad and happy environment to do so.

- Allow the children to be
    - Happy and confident
    - Have a sense of security
    - Independent and interdependent
    - Share and care with others
    - Explore and question
    - Respectful of themselves and others

Objectives:

· To provide a safe, secure, stimulating environment which embraces all children and values their race, language, gender, age, disability, culture, class and religion.

· To value all children as individuals and appreciate their uniqueness.

· To value parents and carers as the primary educators of the child.

· To have high expectations of the children and ourselves.

· To ensure that all staff receives appropriate training and maintain high levels of practice.

· To develop practice which is based on a philosophy of responsibility towards each other.

· To enthuse the children about the extensive range of creativity and imagination experiences through the arts.

· To develop practice which values the wider community as a means of adding to the richness of our curriculum.

· To recognise children individuals and an important part of our community.

Range of Services and Facilities:

Our service:

- We are open 38 weeks per year.
- We provide arts camps through Easter, Summer and Midterm holidays.

Our Facilities include:

- Large, bright, spacious studio's
- Trained and qualified staff

The Studio's 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.

Fees:

Parents/guardians are required to sign a Parent Agreement regarding fee payment.

- Fees must be paid monthly by bank transfer or Direct Debit..
- A receipt will be issued upon request.
- A deposit of €150 is taken in advance of which €25 covers an initial booking fee when a child is given a place. Deposits of €125 are refunded when the child leaves the service providing all fee's are paid up to date and a months notice has been given in advance.

Reviewing Fees:

- Fees are reviewed annually by the management.
- Parents/guardians will be informed by giving service notice of increase in fees.
- Increase in fees each year will be related to the cost of living increases and/or exceptional cost circumstances.

Payments in relation to Holidays or Illness of the Child/Children:

- Parents/guardians will be required to pay for any days/ weeks that their child/children do not attend the service.
- 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.
- There will be no fees charged when the service is on holidays (e.g. the month of August, Christmas and Easter holidays). These dates will be circulated directly to parents/guardians well in advance of these closure periods.

Closure in Exceptional Circumstances:

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

- Full fees for the closure period will be payable.
- If the service is open during adverse weather and your child does not attend the full fee will be payable.
- If your childs school has an unexpected closure, our service will stil operate and so therefore full fee will be payable.

Late Collection of Child/Children from the Service:

- 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.
- We reserve the right to charge a fee for persistent lateness when collecting children. Our fee is €5 after five minutes of lateness.

Withdrawal of Children:

Parents/guardians sign up to agree in the Parents/guardians Fee Agreement Form that they will:

- Give one month's notice in writing that the child/children are leaving the service
- Management also reserve the right to request that the Parent/Guardian withdraw their child/children from the service if they are not 'settling in' or adapting to the environment. The Management agrees to give two weeks' notice of this to the Parent/Guardian so that 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.

2. ENROLMENT

Document Title:	**Enrolment**
Unique Reference Number:	**002**
Revision Number:	**N/A**
Document Author:	**Youth Club @ The Elbowroom**
Document Approved:	**Lisa Wilkinson**
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Number of Pages:	**3**

Statement of Intent:

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

The following information applies for the enrolment of children:

- Children must be over 4 years old before starting in the service.
- Places will be allocated on a “first come first served” basis for full time applicants. Siblings will be given priority for available places.
- Part time places will then be allocated once all full time places are allocated.
- In the event of places being over-subscribed, we reserve the right to select places in order of application.
- A deposit of €150 is taken in advance when a child is given a place. €25 of this is taken for the initial booking fee. €125 will be refunded when the child leaves our service provided there are no outstanding fee’s and adequate notice has been provided..
- Parents/guardians are required to complete the Registration Form.
- A waiting list is established when all places are taken up and the child at the top of the list is given first available place depending on availability for the type of place required.
- Children with additional needs and disabilities are welcome providing we can meet their individual needs. Parents/guardians will be encouraged to share any

additional information about special needs at registration time. Children with additional needs may need extra support/resources. The service will consult with the parents 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). All long hair must be tied up. No hoop or long earrings. Shoes must be worn inside or inside slipper/slipper socks.

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

- Spare clothes
- Sun cream and sun hat
- Outdoor gear (gloves, wellies, hats, scarves)

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. All Youth Club staff will be made aware of your childs allergy.

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. 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 more than 4 weeks (without notice) the place can be filled by another child.

3. AUTHORISATION TO COLLECT CHILDREN

(Includes GENERAL COLLECTION POLICY)

Document Title:	**Authorisation to Collect Children**
Unique Reference Number:	**003**
Revision Number:	**N/A**
Document Author:	**Youth Club @ The Elbowroom**
Document Approved:	**Lisa Wilkinson**
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Number of Pages:	**4**

Statement of Intent:

This policy aims to outline the protocols in relation to the collection of children from the service.

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:

- Collections are made from the local Educate Together School D7 by 2 Staff members, Stanhope Primary by 1 staff member and St Gabriels school by 1 staff member. Children are signed in at collection point and walked to The Elbowroom. Children are then signed in again on arrival
- If a child will not be attending, we request that parents/guardians advise us. If a child is not presenting at collection a parent or guardian will be contacted immediately to clarify the absense if it has not already been advised.

Collection Policy:

The Collection Policy of Youth Club @ The Elbowroom 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 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.

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 Authorisation. Should the person responsible be unable to collect the child, a letter of explanation must be presented signed and dated by the parent / guardian with a contact telephone number, the staff member will then telephone the parent prior to allowing the child leave the service. If the parent personally arranges this with the staff the telephone call may not be necessary, but signed consent will be required at all times.

If the parent has not been personally contacted to authorise the collection of their child, the child will not be permitted to leave the premises until an authorised 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 for five minutes of lateness.

Early Collection of Children:

We ask that parents/guardians let us know if they will be picking up your child early so that we can have the child ready for them and to minimise disrupting the rest of the group.

Separated and Divorced Parents:

Married parents are automatically joint guardians of their children. Neither separation nor divorce changes this.

- We cannot refuse either parent to collect their child unless a court order is in place.
- We ask that parents give us information on any person that **does not** have legal access to the child.
- Where custody of a child is granted to one parent, we would ask parents to clarify the circumstances with us. This information will remain confidential and will only be made known to the relevant staff. If there are any legal documents i.e. custody order, barring order we would ask parents to provide us with a copy to keep on file.

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.

By law, an unmarried mother is the automatic guardian of a child born outside of marriage. In some circumstances, unmarried fathers have automatic access. The service should be informed about access rights. Unmarried fathers will automatically become guardians of their children if they meet a cohabitation requirement. An unmarried father who cohabits for 12 months with the child's mother, including 3 months following a child's birth, will automatically become the child's guardian. This provision is not retrospective, so guardianship will only be acquired automatically where the parents live together for at least 12 months after 18 January 2016.

4. USE OF INTERNET, PHOTOGRAPHIC, AND RECORDING DEVICES [INCORPORATING MULTI MEDIA]

Document Title:	**Use of Internet, Photographic, and Recording Devices**
Unique Reference Number:	**004**
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Document Author:	**Youth Club @ The Elbowroom**
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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 not available to children in the service.

Internet Access:

Children do not have access to the internet.

On-line Communications and Social networking:

On-line chat rooms and social networking sites such as Facebook or Twitter will not be used at the service. Staff will not discuss individual children or their setting on Facebook, twitter or any other social networking site.

WhatsApp Group

Parents will be asked permission to include them in a whatsApp group. This will be used to contact parents when we are going on an outing and should not be used for

any other purpose. Parents will be informed where we are and given the opportunity to pick up their child from the outside area. Parents are not permitted to share any information from this group including phone numbers.

Mobile Technologies:

Children may not bring mobile phones, tablets, or similar devices into the service

Television/DVD:

Television/DVD viewing is not provided for in the service.

Gaming Machines e.g. PlayStation, Nintendo Wii, Xbox:

Gaming machines are not used in the service.

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 young children and will contain no offensive or inappropriate language. Radios stations will not be listened to in areas where children can hear them as the content may not be suitable. Music will not be played too loud so that the 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 before photos or videos are taken.
- Only the services camera/video camera may be used to take pictures.
- Staff are not allowed to take pictures with picture phones or their own personal cameras. (If this is breached disciplinary action may be necessary).
- A photograph will only be taken if the child does not object to having his/her photograph taken.

- Photographs are used to show positive issues (e.g. a piece of work that the child has worked hard on or is pleased with, children playing cooperatively together etc.)
- We are inclusive so that gender, race, special educational needs, and differing abilities are reflected in a balanced way.
- There may be cultural issues of which we need to be aware when taking photographs of 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 for this to happen. Examples of this are newspaper reports, articles in early year's publications or exhibitions of children's work.

We will always get prior permission from parents/guardians for any images/videos collected that we would like to post on Facebook or other social media.

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. Further parental permission will be sought in this instance.

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 without the consent of the Management

Use of Photographs:

Photographs are used throughout the service for a variety of purposes.

Generally early years' practitioners take photographs of the children throughout the year to capture a particular example of play or something that a child has achieved.

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 recording will not be stored on devices in the service for extended periods of time. If a photograph is likely to be used again it will be stored securely and only accessed by those people authorised to do so. We will not re-use photos more than one-year-old, without further permission from the subject of the photo or the parent, as applicable.

Disposal of Photographs:

In the event that we no longer require a photo it will be disposed of as confidential waste. When photos are destroyed, the negatives will be destroyed as well if applicable. Where the image is kept electronically

- The CD disk will be made unusable.
- The memory card / USB stick erased.
- The computer file deleted.

5. SETTLING IN

Document Title:	**Settling In**
Unique Reference Number:	**005**
Revision Number:	**N/A**
Document Author:	**Youth Club @ The Elbowroom**
Document Approved:	**Lisa Wilkinson**
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Statement of Intent:

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

- 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 application form in full. Parents/guardians are encouraged to provide us with information on their child's likes/dislikes, interests, achievements, worries, individual personalities etc.

First Day Visit:

- We will greet the child and parent together.
- The parent/guardian will be assured of the value of their presence to the child in this process.
- Some children may not be ready for a full session and the person in charge 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 the new surroundings.
- Children must be collected on time and promptly from their session at the agreed time.

Ongoing Matters:

- Our staff will provide support and encouragement to parents/guardians during the settling-in period should the transition be difficult. Staff will phone parents and/or guardians to reassure them if necessary.
- 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, 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 people involved in their child's life.

- Children who are still clearly distressed having followed the above procedure may need to have their attendance deferred for a trial period.

6. COMPLAINTS

Document Title:	**Complaints**
Unique Reference Number:	**006**
Revision Number:	**N/A**
Document Author:	**Youth Club @ The Elbowroom**
Document Approved:	**Lisa Wilkinson**
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Number of Pages:	**2**

Statement of Intent:

We are committed to giving careful attention and a courteous, timely response to your suggestions, comments or complaints so that we can learn from them and continuously improve our service.

- All complaints must be made to the manager.
- They will be dealt with in an open and impartial manner.
- The complaint [made verbally] will be documented and remain confidential.
- The complaint will be investigated to assess if the service has breached our policy and procedures.
- Every attempt will be made to resolve the matter as quickly and amicably as possible, and to the parents/guardians' satisfaction.
- If agreement cannot be reached informally, the parents/guardians must make a formal complaint in writing to the Manager.
- The parent will be sent an acknowledgement that the complaint has been received and told how it will be dealt with, by whom and within a time frame specified by the Manager and agreed by the complainant.
- The Manager will keep dated records summarising what was said and by whom.

- In the case of a complaint made against a Staff, the staff member involved will be informed that a formal complaint has been made and given full details.
- The Manager will arrange to meet with the staff member and discuss the lodged complaint.
- The Manager will keep a record and document what was discussed.
- The Manager will review the complaint and consider all the relevant information as discussed and a decision will be made and recommendations if necessary.
- If a complaint involves a child protection concern, a separate reporting procedure will be followed in line with our child protection policy.
- The Manager will inform all parties involved of the outcome of the complaint made.
- If a resolution is not found within 28 days of the Manager's investigation and report, the complainant will be advised on the options to complain elsewhere or will be offered mediation.
- The agency to which a complaint may be referred may include such organisations as Tusla, HSE, DCYA, HSA depending on the nature of the complaint
- Complaints will be kept on file for 2 years and are open to inspection.

7. CONFIDENTIALITY

Document Title:	**Confidentiality**
Unique Reference Number:	**007**
Revision Number:	**N/A**
Document Author:	**Youth Club @ The Elbowroom**
Document Approved:	**Lisa Wilkinson**
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Number of Pages:	**2**

Statement of Intent:

Our service respects the right for all information, records, and observations to be treated with respect and with due attention to confidentiality and privacy.

Policy and Procedure:

We will ensure that:

- All registration forms and records of children attending the service will be kept by the Manager confidentially.
- Parents/guardians may have access to the records of their own children but will not have access to information about any other child.
- Any confidential information given by parents/guardians will not be passed on without permission.
- Any information relating to a child's personal circumstances will be kept in a confidential file and will not be shared within except on a 'need to-know basis'.
- Where a child is believed to be at risk we will take a decision to share information with the statutory authorities, under child protection guidelines.
- All staff, volunteers, students, parents/guardians will be made aware of this confidentiality policy. The policy implementation will be reviewed regularly at staff meetings.

- All the above points are underpinned by our overall commitment to the safety and well-being of the children who attend. Any breach of confidentiality by any member of staff will lead to disciplinary action.
- In the case that a child's welfare is at risk, it is permissible for the Manager to share confidential information with TUSLA. This is in line with our Child Protection Policy.
- Confidentiality must also be maintained in relation to management, colleagues and the business. No information should be shared with any third party without authorisation

8. PARTNERSHIP WITH PARENTS/GUARDIANS

Document Title:	**Partnership with Parents/Guardians**
Unique Reference Number:	**008**
Revision Number:	**N/A**
Document Author:	**Youth Club @ The Elbowroom**
Document Approved:	**Lisa Wilkinson**
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Number of Pages:	**4**

Statement of Intent:

Our service recognises the importance of working in partnership with parents and/or guardians to promote the best interests of children and that parents and guardians play a key role in the education of their children. Our staff will work in partnership with and support parents/guardians in this role.

Policy and Procedure:

We have an “open door” policy where families are always welcome but where the needs of all of the children in our care are always the first priority. Parents/guardians will be made to feel welcome, COVID 19 Restrictions may apply. Regular exchange of information with parents/guardians and staff will enable a two-way process of support.

We will adopt the following procedures:

- Ensure that parents’/guardians’ views and needs are incorporated and that parents’/guardians’ rights are respected concerning all cultural and religious differences.
- Ensure we adhere to respect confidentiality at all times.
- Welcome comments and feedback. Parents/guardians are encouraged to follow our complaints/compliments procedure in relation to any issues they may have regarding the services provided.

- Ensure parents/guardians are given regular information about their child's progress through informal and formal feedback - verbal and written.
- Ensure that all parents/guardians are informed about meetings and any other activities being organised by the service.
- 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.
- We ask that parents/guardians let us know if you will be picking up your child early so that we can have the child ready for you and to minimise disrupting the rest of the group.

Where English is not the first language of the parents/guardians:

- 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 their country of origin.

Open Door Policy:

It is our policy to offer a 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. Therefore it may be more helpful to the parent to make an appointment in advance.

- We aim to give daily feedback on each child on their day to parents/guardians on leaving the service.
- We would welcome that parents/guardians advise staff each morning of any significant happenings at home that we should know of e.g. child had a poor night's sleep, as he/she may be tired**.** This can be done through email, text or phone call.
- We work together when difficult issues arise relating to behaviour.

Babysitting:

- Management accepts no responsibility for staff babysitting for children that attend the service.

Working Together with Parents/Guardians: Tips for Practitioners

- Encourage families to share their knowledge of their child with staff.
- 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 its 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 it operates.

9. DATA PROTECTION

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Statement of Intent:

We aim to ensure that any data collected is underpinned by the Data Protection Acts, 1998 and 2003 and that all persons associated with our service are protected in relation to privacy and confidentiality.

The Data Protections Acts 1998 and 2003 refers.

Policy and Procedure

The service will follow the principles below in relation to keeping data:

- Obtain and process information fairly
- Ensure that the data subjects know what information is being held about them and for what purpose
- Keep information for lawful purposes
- Process information in ways compatible with the purpose for which it was given originally
- Ensure that the information is adequate, relevant and not excessive
- Retain the information no longer than is necessary
- Give a copy of personal information to the individual concerned on request
- Amend information held on employees if the employee indicates that the information is incorrect

- Adhere to the 'need to know principle' – only personal data necessary for the purpose should be collected and staff should only be able to access the personal data that they need to carry out their functions
- Have adequate access controls, firewalls and virus protection and do not forget manual files
- Have retention policies for the various categories of data
- Ensure that data maintained is securely and confidentially stored

Informing Staff on Data Protection Acts

Management will ensure that:

- The basic principle of data protection is explained to staff and parents/guardians. This will be done during staff induction, staff meetings and, if possible, through our parent handbook/notice board.
- There are regular updates to data protection awareness, so that data protection is a "living" process aligned to the way we conduct our business.
- The Data Controllers will periodically check data held with regard to accuracy and have complete regular security reviews.
- Noncompliance of the data protection and other policies of the service may invoke the disciplinary procedure.
- Confidential and personal information about our children/parents/guardians will only be shared by the data Controllers and Designated Liaison Person in relation to child safety, in line with this our Child Protection Policy. Any breach of confidentiality by any member of staff will lead to disciplinary action.

The service will provide for:

- Periodic audit checks and reviews.
- A procedure for complaints handling - see our Complaints Policy and Procedure.
- Plans for remedial steps if things go wrong.

Employee Responsibilities:

As an employee, you are responsible for:

- Checking that any information that you provide, in connection with your employment, is accurate and up to date.

- Notifying the service of any changes to information you have provided, for example changes of address.
- Ensuring that you are familiar with and follow the data protection policy.

Any breach of the data protection policy, either deliberate or through negligence, may lead to disciplinary action being taken and could in some cases result in a criminal prosecution.

Data Security:

Employees are responsible for ensuring that:

- Any personal data that you hold, whether in electronic or paper format, is kept securely.
- Personal information relating to children or their families is not disclosed either verbally or in writing, accidentally or otherwise, to any unauthorized third party.

Storage of Data:

The security of personal information relating to children and families is a very important consideration under the Data Protection Acts. Appropriate security measures will be taken by the service against unauthorised access to this data.

A minimum standard of security will include the following measures:

- Access to the information should be restricted to authorised staff on a “need-to-know” basis.
- Manual files will be stored in a lockable filing cabinet located away from public areas.
- Computerised data will be held under password-protected files with a limited number of users.
- Any information that needs to be disposed of will be done so carefully and thoroughly.
- Premises will be secured when unoccupied.

Data collected through Garda Vetting:

The service understands that sensitive information may be identified through Garda Vetting. In the event that an employees' Garda vetting raises concerns, the information will be dealt with on a confidential basis. All information pertaining to such a situation must be stored in the same way as other data.

The service will not pass on a copy of an employee's Garda Vetting Form to any other party. We will hold original Garda Vetting forms and will not accept copies from any other agency.

Dealing with Access Requests:

We will ensure that that we follow the guidelines set down by the Data Protection Office. Every individual, about whom a data controller keeps personal information, has a right to request a copy of the data that is kept about them. The service provider should only hold limited personal information on an individual. A copy of this information should be included along with other personal information held about the individual making the access request.

On making an access request, any individual about whom you keep personal data is entitled to:

- A copy of the data you are keeping about him or her.
- Know the categories of their data and your purpose/s for processing it.
- Know the identity of those to whom you disclose the data.
- Know the source of the data, unless it is contrary to public interest.
- Know the logic involved in automated decisions.
- Data held in the form of opinions, except where such opinions were given in confidence and even in such cases where the person's fundamental rights suggest that they should access the data in question it should be given.

To make an access request the data subject must:

- Apply to in writing (which can include email).

- Give any details which might be needed to help you identify him/her and locate all the information you may keep about him/her e.g. previous addresses, date of birth, etc.
- Pay an access fee.

Every individual about whom a data controller keeps personal information has a number of other rights under the Act, in addition to the Right of Access. These include the right to have any inaccurate information rectified or erased, to have personal data taken off a direct marketing or direct mailing list and the right to complain to the Data Protection Commissioner.

In response to an access request, the data controller must:

- Supply the information to the individual promptly and within 40 days of receiving the request.
- Provide the information in a form that will be clear to the ordinary person.

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
Force Majeure Leave	8 years
Carers Leave	8 years
Paternity 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 and 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)
Entry of Persons onto Premises	1 year (TUSLA) - Visitors Sign in Book
CCTV footage	28 days unless being used for investigation or there is 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

***** Note: we may keep data beyond these minimum periods**

Please note that information may need to be disclosed to authorised third parties. We will always check validity of any requests made.

This list is an example but not exhaustive:

- Garda
- Early Years Inspection Team
- Insurance Company
- Health and Safety Authority
- Workplace Relations Commission Inspectors
- Revenue Commissioners
- Professional advisors and support agencies on a “need to know” basis

This policy will be updated as necessary to reflect best practice in data management, security and control and to ensure compliance with any changes or amendments made to the Data Protection Acts1998-2003.

APPENDIX A: Data Protection Roles and Responsibilities

Responsibilities:

To ensure the implementation of this policy we have designated a data controller. All enquiries relating to the holding of personal data should be referred to the data Controllers in the first instance

Employees are entitled to know:

- What personal information the service holds about an employee and the purpose for which it is used?
- How to gain access to it?
- How it is kept up to date?
- What the service is doing to comply with its obligations under the 1998-2003 Acts?

Employee Responsibilities:

As an employee, you are responsible for:

- Checking that any information that you provide in connection with your employment is accurate and up to date.
- Notifying the service of any changes to information you have provided, for example changes of address.
- Ensuring that you are familiar with and follow the data protection policy.

Any breach of the data protection policy, either deliberate or through negligence, may lead to disciplinary action being taken and could in some cases result in a criminal prosecution.

Data Security:

Employees are responsible for ensuring that:

- Any personal data that you hold, whether in electronic or paper format, is kept securely.

- Personal information relating to children or their families is not disclosed either verbally or in writing, accidentally or otherwise, to any unauthorized third party.

Updates and Information on Data Protection:

The service will provide regular updates on Data Protection requirements for staff:

- At staff meetings
- Circulated information
- On the staff notice board

Parents/guardians will be provided with data protection information:

- Upon enrollment
- On the parents/guardians notice board

If things go wrong:

The Data Controllers should be informed immediately if any data has been incorrectly disclosed. The Data Controllers will:

- Inform the person or persons involved that a breach of confidentiality has occurred and their personal data may have been compromised. A record of this will be kept on the employee's file or child's file as relevant.
- Investigate where the breach of security has occurred and invoke the disciplinary policy if necessary.
- Check that additional measures are in place to ensure confidentiality.
- Review and update the Data Protection Policy if required.
- Check that any information kept is necessary for the purpose of running the service.
- Check to see if clerical and computer procedures are adequate to ensure accuracy.
- Reassure parents/guardians that the Data Protection policy has been reviewed and additional measures to ensure security.
- Advise and inform employees of the need to ensure confidentiality through additional staff training and re implementation of the Data Protection Policy. Employees will be required to sign off to confirm they have read and understand the Data Protection Policy and Procedure

10. RECORD KEEPING

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Statement of Intent:

- We aim to ensure that all records are factual and written impartially.
- Parents/guardians will have access to all records pertaining to their child only.
- Staff members will only have access to records of children in their care and will be used to inform staff on how best to meet the needs of each child and plan for further learning.
- We will only share information with other professionals or agencies, with consent from parents/guardians or without their consent in terms of legal responsibility in relation to a Child Protection issues.

Record Keeping:

All of records are stored securely. We hold a number of records to include:

The Child Registration form, at a minimum, will contain:

1) The name and date of birth of child
2) The date the child commenced and ceased in the service
3) Names of parents/guardians/friends that can be contacted
4) Authorisation to collect the child
5) Details of illness, disability, allergy and additional needs.
6) The name and telephone number of child's registered med practitioner

7) Written parental consent re medical treatment in the events of an emergency.

The Staff file will contain the following, at a minimum:

1. Staff information sheet
2. Contract of employment
3. Official ID
4. References
5. Qualifications & Training Courses
6. Garda and Police Vetting
7. CVs and Job description
8. Induction, Supervision and Meeting Notes
9. Disciplinary and Grievance records where appropriate
10. Staff roster

We will keep the following Operational details, at a minimum:

1. Details of the maximum number of children catered for at any one time.
2. Details of the type of service and age range of children
3. Staff/Child ratio within the service.
4. An outline of the type of programme under which the service operates.
5. Opening hours and fees.
6. Policies and procedures currently in place
7. Risk assessments and Cleaning Schedules
8. Fire records
9. Pest Control
10. Building maintenance including boiler, electrics, alarms etc.
11. Attendance of each child daily
12. Staff rosters
13. Details of medication administered
14. Details of accident, injury or incident
15. Child Observations
16. Information on Support agencies

17. Copies of complaints

11. CHILD AND ADULT PROTECTION POLICY AND PROCEDURE

Document Title:	**Child and Adult Protection**
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Child Care Act 1991 (Early Years Services) Regulations 2016 (Síolta Standard 15 Legislation and Regulation, Síolta Standard 9: Health and Welfare) (National Standard 3: Working in Partnership with Parents/guardians or Guardians, National Standard 4: Records, National Standard 5: Organisation and Management, National Standard 7: Complaints, National Standard 11; Child Protection)

Statement of Intent:

The welfare of the child is paramount to us. Therefore, we want to make sure that the children in the service are protected and kept safe from harm while they are in our care. We do this by:

- Making sure that our staff and students are carefully selected, trained and supervised.
- Having procedures to recognise, respond to and report concerns about children's protection and welfare.
- Making sure all staff are Garda vetted prior to engagement.
- Having clear codes of behaviour for management, staff and students.
- Having a procedure to respond to accidents and incidents.

- Giving parents/guardians, children and workers information about what we do and what to expect from us.
- Letting parents/guardians and children know how to voice their concerns or complain if there is anything they are not happy about. Having a procedure to respond to these complaints.
- Having a clear reporting procedure to be followed should a staff member have a concern about a child with regard to *Children First (2017) and The Children First Act 2015*
- Having a procedure to respond to allegations of abuse and neglect against staff members.
- Having a system where the policy and safeguarding statement is reviewed annually by the Management.

Policy:

Children First: National Guidance for the Protection and Welfare of Children published by the Department of Child and Youth Affairs in 2017 and *Our Duty to Care* form the basis of our services child protection policy and procedures.

Copies of these books are in the Manager's office and are available at the following

https://www.dcya.gov.ie/documents/publications/20171002ChildrenFirst2017.pdf

https://www.dcya.gov.ie/documents/publications/ODTC_Full_Eng.pdf

See also the Child protection and Welfare Practice Handbook available at http://www.tusla.ie/uploads/content/CF_WelfarePracticehandbook.pdf

- This policy is applicable at all times when children are in the care of the service.
- For the purpose of this policy, a "child" means anyone who is under 18 years of age who is not or has not been married.
- All staff and persons who work within the service, must read and understand this policy and procedures and the Child Safeguarding Statement and it will be part of a new staff member's induction training. Clarification on any point may be sought from the Designated Liaison Person or manager.

Our Statutory Obligations

One of the main objectives of the Children First Act 2015 is to ensure that our service keeps children safe from harm while availing our service. We will prevent, as far as practicable, deliberate harm or abuse to the children availing of our services. While it is not possible to remove all risk, from our service, we have put in place policies and procedures to manage and reduce risk to the greatest possible extent.
The Act places specific obligations on us including the requirement to:

- Keep children **safe from harm** while they are using our service
- Carry out a **risk assessment** to identify whether a child or young person could be harmed while receiving our services
- Develop a **Child Safeguarding Statement** that outlines the policies and procedures which are in place to manage the risks that have been identified See APPENDIX 8
- Appoint a **relevant person** to be the first point of contact in respect of the our Child Safeguarding Statement *See APPENDIX 7r*

As part of the policy, our service will:

- Appoint both a Designated Liaison Person (DLP) for dealing with child protection concerns and a Deputy Designated Liaison Person.
- Provide induction training on the Child and Adult Protection Policy to all staff and students and ensure that they understand their obligations as a 'Mandated Person' under the Children First Act 2015.
- Maintain a list of persons in the service who are mandated persons under the Children First Act 2015 *see APPENDIX 10*
- Ensure that all staff attends child protection training as appropriate.
- Provide supervision and support for staff and students in contact with children.
- Share information about the Child and Adult Protection Policy with families.
- Ensure this policy will be shared with parents/guardians on enrolment within our service.
- Work and co-operate with the relevant statutory agencies as required.

The Designated Liaison Person:

We will at all times have an appointed Designated Liaison Person and a Deputy Liaison Person in the event of the Designated Liaison Person being unavailable. We will endeavour to send the Designated Liaison Person(s) on any necessary or new training courses available.

We have appointed a Designated Liaison Officer and a Deputy Designated Liaison Officer. Their details and contact details are displayed on the parents/guardians' board.

The Role of the Designated Liaison Persons is to:

- Establish contact with the Duty Social Worker responsible for child protection in the organisations catchment area and ensure that the organisation's child protection policy and procedures are followed where **Criteria for Reporting: Definitions and Thresholds are reached or Reasonable Grounds for Concern** exist about individual children.
- Be accessible to all staff.
- Ensure that they are knowledgeable about child protection and welfare and that they undertake any training considered necessary to keep updated on new developments.
- Ensure the Child and Adult Protection Policy and procedures of the service are followed.
- Be responsible, as a mandated person, for reporting concerns about the protection and welfare of children to TUSLA – Child and Family Agency or An Garda Síochána.
- Ensure the appropriate information is included in the report to the Child and Family Agency and that the report is submitted in writing (under confidential cover) using the Standard Reporting Form *See Appendix 1*.
- To liaise with Tusla, the Child and Family Agency, An Garda Síochána and other agencies as appropriate [the mandated person who has a concern and makes a report also has a responsibility to liaise with the agencies as required]
- To provide information and advice on child protection and training within the organisation.

- Keep relevant people within the organisation informed of relevant issues, whilst maintain confidentiality.
- Ensure that an individual case record is maintained of the action taken by the service, the liaison with other agencies and the outcome.
- Maintain a central log or record of all child protection and welfare concerns in the service.
- Ensure appropriate information is available at the time of referral and that the referral is confirmed in writing, under confidential cover.

Mandated Persons

Children First 2017: Chapter 3 and Appendix 2 refers.

All childcare staff are 'Mandated Persons' under The Children First Act 2015

The Children First Act 2015 places a legal obligation on certain people, to report child protection concerns at or above a defined threshold to Tusla - Child and Family Agency. These mandated persons must also assist Tusla, on request, in its assessment of child protection concerns about children who have been the subject of a mandated report.

Mandated persons are people who have contact with children and/or families and who, because of their qualifications, training and/or employment role, are in a key position to help protect children from harm. Mandated persons include professionals working with children in early years settings.

Mandated persons have two main legal obligations under the Children First Act 2015.

These are:

1. To report the harm of children above a defined threshold to Tusla;
2. To assist Tusla, if requested, in assessing a concern which has been the subject of a mandated report.

See APPENDIX 5 Mandated Persons Responsibilities (*Children First Act 2015)*

See APPENDIX 9 List of Mandated Persons in Our Service

IMPORTANT NOTE

It is important to note that the statutory obligation of mandated persons to report under the Children First Act 2015 must be discharged by the mandated person and cannot be discharged by the Designated Liaison Person on their behalf Within our setting the DLP's will also fulfil the role of mandated persons. This means that if, as a designated liaison person, you are made aware of a concern about a child that meets or exceeds the thresholds of harm for mandated reporting, they have a statutory obligation to make a report to Tusla arising from your position as a mandated person.

While mandated persons have statutory obligations to report mandated concerns, they may make a report jointly with another person, whether the other person is a mandated person or not. In effect, this means that a mandated person can make a joint report with a designated liaison person.

Criteria for Reporting: Definitions and Thresholds

Chapter 3 Page 20 Children First – National Guidance for the Protection and Welfare of Children (2017)

Mandated persons within our setting are required to report any knowledge, belief or reasonable suspicion that a child has been harmed, is being harmed, or is at risk of being harmed. The Act defines harm as assault, ill-treatment, neglect or sexual abuse, and covers single and multiple instances. The four types of abuse are described in **APPENDIX 2**. The threshold of harm for each category of abuse at which mandated persons have a **legal** obligation to report concerns is outlined below.

NEGLECT: Neglect is defined as 'to deprive a child of adequate food, warmth, clothing, hygiene, supervision, safety or medical care'. The threshold of harm, at which you must report to Tusla under the Children First Act 2015, is reached when you know, believe or have reasonable grounds to suspect that a child's needs have

been neglected, are being neglected, or are at risk of being neglected to the point where **the child's health, development or welfare have been or are being seriously affected, or are likely to be seriously affected.**

EMOTIONAL ABUSE/ILL-TREATMENT: Ill-treatment is defined as 'to abandon or cruelly treat the child, or to cause or procure or allow the child to be abandoned or cruelly treated'. Emotional abuse is covered in the definition of ill-treatment used in the Children First Act 2015. The threshold of harm, at which you must report to Tusla under the Children First Act 2015, is reached when you know, believe or have reasonable grounds to suspect that a child has been, is being, or is at risk of being ill-treated to the point where **the child's health, development or welfare have been or are being seriously affected, or are likely to be seriously affected.**

PHYSICAL ABUSE: Physical abuse is covered in the references to assault in the Children First Act 2015. The threshold of harm, at which you must report to Tusla under the Children First Act 2015, is reached when you know, believe or have reasonable grounds to suspect that a child has been, is being, or is at risk of being assaulted and that as a result **the child's health, development or welfare have been or are being seriously affected, or are likely to be seriously affected.**

SEXUAL ABUSE: If, as a mandated person, you know, believe or have reasonable grounds to suspect that a child has been, is being, or is at risk of being sexually abused, then you must report this to Tusla under the Children First Act 2015. Sexual abuse to be reported under the Children First Act 2015 [as amended by section 55 of the Criminal Law (Sexual Offences) Act 2017] is defined as an offence against the child, as listed in Schedule 3 of the Children First Act 2015. A full list of relevant offences against the child which are considered sexual abuse is set out in ***Appendix 3 of Children First (2017).***

As all sexual abuse falls within the category of **seriously affecting a child's health, welfare or development**, you must submit all concerns about sexual abuse as a mandated report to Tusla. There is one exception, which deals with certain

consensual sexual activity between teenagers, which is outlined on ***page 23 Children First (2017).***

The service endorses that the ***Children First (2017)*** *Guidelines* advise that the ability to recognise child abuse depends as much on a person's willingness to accept the possibility of its existence as it does on knowledge and information. It is important to note that child abuse is not always readily visible.

Reasonable Grounds for Concern

Chapter 2, Page 06 Children First (2017)

DLP or Mandated Persons should always inform Tusla when you have **reasonable grounds for concern** that a child may have been, is being, or is at risk of being abused or neglected. We understand that if this is neglected or ignored, it could result in ongoing harm to the child. We understand that it is not necessary for us to prove that abuse has occurred to report a concern to Tusla. All that is required of us is that we have reasonable grounds for concern. It is Tusla's role to assess concerns that are reported to it.

Reasonable grounds for a child protection or welfare concern include:

- Evidence, for example an injury or behaviour, that is consistent with abuse and is unlikely to have been caused in any other way
- Any concern about possible sexual abuse
- Consistent signs that a child is suffering from emotional or physical neglect
- A child saying or indicating by other means that he or she has been abused
- Admission or indication by an adult or a child of an alleged abuse they committed
- An account from a person who saw the child being abused

The guiding principles on reporting child abuse or neglect may be summarised as follows:

1. The safety and well-being of the child must take priority over concerns about adults against whom an allegation may be made
2. Reports of concerns should be made without delay to Tusla

Recognising Concerns:

Staff and students may at times be concerned about the general welfare and development of children they work with and they can discuss any concerns with their manager and/ Designated Liaison Person at any time.

All staff and students should be familiar with the definitions of abuse and the signs and symptoms of abuse as outlined in *Children's First* (2017)

see APPENDIX 2 TYPES OF CHILD ABUSE AND HOW THEY MAY BE RECOGNISED

Disclosures of Abuse from a Child

If, a mandated person, within our setting receives a disclosure of harm from a child, which is above the thresholds set out in **Criteria for Reporting: Definitions and Thresholds** they must make a mandated report of the concern to Tusla. **They are not required to judge the truth of the claims or the credibility of the child**. If the concern does not meet the threshold to be reported as a mandated concern you should report it to Tusla as a ***reasonable concern***.

It is our duty within this setting to report any disclosure even if there is a reluctance to do so for a number of reasons, for example the child may say that they do not want the disclosure to be reported. However, we inform Tusla of all risks to children above the threshold, as the removal of a risk to one child does not necessarily mean that there are no other children at risk. The information contained in a disclosure may be critical to Tusla's assessment of risk to another child either now or in the future.

Professionals within our setting will deal with disclosures of abuse sensitively and professionally. The following approach is suggested as best practice for dealing with these disclosures.

- React calmly
- Listen carefully and attentively

- Take the child seriously
- Reassure the child that they have taken the right action in talking to you
- Do not promise to keep anything secret
- Ask questions for clarification only. Do not ask leading questions
- Check back with the child that what you have heard is correct and understood
- Do not express any opinions about the alleged abuser
- Ensure that the child understands the procedures that will follow
- Make a written record of the conversation as soon as possible, in as much detail as possible
- Treat the information confidentially, subject to the requirements of Children First (2017) and legislation

Ongoing Support:

Following a disclosure by a child, it is important that staff continue in a supportive relationship with the child. Disclosure is a huge step for many children.

Staff should continue to offer support, particularly through:

- Maintaining a positive relationship with the child.
- Keeping lines of communication open by listening carefully to the child.
- Continue to include the child in the usual activities.
- Any further disclosure should be treated as a first disclosure and responded to as in Reporting Procedures in this policy.

Procedure when a referral is not made to the Child and Family Agency:

A suspicion which is not identified by **Criteria for Reporting: Definitions and Thresholds or Reasonable Grounds for Concern.**

- In this case, the concern and any informal consultation will be documented and kept confidentially and securely.
- The DLP will inform the member of staff or student who raised the concern that it is not being referred in writing, indicating the reasons. The DLP will advise the individual that they may make a report themselves **see Mandated Persons and**

Making a Mandated Report. The provision of the *Protection for Persons Reporting Child Abuse Act, 1998* will apply.

- Persons reporting suspected child abuse or neglect should not interview the child or the child's parents/guardians in any detail about the alleged abuse. This may be more appropriately carried out by the TUSLA Duty Social Worker or An Garda Síochána.
- If staff, students or volunteers have any concerns these should be discussed immediately with the Designated Liaison Person.

Making a Mandated Report

Chapter 3, Page 24 Children First (2017)

Section 14 of the Children First Act 2015 requires mandated persons to report a mandated concern to Tusla 'as soon as practicable'.

Mandated persons will:

- Submit a report of a mandated concern to Tusla using the required report form, on which you should indicate that you are a mandated person and that your report is about a mandated concern.
- Include as much relevant information as possible in the report as this will aid effective and early intervention for the child and may reduce the likelihood of Tusla needing to contact you for further information. The report form and contact details on the Tusla website (www.tusla.ie). *See also APPENDICIES 1 and 4*
- Post or submit electronically the mandated report form to Tusla.
- Not report the same concern more than once. However, if the mandated person becomes aware of any additional information, a further report should be made to Tusla. In addition, mandated persons are not required to make a report where the sole basis for your knowledge, belief or suspicion of harm is as a result of becoming aware that another mandated person has made a report to Tusla about the child.

NOTE

If the concern may require urgent intervention to make the child safe, section 14(7) of the Children First Act 2015 allows the mandated person to alert Tusla of the concern in advance of submitting a written report. The mandated person must then submit a mandated report to Tusla on the report form within three days.

A mandated person who makes a report to an authorised person is protected from civil liability under the Protections for Persons Reporting Child Abuse Act 1998.

Details on how Tusla deals with concerns received can be found in *Chapter 5 of Children First (2017)*

Under no circumstances should a child be left in a situation that exposes him or her to harm or risk of harm pending intervention by Tusla. If you think the child is in immediate danger and you cannot contact Tusla, you should contact the Gardaí.

Informing the Family That a Report is Being Made

Chapter 3, Page 25 Children First (2017)

The Children First Act 2015 does not require you to inform the family that a report under the legislation is being made to Tusla. However, it is good practice to tell the family that a report is being made and the reasons for the decision.

It is not necessary to inform the family that a report is being made if by doing so the child will be placed at further risk or where the family's knowledge of the report could impair Tusla's ability to carry out a risk assessment. Also, they family do not need to

be informed if by doing so it may place staff in the service at risk of harm from the family.

Consequences of Non-reporting

Chapter 3, Page 2 Children First (2017)

The Children First Act 2015 does not impose criminal sanctions on mandated persons who fail to make a report to Tusla. However, all staff should be aware that there are possible consequences for a failure to report. There are a number of administrative actions that Tusla could take if, after an investigation, it emerges that mandated persons did not make a mandated report and a child was subsequently left at risk or harmed.

The Criminal Justice (Withholding of Information on Offences against Children and Vulnerable Persons) Act 2012 requires that any person who has information about a serious offence against a child, which may result in charges or prosecution, must report this to An Garda Síochána. Failure to report under the Act is a criminal offence under that legislation. This obligation is **in addition to** any obligations under the Children First Act 2015.

NOTE

Failure to report a child protection concern may invoke the Disciplinary Policy of this service.

A concern could come to attention in a number of ways:

- A child tells or indicates that he/ she is being abused. This is called a disclosure.
- An admission or indication from alleged abuser.
- A concern about a potential risk to children posed by a specific person, even if the children are unidentifiable.
- Information from someone who saw the child being abused.

- Evidence of an injury or behaviour that is consistent with abuse and unlikely to be caused in any other way.
- Consistent indication over a period of time that a child is suffering from physical or emotional neglect.
- An injury or behaviour which is consistent with abuse, but an innocent explanation is given.
- Concern about the behaviour or practice of a colleague

NOTE

All personnel are expected to consult *Children First 2017 [Chapter 2, Page 07 Children First (2017)]* and the *Child Protection and Welfare Practice Handbook* for detailed information on the signs and symptoms of abuse. See APPENDIX 2: TYPES OF CHILD ABUSE AND HOW THEY MAY BE RECOGNISED

The Reporting Procedure:

Any member of staff who has a concern about a child in the service currently being abused, abused in the past, or likely to be at risk of abuse, is obliged to verbally relay their concern to the Designated Liaison Person as a matter of urgency. **See Criteria for Reporting: Definitions and Thresholds.**

1. Mandated staff who have a concern should record in writing what the child has said, including as far as possible, the exact words utilised by the child.
2. The mandated staff must inform the Designated Liaison Person
3. Details must be recorded by mandated staff on the TUSLA Standard Reporting Form, which is in the Forms Folder in the Office, which must then be signed by the person making the report. See Appendix 1 for Standard Reporting Form or http://www.TUSLA.ie/services/child-protection-welfare/concerns. **See Making a Mandated Report**
4. Unless it would put the child at further risk to do so, the **Designated Liaison Person or Manager** will make every effort to contact the parents/guardians to

discuss the concern made by the child. A written record will be kept of this meeting with the parents/guardians.

5. The Designated Liaison Person will examine the **Criteria for Reporting: Definitions and Thresholds** or determine if **Reasonable Grounds for Concern** are present. ***Remember mandated persons, should be aware that the legal obligations under the Children First Act 2015 to report mandated concerns rest with the mandated person and <u>not</u> with the designated liaison person.***

6. Immediate action must be taken to protect the child in question and indeed any other children who may be considered at 'risk'.
7. A child will never be interviewed regarding the concern by any staff. However, all comments made by the child will be noted.
8. Allegations against staff will be dealt with separately and the disciplinary procedure will be followed as necessary
9. In cases of emergency, where a child is deemed to be at immediate and serious risk and a Duty Social worker is unavailable, An Garda Síochána should be contacted. **Under no circumstances should a child be left in a dangerous situation pending TUSLA intervention.**
10. The service will take care to ensure that actions taken by them do not undermine or frustrate any investigations being conducted by TUSLA or An Garda Síochána. Close liaisons will be maintained with these authorities to achieve this.

11. Where there are reasonable grounds a report should be made to TUSLA **See Making a Mandated Report**. Each area has a social worker on duty for a certain number of hours each day. The duty social worker is available to meet with, or talk on the telephone, to persons wishing to report child protection concerns. The Duty Social Worker will assess the information available. *See APPENDIX 4 Contact Details.*

12. Once a report is submitted, the duty social worker may need to speak with the person who had the initial concern.
13. In the event that the Designated Liaison Person makes a decision not to report to TUSLA, full details of the decision must be recorded including the reasons for not reporting plus any action taken. This report should be stored as confidential by

the Designated Liaison Person in the child's records and kept by the service in a secure place. ***Remember as a mandated person, you should be aware that the legal obligations under the Children First Act 2015 to report mandated concerns rest with the mandated person and <u>not</u> with the designated liaison person.***

14. Allegations or concerns should not be investigated by the Designated Liaison Person or a staff member but passed on to TUSLA /Garda to follow through.

Dealing with a Retrospective Disclosure by an Adult of Abuse as a Child:

Chapter 3, Page 23 Children First (2017)

Some adults may disclose abuse that took place during their childhood. Such disclosures may come to light when an adult attends counselling, or is being treated for a psychiatric or health problem.

The reporting requirements under the Children First Act 2015 apply only to information that mandated persons, who received or became aware of since the Act came into force, whether the harm occurred before or after that point. However, if they have a reasonable concern about past abuse, where information came to their attention before the Act and there is a possible continuing risk to children, they should report it to Tusla under ***Children First (2017)*** Guidance.

Confidentiality Statement:

The Data Protection Acts 1988 and 2003 do not prevent the sharing of information on a reasonable and proportionate basis for the purposes of child protection. Tusla has the authority to share information concerning a child who is the subject of a risk assessment with a mandated person who has been asked to provide assistance. Tusla must only share what is necessary and proportionate in the circumstances of each individual case. Information that Tusla shares with the Mandated Person, if assisting it to carry out an assessment, must not be shared with a third party, unless Tusla considers it appropriate and authorises in writing that the information may be shared.

Section 17 of the Children First Act 2015 makes it an offence to disclose information to a third party which has been shared by Tusla during the course of an assessment, unless Tusla has given written authorisation to do so. Failure to comply with this section, may result in liability of a fine or imprisonment for up to six months or both. This offence can also be applied to an organisation. *Chapter 3, Page 27 Children First (2017)*

Within our setting:

- Confidentiality is of the utmost importance and extends to all areas of our service. Confidentiality is about treating sensitive information that arises in a trusting relationship and doing so in a manner that is respectful, professional and purposeful.
- It is our policy to keep all personal information about our children, families, and staff private. Confidential and personal information about our children/parents/guardians will only be shared by the Manager and Designated Liaison Person in relation to child safety, in line with this Child Protection Policy. Any breach of confidentiality by any member of staff will lead to disciplinary action. (For further information see our Confidentiality Policy).

Allegations Against Staff:

As the Manager is the designated liaison person another person should deal with the HR investigation. It is required to separate these issues and manage them independently. Therefore the Manager will outsource this function to somebody with expertise outside the service. This allows the Manager to deal with TUSLA and the child's family.

Policy and Procedure on Response to Allegations of Abuse against Employees, Volunteers and Students:

Child Protection is about promoting the welfare of children who attend a Child Care service/school. To this end it also encompasses the monitoring of professional practice within an organisation.

An organisation has a legal and moral responsibility to respond to any allegation of abuse either verbal or physical of a child by a member of staff, student or volunteer.

This procedure is in line with the guidance given in *Children First (2017)*

Response to allegations of abuse against employees, volunteers, students

Allegations of abuse may be made against adults working with children, employees, volunteers, students and childminders. The following guidelines should be followed in the event of such an allegation of abuse against an employee during the execution of that employee's duties or where information about an employee in relation to a situation outside of the work context is reported.

Our first duty of care in this situation is to the child and our first priority is to ensure that no child is exposed to unnecessary risk.

- If an allegation is made against an employee or other person working within the service to another employee or other person, they must inform the Designated Liaison Persons verbally and simultaneously record what they have been told or what they may have observed. Action taken in reporting an allegation of child abuse against an employee should be based on an opinion formed reasonably and in good faith.
- The details of this concern must be recorded on the Standard Reporting Form, which is in the Forms Folder in the Office, which must then be signed by the person making the report and they will be reminded of the need for confidentiality in this matter.
- The manager will inform the member of staff that an allegation has been made against them. The disciplinary procedure for staff will be followed in this instance.

The manager must privately inform the employee, about whom the allegation is made, of the following:

- The fact that an allegation has been made against him/her
- The nature of the allegation
- The employee should be afforded an opportunity to respond. The manager should note the response and pass on this information when making a formal report to TUSLA.
- The employee should also be informed of their right to an adjournment of the meeting until such time as they can seek appropriate representation. The action will be guided by the agreed procedures (Disciplinary Procedure), the applicable employment contract and the rules of natural justice. While adhering to the principle of natural justice enshrined within our constitution in relation to the rights of the accused, the vulnerability of the alleged victim must be foremost in our mind, therefore any postponement must be afforded within a reasonable time frame that is 24 hours.
- The parents/guardians of the alleged victim must be informed immediately by the Designated Liaison Person.
- The name or any identifying information of the reporting adult would generally be given to the staff member or worker against whom the allegation has been made by the manager. There may be exceptional circumstances pending TUSLA advice or consultation, where this may not be the case.
- When an allegation is received it will be assessed promptly and carefully.
- The manager may then ask the member of staff who the allegation has been made against to leave the premises immediately and they will be suspended on full pay until the matter has been fully investigated.
- However, all allegations may not require a worker to be sent home i.e. allegations of poor practice where increased levels of supervision may be sufficient until matter is sorted out. Poor practice will be dealt with under the Disciplinary Procedure as necessary.

- At this point in the process it will be necessary to decide whether a formal report should be made to TUSLA – this decision should be based on reasonable grounds for concern.
- If it is felt that there are grounds for concern all matters relating to the allegations, it should be reported to the Duty Social Worker.
- At this point the Disciplinary Procedure will be invoked. This will be a separate process and will be overseen by the manager, not the Designated Liaison Person.
- Should a staff member, following the investigation, be re-instated with no disciplinary action this should be taken as evidence that no blame/fault/suspicion attaches to them.
- Where the complaint is not upheld, management should ensure that the reputation and career prospects of the staff member concerned are not adversely affected by reason of the complaint having been brought against him/her. The staff member (who had the allegation made against them) should be offered counselling and any other support necessary to restore his/her confidence and morale.
- The staff member who made the complaint should be reassured that management appreciates that the complaint was made in good faith. If required management will ensure that the staff member receives support e.g. external counselling, if requested or warranted.

Parents/Guardians and Allegations of Abuse or Neglect against Employees:

- Parents/guardians have the right to contact the Tusla to report an allegation of abuse or neglect about the employee or service.
- Parents/guardians of children who are named in an allegation of abuse or neglect will be kept informed of actions planned and taken, having regard to the rights of others concerned.
- If there is any concern that a child may have been harmed, their parents/guardians will be informed immediately.

Record Keeping:

- The service will conform to the provisions of the Data Protection Act 1998, the Data Protection (Amendment) Act 2003 and the Data Protection Act 2018.
- Under the Child Care Act 1991 (Early Years Services) Regulations 2016, accurate and up to date records in relation to children, staff and service provision must be kept. The Early Years inspectorate will have access to files for inspection purposes.
- Parents/guardians may have access to the files and records of their own children on request but may not have access to information about any other child.
- Only employees involved with a particular child should have access to confidential files and will be used to inform staff on how best to meet the needs of the child.
- Records are stored in compliance with the Child Care Act 1991 (Early Years Services) Regulations 2016.
- Where there are child protection or welfare concerns, observations/ records will be kept on an ongoing basis and information shared with Tusla as appropriate.
- These will be stored securely
- Procedures are in place for archiving records.
- All records are managed in line with our Data Protection Policy.
- We aim to ensure that all records are factual and written impartially.
- The service will only share information with other professionals or agencies, with consent from parents/guardians or without their consent in terms of legal responsibility in relation to a Child Protection issue.
- Records or reports should not be altered or adjusted, if there are new developments then a new record of this information should be completed.

(For further information see our policies on Observations, Record Keeping and Data Protection)

Code of Behaviour for Staff:

For the protection of staff, volunteers and children this code of behaviour has been introduced provide clarity on what is expected and what is not accepted, with respect to their behaviour as recommended in *Our Duty to Care.* Our code of behaviour is kept under regular review.

- We recognise that children have an equal right to our service provision in line with the *Equal Status Act* and the *National Disability Strategy*.
- Staff should be sensitive to the risks involved in participating in contact sports or other activities.
- While physical contact is a valid way of comforting, reassuring and showing concern for children, it should only take place when it is acceptable to all persons concerned.
- Staff should never physically punish or be in any way verbally abusive to a child, nor should they even tell jokes of a sexual nature in the presence of children.
- Staff should be sensitive to the possibility of developing favouritism, or becoming over involved or spending a lot of time with any one child
- Children should be encouraged to report cases of bullying to either a designated person, or a worker of their choice. Complaints must be brought to the attention of management.
- It is recommended that Child Care services develop a positive attitude amongst workers and children that respects the personal space, safety and privacy of individuals.
- It is not recommended that staff give lifts in their cars to individual children, especially for long journeys.

(This code has been adapted from Our Duty to Care Fact sheet 1)

Visitors/Students:

Visitors - including inspectors, workpeople, students etc. should never be left alone with the children. If they are going to address the children it is incumbent upon the Management to check their credentials and to ensure that the content of the address is appropriate.

All students will be carefully supervised and monitored by the manager. Secondary school pupils who come to the service for 'work experience' will also be carefully supervised and monitored but must not be left alone with the children.

We are committed to:

- Valuing and respecting all children as individuals.
- Listening to children.
- Involving children in decision making as appropriate.
- Encouraging children to express themselves.
- Working in partnership with parents/guardians.
- Promoting Positive Behaviour.
- Valuing differences.
- Implementing and adhering to all relevant policies to keep children safe.

Working in a safe environment – Protection of Adults and Children

Management will ensure a safe environment exists for staff and children by monitoring that all staff:

- Follow toileting procedures *(For further information Toileting Policies).*
- Are listened to and any concerns expressed about unacceptable practice or behaviour of colleagues are followed up by management.
- Are supported when dealing with challenging behaviour of children and staff understand and follow positive behaviour management strategies. *(For further information see Supporting Positive Behaviour Policy).*

Staff Ratios:

The adult/child ratios are governed by the Child Care Act 1991 (Early Years Services) Regulations 2016. The service will follow the adult/child ratios as defined in the below Regulations.

SERVICE:	AGE:	ADULT/CHILD RATIO:
Afterschool:	4-10 Years	1:12

The Code of Behaviour is given to all staff, students and volunteers at induction and it is expected that all staff, students and volunteers are familiar with the code and they will raise any questions arising with the manager.

All employees have a duty to adhere to the Code of Behaviour and to bring breaches of the code to the attention of the manager. Breaches of the Code of Behaviour are dealt with through the disciplinary procedure.

Recruitment and Selection Procedure:

The service carries out a comprehensive and detailed recruitment procedure in order to protect our children attending the service.

All applicants should be made aware and reminded throughout the recruitment period that their application and the follow up process of recruitment will be dealt with in the strictest of confidence. The information supplied by the applicant and any other information supplied on their behalf should only be seen by persons directly involved in the recruitment procedure.

Applicants will receive a clear job description and information on the organisation. Additional information, including a copy of the centre's Child Protection Policy should also be supplied to each applicant. *(For further information see our Recruitment Policy)*

Personnel File:

An up to date and accurate personnel file is kept for each member of staff that includes the following records:

- Proof of identity and that the person is over 18 years of age.
- Proof of satisfactory Garda Vetting.
- Two validated references, including a reference from the most recent place of employment.
- Verification of qualifications.

- Investigation of any gaps of employment.

Induction:

- As part of the induction process, all new management, staff, volunteers and students will be briefed on all the elements of the Child Protection and Welfare Policy including the ethos of the service, child centred practice and the Code of Behaviour, within the first week of employment.
- All management, staff, volunteers and students will be required to commit to and abide by the Child & Adult Protection Policy. They are required to confirm that they have read and understand the Child Protection & Adult Protection Policy with their signature and a record will be kept on file.
- The Code of Behaviour is given to all management staff, students and volunteers at induction and it is expected that all staff, students and volunteers are familiar with the code and they will raise any questions arising with the manager.

Staff Supervision and Support:

- Regular supervision and support is available to staff and volunteers, through one to one meetings or group meetings.
- Staff will be supported while dealing with a child protection concern and outside support will be sought where necessary, the costs of this will be borne by the company.

Garda Vetting:

In accordance with the Child Care Act 1991 (Early Years Services) Regulations 2016 we will ensure that all staff members are Garda vetted.

Our policy is that Garda vetting will be completed **prior to starting work at the service for employees** working directly with children. Repeat Garda vetting may be completed at any time during a contract of employment and will be completed at three year intervals and records will be held for 5 years. *(See the Garda Vetting policy for further information).*

Partnership with Parents/Guardians:

The service recognises the importance of working with parents/guardians. It has an “open door” policy where families are always welcome but where the needs of all of the children in our care are always the first priority. 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.

Parents/guardians will be made aware of any observations, records and notes kept by us about their children including patterns of behaviour, conversations and any injuries/bruising they may have upon arrival to the service.
All records will be made available upon request and are kept confidentially and securely.
All parents/guardians will be made aware of our policies and procedures. *(For further information see our Partnership with Parents/Guardians Policy)*

Complaints:

- Our children/staff/parents/guardians have the right to voice their opinions and concerns. It is our policy to welcome all suggestions, comments and complaints in relation to our service. Any comments or suggestions can be made to any member of staff. We will give careful attention and prompt and courteous response to any suggestions, comments or complaints. *(For further information see our Complaints Policy).*
- If a complaint involves a child protection concern, the reporting procedure will be followed in line with this Child Protection Policy.

Accidents and Incidents:

The Safety, Health & Welfare at Work Act, 2005 and Child Care Act 1991 (Early Years Services) Regulations 2016, are the governing legislation.

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. *(For further information see our Accidents and Incidents Policy)*

Social Media, Social Networking and Blogging:

- Personal blogs should have clear disclaimers that the views expressed by the author in the blog is the author's alone and do not represent the views of the service. Be clear and write in first person. Make your writing clear that you are speaking for yourself and not on behalf of the service.
- Information published on your blog(s) should comply with our confidentiality policy. This also applies to comments posted on other blogs, forums, and social networking sites.
- Be respectful to the service, management, other employees, customers, partners, and competitors.
- Staff 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
- Social media activities should not interfere with work commitments. Refer to Internet and Email Policy resource usage policies.
- Your online presence may reflect the service.
- Do not publish any information regarding any child, family or colleague.
- Respect copyright laws, and reference or cite sources appropriately. Plagiarism applies online as well.
- Company logos and trademarks may not be used.

Note: Social Networking websites includes a range of websites such as - Facebook, YouTube, and Twitter etc.

Under no circumstances should a child be left in a situation that exposes him or her to harm or risk of harm pending intervention by Tusla. If you think the child is in immediate danger and you cannot contact Tusla, you should contact the Gardaí.

Any breach of this policy may invoke the disciplinary policy.

This Child & Adult Protection Policy may be updated from time to time either from within or in line with legislation.

CHILD PROTECTION POLICY APPENDICES:

APPENDIX 1: STANDARD REPORTING FORM

APPENDIX 2: TYPES OF CHILD ABUSE AND HOW THEY MAY BE RECOGNISED

APPENDIX 3: THE UN CONVENTION ON THE RIGHTS OF THE CHILD (1989)

APPENDIX 4: DUTY SOCIAL WORKER AND LOCAL GARDA CONTACT INFORMATION

APPENDIX 5: MANDATED PERSONS RESPONSIBILITIES

APPENDIX 6: REASONABLE GROUNDS FORCONCERN

APPENDIX 7: REPORTING PROCEDURES

APPENDIX 8: CHILD SAFEGUARDING STATEMENT

APPENDIX 9: LIST OF MANDATED PERSONS IN OUR SERVICE

APPENDIX 1: STANDARD REPORTING FORM

TUSLA An Ghníomhaireacht um Leanaí agus an Teaghlach Child and Family Agency

FORM NUMBER: CC01:01:01

STANDARD REPORT FORM

(For reporting CP&W Concerns)

A. To Principal Social Worker/Designate: _____

1. Date of Report ☐

2. Details of Child

Name:		Male ☐	Female ☐
Address:		DOB	Age
		School	
Alias		Correspondence address (if different)	
Telephone		Telephone	

3. Details of Persons Reporting Concern(s)

Name:		Telephone No.	
Address:		Occupation	
		Relationship to client	
Reporter wishes to remain anonymous ☐		Reporter discussed with parents/guardians ☐	

4. Parents Aware of Report

		Yes	No
Are the child's parents/carers aware that this concern is being reported	- Mother	☐	☐
	- Father	☐	☐
Comment			

5. Details of Report

(Details of concern(s), allegation(s) or incident(s) dates, times, who was present, description of any observed injuries, parent's view(s), child's view(s) if known.)

10.13.7.13 (14 Jan '14) (unp)

TUSLA An Ghníomhaireacht um Leanaí agus an Teaghlach Child and Family Agency

FORM NUMBER: CC01:01:01

STANDARD REPORT FORM

(For reporting CP&W Concerns)

6. Relationships

Details of Mother		**Details of Father**	
Name:		Name:	
Address: (if different to child)		Address: (if different to child)	
Telephone No's:		Telephone No's:	

7. Household composition

Name	Relationship	DOB	Additional Information e.g. School/ Occupation/Other:

8. Name and Address of other personnel or agencies involved with this child

	Name	Address
Social Worker		
PHN		
GP		
Hospital		
School		
Gardaí		
Pre-School/Crèche/YG		
Other (specify):		

9. Details of person(s) allegedly causing concern in relation to the child

Relationship to child:		Age		Male	☐	Female	☐
Name:			Occupation				
Address:							

10. Details of person completing form

Name:		Occupation:	
Address:		Telephone No's:	
Signed		Date:	

10.13.7.13 (14 Jan '14) (unp)

APPENDIX 2:
TYPES OF CHILD ABUSE AND HOW THEY MAY BE RECOGNISED
Chapter 2, Page 07 Children First (2017)

Child abuse can be categorised into four different types: neglect, emotional abuse, physical abuse and sexual abuse. A child may be subjected to one or more forms of abuse at any given time. Abuse and neglect can occur within the family, in the community or in an institutional setting. The abuser may be someone known to the child or a stranger, and can be an adult or another child. In a situation where abuse is alleged to have been carried out by another child, you should consider it a child welfare and protection issue for both children and you should follow child protection procedures for both the victim and the alleged abuser.

The important factor in deciding whether the behaviour is abuse or neglect is the impact of that behaviour on the child rather than the intention of the parent/carer.

The definitions of neglect and abuse presented in this section are not legal definitions. They are intended to describe ways in which a child might experience abuse and how this abuse may be recognised.

Neglect

Child neglect is the most frequently reported category of abuse, both in Ireland and internationally. Ongoing chronic neglect is recognised as being extremely harmful to the development and well-being of the child and may have serious long-term negative consequences. Neglect occurs when a child does not receive adequate care or supervision to the extent that the child is harmed physically or developmentally. It is generally defined in terms of an omission of care, where a child's health, development or welfare is impaired by being deprived of food, clothing, warmth, hygiene, medical care, intellectual stimulation or supervision and safety. Emotional neglect may also lead to the child having attachment difficulties. The extent of the damage to the child's health, development or welfare is influenced by a range of factors. These factors include the extent, if any, of positive influence in the child's life as well as the age of the child and the frequency and consistency of neglect. Neglect is associated with poverty but not necessarily caused by it. It is

strongly linked to parental substance misuse, domestic violence, and parental mental illness and disability. A reasonable concern for the child's welfare would exist when neglect becomes typical of the relationship between the child and the parent or carer. This may become apparent where you see the child over a period of time, or the effects of neglect may be obvious based on having seen the child once.

The following are features of child neglect:

- Children being left alone without adequate care and supervision
- Malnourishment, lacking food, unsuitable food or erratic feeding
- Non-organic failure to thrive, i.e. a child not gaining weight due not only
- to malnutrition but also emotional deprivation
- Failure to provide adequate care for the child's medical and developmental needs, including intellectual stimulation
- Inadequate living conditions – unhygienic conditions, environmental
- issues, including lack of adequate heating and furniture
- Lack of adequate clothing
- Inattention to basic hygiene
- Lack of protection and exposure to danger, including moral danger, or lack of supervision appropriate to the child's age
- Persistent failure to attend school
- Abandonment or desertion

Emotional abuse

Emotional abuse is the systematic emotional or psychological ill-treatment of a child as part of the overall relationship between a caregiver and a child. Once-off and occasional difficulties between a parent/carer and child are not considered emotional abuse. Abuse occurs when a child's basic need for attention, affection, approval, consistency and security are not met, due to incapacity or indifference from their parent or caregiver. Emotional abuse can also occur when adults responsible for taking care of children are unaware of and unable (for a range of reasons) to meet their children's emotional and developmental needs. Emotional abuse is not easy to recognise because the effects are not easily seen. A reasonable concern for the

child's welfare would exist when the behaviour becomes typical of the relationship between the child and the parent or carer.

Emotional abuse may be seen in some of the following ways:

- Rejection
- Lack of comfort and love
- Lack of attachment
- Lack of proper stimulation (e.g. fun and play)
- Lack of continuity of care (e.g. frequent moves, particularly unplanned)
- Continuous lack of praise and encouragement
- Persistent criticism, sarcasm, hostility or blaming of the child
- Bullying
- Conditional parenting in which care or affection of a child depends on his or her behaviours or actions
- Extreme over protectiveness
- Inappropriate non-physical punishment (e.g. locking child in bedroom)
- Ongoing family conflicts and family violence
- Seriously inappropriate expectations of a child relative to his/her age and stage of development

There may be no physical signs of emotional abuse unless it occurs with another type of abuse. A child may show signs of emotional abuse through their actions or emotions in several ways. These include insecure attachment, unhappiness, low self-esteem, educational and developmental underachievement, risk taking and aggressive behaviour. It should be noted that no one indicator is conclusive evidence of emotional abuse. Emotional abuse is more likely to impact negatively on a child where it is persistent over time and where there is a lack of other protective factors.

Physical abuse

Physical abuse is when someone deliberately hurts a child physically or puts them at risk of being physically hurt. It may occur as a single incident or as a pattern of incidents. A reasonable concern exists where the child's health and/ or development is, may be, or has been damaged as a result of suspected physical abuse.

Physical abuse can include the following:

- Physical punishment
- Beating, slapping, hitting or kicking
- Pushing, shaking or throwing
- Pinching, biting, choking or hair-pulling
- Use of excessive force in handling
- Deliberate poisoning
- Suffocation
- Fabricated/induced illness
- Female genital mutilation

The Children First Act 2015 includes a provision that abolishes the common law defence of reasonable chastisement in court proceedings. This defence could previously be invoked by a parent or other person in authority who physically disciplined a child. The change in the legislation now means that in prosecutions relating to assault or physical cruelty, a person who administers such punishment to a child cannot rely on the defence of reasonable chastisement in the legal proceedings. The result of this is that the protections in law relating to assault now apply to a child in the same way as they do to an adult.

Sexual abuse

Sexual abuse occurs when a child is used by another person for his or her gratification or arousal, or for that of others. It includes the child being involved in sexual acts (masturbation, fondling, oral or penetrative sex) or exposing the child to sexual activity directly or through pornography. Child sexual abuse may cover a wide spectrum of abusive activities. It rarely involves just a single incident and in some instances occurs over a number of years. Child sexual abuse most commonly happens within the family, including older siblings and extended family members. Cases of sexual abuse mainly come to light through disclosure by the child or his or her siblings/friends, from the suspicions of an adult, and/or by physical symptoms.

Examples of child sexual abuse include the following:

- Any sexual act intentionally performed in the presence of a child

- An invitation to sexual touching or intentional touching or molesting of a child's body whether by a person or object for the purpose of sexual arousal or gratification
- Masturbation in the presence of a child or the involvement of a child in an act of masturbation
- Sexual intercourse with a child, whether oral, vaginal or anal
- Sexual exploitation of a child, which includes:
    - Inviting, inducing or coercing a child to engage in prostitution or the production of child pornography [for example, exhibition, modelling or posing for the purpose of sexual arousal, gratification or sexual act, including its recording (on film, videotape or other media) or the manipulation, for those purposes, of an image by computer or other means]
    - Inviting, coercing or inducing a child to participate in, or to observe, any sexual, indecent or obscene act
    - Showing sexually explicit material to children, which is often a feature of the 'grooming' process by perpetrators of abuse
- Exposing a child to inappropriate or abusive material through information and communication technology
- Consensual sexual activity involving an adult and an underage person

An Garda Síochána will deal with any criminal aspects of a sexual abuse case under the relevant criminal justice legislation. The prosecution of a sexual offence against a child will be considered within the wider objective of child welfare and protection. The safety of the child is paramount and at no stage should a child's safety be compromised because of concern for the integrity of a criminal investigation. In relation to child sexual abuse, it should be noted that in criminal law the age of consent to sexual intercourse is 17 years for both boys and girls. Any sexual relationship where one or both parties are under the age of 17 is illegal. However, it may not necessarily be regarded as child sexual abuse. Details on exemptions for mandated reporting of certain cases of underage consensual sexual activity can be found in ***Chapter 3 of Children First (2017).***

APPENDIX 3: THE UN CONVENTION ON THE RIGHTS OF THE CHILD (1989)

The Convention stipulates the following general principles:

- States shall ensure each child enjoys full rights without discrimination or distinctions of any kind.
- The child's best interests shall be a primary consideration in all actions concerning children, whether undertaken by public or private social institutions, courts, administrative authorities or legislative bodies.
- Every child has the right to life and states shall ensure, to the maximum extent possible, child survival and development.
- Children have the right to be heard.

The Convention stipulates the following substantive provisions:

Civil Rights and Freedom:

- The right to a name and a nationality.
- The right to a sense of identity.
- The right to freedom of expression.
- The right to freedom of thought, conscience and religion.
- The right to freedom of association.
- The right to privacy.
- No child shall be subjected to torture, or other cruel, inhuman or degrading treatment or punishment.

Family Environment and Parental Guidance:

- States must respect the responsibilities of parents/guardians and extended family members to provide guidance for children.
- The convention gives parents/guardians a joint and primary responsibility for raising their children.
- Children should not be separated from their parents/guardians unless this is deemed to be in the child's best interests.
- Children and their parents/guardians have the right to leave any country and to enter their own for purposes of reunion.

- Children have the right to an adequate standard of living.
- The Convention obliges the state to provide special protection for children deprived of a family environment.
- The state has the obligation to prevent and remedy the kidnapping or retention of children abroad by a parent or third party.
- To protect children from all forms of abuse or neglect.
- It is the responsibility of the state to ensure – in cases of children victims of armed conflict, torture, neglect, maltreatment or exploitation – that they receive appropriate rehabilitative care and treatment to facilitate their recovery and social integration into society.
- A child placed by the state for reasons of care, protection or treatment is entitled to have that placement regularly evaluated.

Basic Health and Welfare of Children:

- Every child has the right to life.
- Parties shall ensure to the maximum extent the survival and development of the child.
- The child has the right to the highest attainable standard of health.
- Disabled children have the right to special treatment, education and care.
- Children have the right to benefit from social security.
- Every child has the right to a standard of living adequate for the child's mental, physical, spiritual, value systems and social development.

Education, Leisure and Recreation:

- Children have the right to education.
- The aims of education are geared towards developing children's personalities as well as their mental and physical abilities to the fullest extent.
- Children have a right to enjoy leisure, recreation and cultural activities.

SPECIAL PROTECTION MEASURES:

(a) Situations of armed conflict:

- State parties shall take all feasible measures to ensure that children under 15 years of age take no part in hostilities and that no child below 15 is recruited into the armed forces.
- State parties shall take all feasible measures to ensure protection and care of children who are affected by armed conflict.
- Children have the right to appropriate treatment for their recovery and social reintegration.
- Special protection shall be given to refugee children or to a child seeking refugee status.

(b) In situations where children are in conflict with the law:

- Regarding the administration of juvenile justice, children who come in conflict with the law have the right to treatment that promotes their dignity and self-worth, and also takes into account the child's age and aims at his/her integration into society.
- Children are entitled to basic guarantees as well as legal or other assistance for their defence and judicial proceedings and institutional placements shall be provided wherever possible.
- Any child deprived of liberty shall not be kept apart from adults unless it is in the child's best interests to do so.
- A child who is detained shall have legal and other assistance as well as contact with his/her family.

(c) In situations of exploitation:

- Children have the right to be protected from economic exploitation and from work that threatens their health.
- Children have the right to protection from the use of narcotic and psychotropic drugs as well as from being involved in their production and distribution.
- Children have the right to protection from sexual exploitation, and abuse, including prostitution and pornography.
- It is the States obligation to make every effort to prevent the sale, trafficking and abduction of children.

(d) In situations of children belonging to a minority or indigenous group:

- Children of minority communities and indigenous populations have the right to enjoy their own culture and to practice their own religion and language.

APPENDIX 4: DUTY SOCIAL WORKER & LOCAL GARDA CONTACT INFORMATION

Child Protection Social Work Services:

Child and Family Agency
Wellmount Health Centre
Wellmount Park
Finglas
Dublin 11
Phone: 01 856 7704

If the Duty Social Worker is not available at the time of contact the caller should give sufficient details to the secretary to enable the Duty Social Worker to prioritise a response.

Local Garda Station:

Bridewell Garda Station 01 666 8200

APPENDIX 5 MANDATED PERSONS RESPONSIBILITIES

(*Children First Act 2015)*

Section 14(1) of the Children First Act 2015 states:

'…where a mandated person knows, believes or has reasonable grounds to suspect, on the basis of information that he or shehas received, acquired or becomes aware of in the course of his or her employment or profession as such a mandated person, that a child–

(a) has been harmed,

(b) is being harmed, or

(c) is at risk of being harmed,

he or she shall, as soon as practicable, report that knowledge, belief or suspicion, as the case may be, to the Agency.'

Section 14(2) of the Children First Act 2015 also places obligations on mandated persons to report any disclosures made by a child:

'Where a child believes that he or she–

(a) has been harmed,

(b) is being harmed, or

(c) is at risk of being harmed,

and discloses this belief to a mandated person in the course of a mandated person's employment or profession as such a person, the mandated person shall, … as soon as practicable, report that disclosure to the Agency.'

Section 2 of the Children First Act 2015 defines harm as follows:

'harm means in relation to a child–

(a) assault, ill-treatment or neglect of the child in a manner that seriously affects, or is likely to seriously affect the child's health, development or welfare, or,

(b) sexual abuse of the child.'

APPENDIX 6: REASONABLE GROUNDS CONCERN

Chapter 2, Page 06 Children First (2017)

You should always inform Tusla when you have **reasonable grounds for concern** that a child may have been, is being, or is at risk of being abused or neglected. If you ignore what may be symptoms of abuse, it could result in ongoing harm to the child. It is not necessary for you to prove that abuse has occurred to report a concern to Tusla. All that is required is that you have reasonable grounds for concern. It is Tusla's role to assess concerns that are reported to it. If you report a concern, you can be assured that your information will be carefully considered with any other information available and a child protection assessment will be carried out where sufficient risk is identified.

Reasonable grounds for a child protection or welfare concern include:

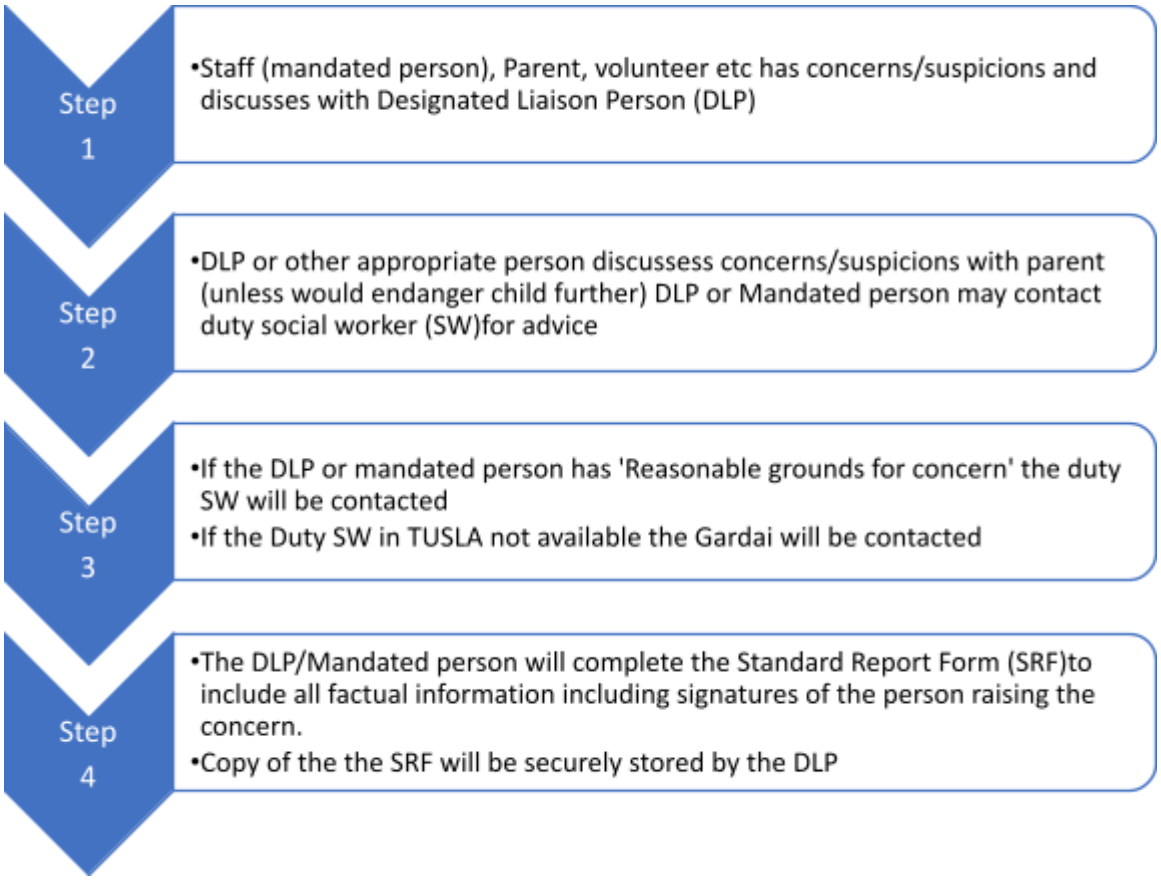
- Evidence, for example an injury or behaviour, that is consistent with abuse and is unlikely to have been caused in any other way
- Any concern about possible sexual abuse
- Consistent signs that a child is suffering from emotional or physical neglect
- A child saying or indicating by other means that he or she has been abused
- Admission or indication by an adult or a child of an alleged abuse they committed
- An account from a person who saw the child being abused

The guiding principles on reporting child abuse or neglect may be summarised as follows:

1. The safety and well-being of the child must take priority over concerns about adults against whom an allegation may be made
2. Reports of concerns should be made without delay to Tusla

If you think a child is in immediate danger and you cannot contact Tusla, you should contact the Gardaí without delay.

APPENDIX 7 Child Protection Reporting Procedure Steps 1 – 4



NOTE: In the case where the Designated Liaison Person or Mandated Person reaches the conclusion that reasonable grounds do not exist that they will not report the concern of the employee, student or volunteer to the relevant TUSLA Social Work Department or An Garda Síochána, the individual employee, student or volunteer who raised the concern should be given a clear written statement of the reasons why the DLP is not taking action. The employee, student or volunteer should be advised that, if they remain concerned about the situation, they are free to consult with, or report to, the TUSLA Social Work Department or An Garda Síochána.

As a mandated person, you should be aware that the legal obligations under the Children First Act 2015 to report mandated concerns rest with you and not with the designated liaison person.

Designated Liaison Persons: Angie O'Brien

Deputy Designated Liaison Person: Estevao De Moraes

Social Worker: Child and Family Agency

Wellmount Health Centre

Wellmount Park

Finglas

Dublin 11

Phone: 01 856 7704

Garda: Bridewell 01 6668200

APPENDIX 8 CHILD SAFEGUARDING STATEMENT

Document Title:	**Child Safeguarding Statement**
Unique Reference Number:	**013A**
Revision Number:	**N/A**
Document Author:	**Youth Club @ The Elbowroom**
Document Approved:	**Lisa Wilkinson**
Date the Document is Effective From:	**February 2021**
Scheduled Review Date:	**February 2023**
Number of Pages:	**5**

The purpose of this service is to provide a sessional facility for children aged 4 - 10 years old. We open 38 weeks per year and daily from 1.00pm PM – 18:00 PM Monday to Friday. We have capacity to cater for 45 children at any one time and our ratios are listed overleaf. This service is privately owned and managed by Lisa Wilkinson.

Opening Hours:	1.00 PM - 18.00 PM

No of Weeks per year opened:	38 weeks
Capacity:	45
Age Range:	4 - 10 years
Ratios:	1:12
Curriculum:	Play-based, child-centred
Address:	32 North Brunswick Street, Dublin 7
Phone number:	086 029 4678
Email:	youthclub@the-elbowroom.com

2. Principles

Protecting children and young people is everyone's responsibility. The welfare of the child is paramount to us. Therefore, we want to make sure that the children in the service are protected and kept safe from harm while they are with the staff and the students in this organisation by:

- Making sure that our staff and students are carefully selected, trained and supervised.
- Having procedures to recognise, respond to and report concerns about children's protection and welfare.
- Making sure all staff are Garda vetted prior to engagement.
- Having clear codes of behaviour for management, staff and students.
- Having a procedure to respond to accidents and incidents.
- Giving parents/guardians, children and workers information about what we do and what to expect from us.
- Letting parents/guardians and children know how to voice their concerns or complain if there is anything they are not happy about. Having a procedure to respond to these complaints.
- We have a clear reporting procedure to be followed should a staff member have a concern about a child with regard to *Children First (2017) and The Children First Act 2015*
- Having a procedure to respond to allegations of abuse and neglect against staff members.
- The Child and Adult Protection policy will be reviewed annually by the Management.

3. Risk Assessment

We have carried out an assessment of any potential for harm to a child while availing of our services. Below is a list of the areas of risk identified and the list of procedures for managing these risks.

RISK IDENTIFIED	PROCEDURES IN PLACE TO MANAGE RISK
Inappropriate curriculum and activities	Curriculum Policy, Child Development, Observations and Assessment Policy

Infection/Illness	Cleanliness and Hygiene Policy, Infection Control, Exclusions for Illness
Lost Child	Missing Child policy
Accidents and Incidents	Safety Statement, Risk Assessments, Accident and Incident policy, Health and Safety Policy
Accidents/Injury or lost child	Risk Assessment
Medication errors Child not treated for a condition	Medicines Policy, Parental Consent Forms, Individual Child Care/Emergency Plans
Poor supervision of Indoor and Outdoor Play	Risk Assessments, Supervision Indoor and Outdoor Policy, Outside Play Policy
Child not Collected Unauthorised collection	Collections Policy, Parental Agreement, Child Registration Form
Illness of infection due to poor nutrition	Healthy Eating Policy, Food Hygiene Policy. Advice to parents on nutrition
Unsuitable staff	Recruitment and Selection Policy, Garda vetting policy, Relevant References, Child and Adult Protection Policy. Risk Assessment of Disclosures
Untrained staff	Staff Training Policy, Supervision Policy
Poor behaviour strategies where the dignity of the child is undermined	Managing Behaviour Policy, Child Development Policy, Observations and Assessment Policy, Staff Training Policy
Unvetted staff/students/volunteers	Garda Vetting Policy, Students and Volunteers policy
Access to inappropriate online resources Unauthorised sharing of images and information abo0ut a child	Internet and Photographic and recording devices policy, Parental Consent Forms. Data Protection policy
Injury or death during sleeping	Safe Sleeping Policy, Risk Assessments, Staff Training Policy

4. Procedures

Our Child Safeguarding Statement has been developed in line with requirements under the Children First Act 2015, the *Children First: National Guidance*, and Tusla's *Child Safeguarding: A Guide for Policy, Procedure and Practice*. In addition to the procedures listed in our risk assessment, the following procedures support our intention to safeguard children while they are availing of our service:

- Procedure for the management of allegations of abuse or misconduct against workers/volunteers of a child availing of our service *See Child & Adult Protection Policy.*

- Procedure for the safe recruitment and selection of workers and volunteers to work with children *See Recruitment and Selection Policy, Garda Vetting Policy, Student and Volunteer Policy.*
- Procedure for provision of and access to child safeguarding training and information, including the identification of the occurrence of harm. *See Staff Training Policy, Child and Adult Protection Policy*
- Procedure for the reporting of child protection or welfare concerns to Tusla *Child and Adult Protection Policy*
- Procedure for maintaining a list of the persons (if any) in the relevant service who are mandated persons.

See Child and Adult Protection Policy APPENDIX 9

- Procedure for appointing a relevant person *See Child and Adult Protection Policy 'Designated Liaison Person'*
- Full and comprehensive Policies and Procedures, Safety Statement and Risk Assessments are periodically reviewed and updated as appropriate.

All procedures listed are available upon request.

5. Implementation

We recognise that implementation is an ongoing process. Our service is committed to the implementation of this Child Safeguarding Statement and the procedures that support our intention to keep children safe from harm while availing of our service. This Child Safeguarding Statement will be reviewed every *twenty four months* or as soon as practicable after there has been a material change in any matter to which the statement refers.

Signed:....Lisa Wilkinson……..(Provider) Date.. Feb 2021.....

Name..Lisa Wilkinson……..Tel...01 677 9859

Relevant Person under the Children First Act 2015

Name...Angela O'Brien…….....Tel...01 677 9859…….....

APPENDIX 9 LIST OF MANDATED PERSONS IN OUR SERVICE

NAME: Angela O'Brien	**Position: Childcare Manager**
Estevao De Moraes	**Room Supervisor**
Lara Aquino	**Childcare Assistant**
Aline Polido Moreira	**Childcare Assistant**
Arantxa Vasquez	**Childcare Assistant**

13. CHILD OBSERVATIONS and ASSESSMENT

Document Title:	**Child Observations and Assessment**
Unique Reference Number:	**013**
Revision Number:	**N/A**
Document Author:	**Youthclub @ The Elbowroom**
Document Approved:	**Lisa Wilkinson**
Date the Document is Effective From:	**February 2021**
Scheduled Review Date:	**February 2023**
Number of Pages:	**2**

Statement of Intent:

This 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

Observations/Assessment:

In order to achieve this we will:

- Give parents/guardians information on observation system at parent's information sessions before the child starts in the service.
- Introduce each parents to the childcare team..
- 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, where relevant, on a regular basis and share these with parents/guardians at planned interviews and at any time of the year on request.
- Ensure records are kept by the service in a secure place.

- The staff members should be aware of their own values and beliefs and ensure they are observing and assessing impartially.

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.

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.

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 Principle 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.

14. CODE OF ETHICS - WORKING WITH CHILDREN

Document Title:	**Code of Ethics – Working with Children**
Unique Reference Number:	**014**
Revision Number:	**N/A**
Document Author:	**Youthclub @ The Elbowroom**
Document Approved:	**Lisa Wilkinson**
Date the Document is Effective From:	**February 2021**
Scheduled Review Date:	**February 2023**
Number of Pages:	**2**

Statement of Intent:

The service will ensure that staff are fully of what is expected from them in terms of behaviour and their attitude to their work and children.

Adults should adopt the following practices when interacting with children:

DO...

- Provide constant supervision to ensure children are safe.
- Make strong eye contact.
- Be at the child's level – focus on the child/children.
- Check the child is understood.
- Give encouragement and positive feedback.
- Work with the child to develop their skills in relation to mediation and conflict resolution.
- Extend the child's language.
- Use clear communication skills – questions, responses, discussion, leading to other subjects.
- Ask questions – how did you do that? - tell me about that?, how?, why?
- Use props.
- Be sensitive to the child's needs and partnering play.

- Ensure the child is comfortable.
- Language – short repeat words, extend language – in line with the child's developmental age.
- Use all occasions to engage children – greetings – lunch.
- Repeat your message if something is not correct (not in negative way).
- Organise activities – that reflect children's interests – enjoyable, accessible to child.
- Allow children – freedom of choices, within reason.
- Listen, encourage and praise – applies to adults, children, parents/guardians.
- Be a positive role model. Remember children learn what they see and hear.
- Encourage children to engage in activities which will calm or relax them.
- Be aware that the weather can effect children – rain, wind, heat.
- Follow the child's lead.
- Have FUN!

DON'T...

- Use mobile phones when supervising children unless for Youth Club business in an emergency.
- Use abusive/threatening behaviour or language.
- Use raised voices – speak in soft tones.
- Isolate children.

15. SLEEP AND REST

Document Title:	**Sleep and Rest**
Unique Reference Number:	**015**
Revision Number:	**N/A**
Document Author:	**Youthclub @ The Elbowroom**
Document Approved:	**Lisa Wilkinson**
Date the Document is Effective From:	**February 2021**
Scheduled Review Date:	**February 2023**
Number of Pages:	**1**

We do not have sleep facilities. However, we are very conscious that some children may come to the service tired or may become tired when attending. We have a cosy corner for tired children to use. Our aim is to ensure the child has maximum comfort, at all times, within the space and resources available to us.

16. CURRICULUM

Document Title:	**Curriculum**
Unique Reference Number:	**016**
Revision Number:	**N/A**
Document Author:	**Youthclub @ The Elbowroom**
Document Approved:	**Lisa Wilkinson**
Date the Document is Effective From:	**February 2021**
Scheduled Review Date:	**February 2023**
Number of Pages:	**6**

"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**

Statement of Intent:

This service offers a range of learning opportunities to children, which are appropriate to the child's age and stage of development. We are being guided by the Principle of Síolta and the curriculum framework Aistear. We have also carried this forward and adapted it to our older age group of 6-10yrs.

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 that will benefit their long-term success in life. Our service recognises 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 Principle. Aistear is Ireland's curriculum framework for children from birth to six years. This will be adapted to be effective in the learning process of our older age group 6-10yrs. We will adapt our curriculum to make learning even more enjoyable and rewarding for all our children attending our service.

We will 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 Principle 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). We will adapt these aims to ensure our older age group are cared for and nurtured in this way.

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.

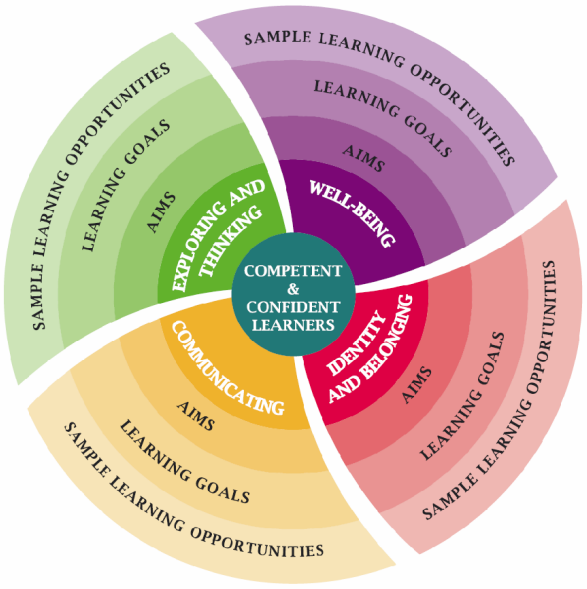


Figure 1: Curriculum Sheets

Curriculum Planning:

A Curriculum timetable is used. Activities are age and stage appropriate and 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 members:

- 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 record this evidence through observation.

Understanding children’s learning:

Our team 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 in an age appropriate setting.

Equipment:

Materials available within our service are suitable, safe and age appropriate, while providing new exciting challenges and experiences for the developmental needs of our children. Equipment is chosen carefully and is appropriate for the setting. We rotate equipment and materials.

- The layout of the room is carefully designed, and the equipment is low level and accessible and age appropriate 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, our play will include clearly defined areas of interest (e.g.) home/ imaginative, art/creative and construction play.
- New materials will be introduced on a regular basis, based on the children's developmental needs and interests.
- The staff members are responsible for the materials ensuring that all materials/equipment used is 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 strongly advise parents/guardians not to let children bring their personal toys to the service as they may be mislaid or broken and cause distress.

Activities:

The learning environment is well planned and allows for choice and self-directed play. The curriculum should promote independence and problem solving. Staff will ensure that children are given opportunities to participate in a variety of activities including:

- Construction.
- Dramatic Play.
- Art and creative expression.
- Sensory – sand and water.
- Science and discovery.
- Music and movement.
- Physical and active play.
- Outdoor play.

17. OUTINGS

Document Title:	**Outings**
Unique Reference Number:	**017**
Revision Number:	**N/A**
Document Author:	**Youthclub @ The Elbowroom**
Document Approved:	**Lisa Wilkinson**
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Number of Pages:	**1**

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, weather permitting–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.

18. INCLUSION [INCORPORATING EQUALITY & DIVERSITY]

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Revision Number:	**N/A**
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This policy has been developed according to the principles outlined in The Diversity, Equality and Inclusion Charter and Guidelines for Early Childhood Care and Education (see Appendix 1)

Statement of Intent:

We aim to ensure that all children, including children with a disability, will be able to meaningfully participate in our settings (apart from exceptional situations where specialised provision is required for unavoidable reasons). In line with this vision, our policy is about supporting the access and inclusion of children with a disability and/or additional needs.

Purpose of Policy

To provide guidelines for the successful inclusion of children with additional needs into the setting.

To provide guidelines for the successful celebration of diversity into the setting

<u>Guiding principles</u>

Consistent: The provision of supports and services for children with a disability should be consistent across our service

Effective: supports should make a difference and genuinely enhance inclusion.

Equitable: All children should have equality of opportunity to access and participate

Evidence-informed: supports and services for children with a disability should be evidence-informed.

High quality: supports and services for children with a disability should be of high quality.

Integrated: Our approach is to work in partnership with families and other stakeholders/agencies where appropriate.

Needs-driven: supports will be needs driven

A Sense of Identity

All children, parents and staff entitled not to be discriminated against and to be given the same fair opportunities. The practice in a childcare setting should represent and recognise the different needs, experiences and backgrounds of both its users and the wider community. Early years practitioners need to be aware that different skills, experiences, interests and awareness that children have affects their ability and how they learn. When planning a curriculum, it should meet the needs of both boys and girls, children with additional needs, more able children, children with a disability, children from all social, cultural and religious backgrounds, children from different ethnic groups including, Travellers, refugees and asylum seekers and children from a variety of different linguistic backgrounds.

INCLUSION OF CHILDREN WITH ADDITIONAL NEEDS

Definitions:

Additional Needs: Children whose development, in one or more of the following areas, needs additional support - mobility, expressive and/or receptive communication, social behaviour, behavioural control, fine/gross motor skills, vision, hearing, self-care, cognitive skills.

Definition of Disability

"A long-term physical, mental, intellectual or sensory impairment which, in interaction with various barriers, may hinder a child's full and effective participation in society on an equal basis with others." The definition is broad and should ensure that children with needs arising from a long-term physical, mental, intellectual or sensory impairment will be supported even where the particular impairment may not be traditionally recognised as a disability. "Long-term" should be understood as referring to an impairment which is enduring and permanent or likely to be permanent.

Inclusion: 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).

The Manager of this service takes responsibility for:

- Ensuring the physical environment is suitable where possible and within available resources
- Providing clearly defined enrolment procedures set out in our enrolment/admissions policies, which endeavour to facilitate access for all children within the resources and expertise available.
- Identifying children with additional needs during the application process.
- Regularly reviewing with staff, the planning and resources provided for children with additional needs attending the service.

- Linking with other groups that support the child, HSE, Early Intervention Team, TUSLA, Voluntary Services etc.
- Working with staff and families to identify and apply for additional resources/support for children with additional needs.
- Providing appropriate physical and staffing resources within the budget constraints of the service.
- Supporting staff to gain the appropriate knowledge and skills for the implementation of this policy and additional roles as they are created and developed.
- Appointing a keyworker to the child with an additional need
- Ensuring that Medical Emergency Care plans are set up for children requiring life-saving medication
- Ensuring an Individual Education Plan is developed for the child
- Planning and facilitating continuous professional development of staff to enhance inclusion
- Facilitating the development of transition plans for children within and outside the setting
- Ensuring there is purposeful learning for the child with additional needs within the setting
- Providing support and strategies to staff in developing differentiated learning and providing accommodations/adaptations
- Facilitating problem solving with staff to enhance inclusion
- Being an advocate for children with additional needs within the setting
- Modelling inclusionary practices for the entire service

Our team will work in consultation with the staff, the parents/guardians of the child, and other professionals and/or agencies working with the family to determine additional resources required to meet the functional and developmental needs of the child and to determine the suitability of the service in meeting these needs.

The Staff are responsible for:

- Being a champion for children with additional needs

- Reviewing enrolment applications to identify children with additional needs.
- Identifying, if additional support is required, the type of support required and consulting.
- Liaising with families and management.
- Ensuring that any support or resources available for a child are accessed in consultation with the parents/guardians.
- Ensuring that the parents/guardians are fully informed of plans and schedules.
- To plan and implement a programme which incorporates the individual goals for the child with additional needs.
- Ensuring the programme provides opportunities for participation and interaction with other children.
- Responding to parents/guardians needs and providing support and guidance, where appropriate.
- Encouraging a collaborative family approach.
- Ensuring that, in consultation with persons involved in the care and education of the child, any specialised medical and nutritional needs of the child are catered for in the day-to-day programme.
- Ensuring that the programme incorporates opportunities for regular review and evaluation, in consultation with all persons involved in the child's care and education.
- Providing personal and intimate care where appropriate

The parents/guardians will:

- Share information about their child and their child's needs within the service whilst maintaining the right to decide who will receive information about their child.
- Be open to engaging in supports suggested or available.

- Raise any issues/concerns they have about their child's participation in the programme
- Be involved in, and fully informed about, any support proposed for their child.
- Be given the opportunity to consent to any observations, intervention or reports on their child and have a right to copies of such documents.
- Be given the opportunity to withdraw consent to any observations, interventions or reports.

EQUALITY AND DIVERSITY

The UN Convention on the Rights of the Child (1991) states:

"It is the States obligation to protect children from any form of discrimination and to take positive action to promote their rights". We provide equal opportunities by ensuring that:

- We are aware that everyone's tastes vary and each of us has a different way of doing things. We all have different interests and ways of expressing ourselves.
- All staff have a responsibility to show clearly, through their work, that they respect all children and their families regardless of ability, culture, beliefs and traditions.
- Staff are non-discriminatory, and we believe in equal attention and care for all children without regard to race, gender, national origin, ancestry etc.

Definitions

'Diversity' refers to the diverse nature of Irish society. Diversity is about all the ways in which people differ, and how they live their lives as individuals, within groups, and as part of a wider social group: for example, a person can be classified, or classify themselves, by their social class, gender, disability/ability, as a returned Irish emigrant, family status, as an inter-country adoptee, or from a different family

structure, including foster care. They can be seen – or see themselves – as part of a minority group, a minority ethnic group or part of the majority/dominant group (adapted from Murray and Urban, 2012).

'Equality' refers to the importance of recognising, respecting, and accepting the diversity of individuals and group needs, and of ensuring equality in terms of access, participation and benefits for all children and their families. It is therefore not about treating people 'the same'. Equality of participation is particularly relevant when working with children and parents. Inequality can be instigated by an individual, or through policies at an early childhood service or broader institutional level (adapted from Murray and Urban, 2012).

Favouritism:

Staff should not develop favouritism or become over involved with any one child. The children should be comfortable in the care of any of our staff as there may be different staff working each day with groups or individual children. Children can feel resentful or isolated if staff always favour one child and a child who is always over indulged or favoured can be led to feel that he or she can do no wrong and grow up to have a feeling of entitlement which may affect future relationships and behaviour as an adult.

Meetings:

We will convene meetings at a time and venue that enable most parents/guardians to attend and to ensure equal access to information and involvement in the service.

Access:

Everyone in the community regardless of religious affiliation, political background, race, culture, linguistic needs, disability, sexual orientation or age, has access to the service.

The Curriculum:

- All children are to be respected and their individuality and potential recognised, valued and nurtured.
- Activities and the use of play equipment will offer children opportunities to develop in an environment free from prejudice and discrimination.
- Through the proactive use of planning and curriculum development opportunities will be given to children to explore, acknowledge and value similarities and differences between themselves and others.
- It is important for children to experience a variety of cultures at an early age so that they realise that cultural diversity is part of everyday life.
- We ask families to share their own cultures, religions and traditions with our staff so that all values are respected and celebrated in the service.
- It is our objective to support and encourage each child in their experience and guide them to embrace their own values and the values of others. These experiences help set the child's foundations and potentially shape the people they will become.

Resources:

All materials are to positively and accurately reflect cultural and racial diversity. These materials will help children to develop their self-respect and respect other people by avoiding stereotypes. We use a range of books, images, music and songs and experiences that reflect diversity. Boys and girls are to have equal opportunity, and be actively encouraged to use all activities.

Discriminatory Behaviour/Remarks:

Any discrimination (language, behaviour or remarks) by children, parents/guardians or staff/volunteers is unacceptable in the service. Discrimination will be positively challenged by supporting the victim and helping those responsible to understand and overcome their prejudices.

Festivals:

We aim to show respect for and awareness of all major events in the lives of the children and families and wider society. Without indoctrination, we aim to acknowledge festivals celebrated by all families in our community and wider society through stories and activities,which reflect diversity of life. We have a sensitive approach to Father's/Mother's Day etc. and welcome parents/guardian's contributions.

Language:

It is important that all children and their parents/guardians feel welcome and encouraged to be involved. To help children with little or no English we will:

- Ensure inclusion in the group and staff will talk to the child, speaking slowly and simply, demonstrating what is meant by the words.
- Support child and parents by staff member who will try and learn some key phrases in the child's language, e.g. 'hello' 'goodbye' 'hungry' 'thirsty' 'do you need help?'
- We encourage children to use their home language whenever they are so inclined. Dual language books are helpful to encourage the use of other languages.
- Make it easy for the child to settle into the setting, we encourage other children to talk to non-English speaking children in the same way as usual.
- Parents are invited to help with key words and phrases in home language.
- Staff will ensure that they correctly pronounce and spell children's names.

Spiritual, Cultural, Social and Moral Values:

Growth in spiritual, social and cultural values is encouraged by:

- Providing an environment where children feel safe and secure.
- The constant implementation of the services rules.
- Learning to share and respect the property of others.
- Learning to accept the rules of play and the rights of others.

- The celebration of festivals from a variety of cultures.

Parents/guardians from ethnic minorities and religious communities may wish to be absent to celebrate religious events. We will support such occasions.

Actions to be followed if the policy is not implemented

If a staff member or a parent/guardian, feel that this policy is not being implemented, we have a Complaints Policy and Procedure to make a complaint.

Appendix 1

PRINCIPLES OF AN INCLUSIVE CULTURE IN CHILDHOOD SERVICES

(taken from the Diversity, Equality and Inclusion Charter and Guidelines for Early Childhood Care and Education)

An inclusive culture involves:

- Working in partnership and openly communicating with the child's family.
- Working in partnership with outside agencies that may be involved with the family. (Consent must be given by the child's parents.)
- Actively promoting equal opportunities and anti-bias practices, so that all children and families feel included and valued. (Derman-Sparks and ABC Task Force, 1989)
- Having robust policies and procedures – inclusion policy, equal opportunities policy.
- Recognising and valuing that all children are unique and will develop and learn at their own rate.
- Utilising the AIM programme to meet the needs of children and recognising that not all children with disabilities will require additional support.
- Encouraging children to recognise their individual qualities and the characteristics they share with their peers. » Actively engaging children in making decisions about their own learning.

- Respecting the diversity of the child, their family and community throughout the early childhood service.
- Understanding that children have individual needs, views, cultures and beliefs, which need to be treated with respect and represented throughout the early childhood services.
- Reflecting on your own attitudes and values

Appendix 2

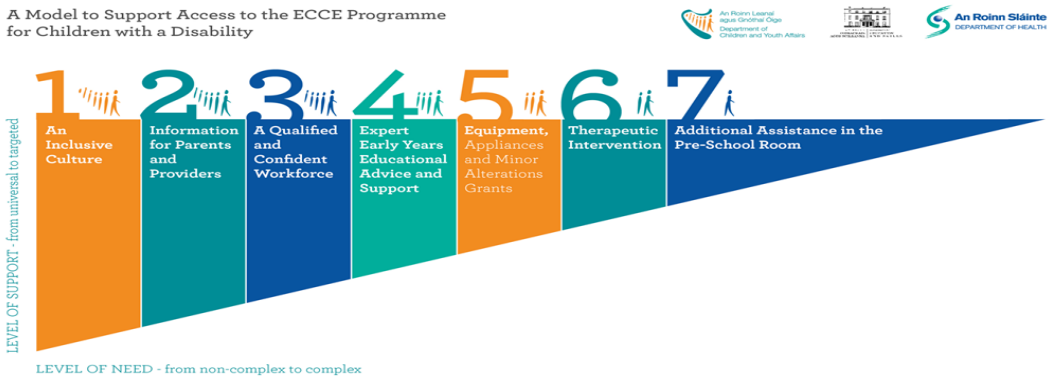
AIM-Access and Inclusion Model

The Better Start **Access and Inclusion Model** (AIM) is a model of supports designed to ensure that children with disabilities can access the Early Childhood Care and Education (ECCE) programme. Its goal is to empower service providers to deliver an inclusive pre-school experience, ensuring that every eligible child can fully participate in the ECCE programme and reap the benefits of quality early years care and education.

AIM is a child-centred model, involving seven levels of progressive support, moving from the universal to the targeted, based on the needs of the child and the service provider. For many children, the universal supports offered under the model will be sufficient. For others, one discrete support may be required to enable participation in pre-school, such as access to a piece of specialised equipment. For a small number, a suite of different services and supports may be necessary. In other words, the model is designed to be responsive to the needs of each individual child in the context of their pre-school setting. It will offer tailored, practical supports based on need and will not require a formal diagnosis of disability.

What supports are provided under AIM?

AIM provides a suite of universal and targeted supports across 7 levels.



Universal Supports (Levels 1 – 3 of the Access and Inclusion Model)

Universal supports are designed to promote and support an inclusive culture within pre-school settings by means of a variety of educational and capacity-building initiatives. Specifically:

- A new **Inclusion Charter** has been developed for the early years sector. Service providers are invited to sign-up to this Charter by producing and publishing their own Inclusion Policy. To support this process, updated Diversity, Equality and Inclusion Guidelines for Early Childhood Care and Education have been produced and a national training programme on the Inclusion Charter and the Guidelines will be delivered by the City and County Childcare Committees. The Diversity, Equality and Inclusion Charter and Guidelines can be accessed at **http://aim.gov.ie**

- A **new higher education programme**, "Leadership for Inclusion in the Early Years" (LINC), will commence in September 2016. The Department of Children and Youth Affairs will fund up to 900 places per annum on this programme. Graduates from the programme will be able to take on a new leadership role of Inclusion Co-ordinator within their pre-school setting which will attract an increase of €2 per child per week in the rate of ECCE capitation payable to that setting.

- Finally, a broad **multi-annual programme of formal and informal training** for pre-school staff in relation to disability and inclusion will be funded by the Department of Children and Youth Affairs and will be delivered by the City and County Childcare Committees, in collaboration with the HSE and other agencies.

Targeted Supports (Levels 4 – 7 of the Access and Inclusion Model)

The supports at levels 1 to 3, when appropriately developed, have been found internationally to be sufficient to support many children with disabilities. However, where a service provider, in partnership with a parent or guardian, considers that some further additional support may be necessary to meet the needs of a particular child, they can apply for one or more of the following targeted supports:

- **Expert advice, mentoring and support** is available from a team of 50 specialists in early years care and education for children with disabilities. These experts, termed Early Years Specialists (Access and Inclusion), are based in the Better Start National Early Years Quality Development Service.

- A scheme is available for the provision of **specialised equipment, appliances and grants towards minor building alterations** which are necessary to support a child's participation in the ECCE programme.

- **Therapy services**, which are critical to a child's participation in the ECCE programme, are available through the model and will be provided by the HSE.

- Finally, where the above supports are not sufficient to meet the needs of a child, service providers, in partnership with parents or guardians, can apply for **additional capitation** to fund extra support in the classroom or to enable the reduction of the staff to child ratio.

To meet these diverse needs childcare practitioners should:

- Plan opportunities to build on an extend children's knowledge, experiences, interests and skills and should develop their self-esteem and confidence.
- Use a wide range of teaching practices based on the children's individual learning needs

- Provide a wide range of opportunities to motivate and support development
- Provide a safe, stimulating and supportive learning environment where all children are valued and where racial, religious, disability and gender stereotypes are challenged
- Use materials that positively reflect diversity and are free from stereotyping and discrimination.
- Plan challenging opportunities
- Monitor children's progress, identify areas of concern and act to provide appropriate support.
- Differentiate activities for children who have additional needs to allow for full participation and integration.
- Provide opportunities for children where English is their second language, to hear and see their home language.
- What we provide and how it is presented influences children's identity. All children have the right to grow up feeling proud, self-confident and sensitive to the feelings of others.

Appendix 3 Service Evaluation

- ✔ Are pictures, posters and other illustrations like jigsaws portraying a cross section of people including those with a disability?
- ✔ Do the dressing up clothes and home corner offer a range of items that reflect a variety of cultures and social situations to extend all children's knowledge and experience?
- ✔ Do the books offer non-stereotypical characters and represent different people, cultures and language?
- ✔ Do the children have the opportunity to make and eat foods from different cultures?
- ✔ Are children including those with a disability encouraged to be independent?
- ✔ Do multicultural children feel relaxed and able to use their home language and commended for their ability to use a variety of languages?
- ✔ Are monolingual children whose home language is not English encouraged to express themselves in their heritage language?
- ✔ Do all children have the opportunity of hearing different languages and seeing sign language?
- ✔ Do practitioners actively intervene if children are physically abused, called names, laughed at or excluded because of their skin colour, disability or the way they talk?
- ✔ Do we answer questions about disability, skin colour or parental situations accurately?
- ✔ Are girls encouraged to play with construction kits and boys with dolls and the home corner?
- ✔ Are disabled children and non-disabled children encouraged to interact and learn from each other?

19. INTERACTION and COMMUNICATION

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

Our team will ensure that:

- They offer a warm, welcoming and relaxed atmosphere.
- Children are comfortable and appear relaxed.
- 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 (if applicable).

- They use encouragement instead of praise-Rather than statements that evaluate or judge, staff make objective, specific comments that encourage children to expand their descriptive language and think about what they are doing.
- Whenever possible, they encourage children to solve problems for themselves. While adults could often solve the problem more easily by taking over, the goal is for children to develop their own problem-solving abilities through trial and error.

All employees should be up to date on all the children attending the service especially when there is a change in the child's home background that may induce disruptive or abnormal behaviour, e.g. a new sibling, parents/guardians separation, etc. Any information received from a parent regarding a child should be passed on to the Manager as soon as possible.

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. Miscommunication, or limited communication between adults, can lead to situations that adversely affect all of the parties involved. Staff **may not** discuss with parents/guardians any concerns about their child without first discussing the matter with the Manager .Any developmental or behavioural concerns should be looked at in accordance with the Child Development policy before making any judgements.

Following are some tips for families and child care professionals on how to build positive relationships.

- It is important for the staff to gain knowledge about each individual child in their care. One way to learn about the individual personalities of young children is 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.

- Be attentive and open to negotiation if a parent brings a concern or complaint to your attention. Keep in mind that assertive communication - when you tell the truth and care about the listener--is the most effective form of communication.
- Be sensitive to each child's cultural and family experience. Reflect the diversity of these experiences in the toys, books, decorations, and activities you choose in creating your learning environment.
- Some families may be new to the area or unaware of resources in the community. After School settings can be a community link by acquiring, and making available, information on a range of community resources, including hospital, health clinic, and local library programs, school and community education offerings, and family support services.
- Make time for communication. Pick-up times are often hurried occasions, however valuable information can be exchanged through these daily informal meetings. Staff **may not** discuss concerns over development and or behavior without first discussing matters with the Manager.By simply asking how the family is doing in a non-intrusive way, adults can share information that may help the child care professional better understand a child's behaviour on any given day. For example, a child may be sad if a family member is on a business trip or if someone is ill. What may seem trivial to adults can be very important to young children.
- Children benefit most from healthy, reciprocal relationships between staff and families. Like most relationships, these require time to nurture mutual respect, cooperation, and comfortable communication.

20. OUTDOOR PLAY

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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, weather permitting. 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:

A well planned environment provides opportunities for children to seek new challenge as they master old ones.

Close observation is essential in order to assess children's ability and to ensure appropriate planning and continuity for the outdoor curriculum. Staff will be vigilant about supervising children outdoors. The outdoor time is play time for the children. The adult is there to supervise and lead outdoor 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 should ensure that their presence and position in the outdoor play area allows that all areas of the outdoor area are under constant supervision and that all children are in the sight of at least one member of staff, at all times.

- The outdoor play area must be checked by a member of staff for safety before any children use the outdoor play area. (Risk Assessment)
- Staff **must 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 to interfere with the gate in the outside area.

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.

Sun Safety:

We request that parents/guardians:

- 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.
- Instruct their child on how to apply suncream themselves.
- 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.

Child/Adult ratio for school age children is 1:12. For any outdoor play there will always be at least 2 members of staff on duty.

Outdoor Programme:

- We will ensure that children have access to a range of outdoor activities to: climb, run, crawl, balance, jump, throw, catch, sort, pretend and access different levels.

- The outdoor programme encourages children to participate in growing vegetables and planting flowers.
- 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 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.
- Extending their activities by making extra resources available and providing new ideas.
- Initiating games and activities.
- Joining in games and activities when invited by children.
- Observing, assessing and recording.
- Aware of safety issues.
- 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.

Outdoor Safety:

- When accessing the outdoor space, staff must lookout for safety and remove any objects such as cans, bottles etc. which may have been left by others.
- The area should be checked for animal droppings.
- Whilst children are in the playground a member of staff must check the main gate is closed and a member of staff is on duty where the gate is visible to them.
- Staff on duty outdoors 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 him/herself 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 and each child must be ticked of on the attendance sheet..
- Hot drinks should not be taken into the outdoor areas.
- Students helping outdoors must never be left in charge of any area.
- A first aid kit must be taken on all outdoor activities.
- If a child is injured, he/she should be taken indoors for treatment quickly as possible if necessary; if possible the child should be treated with the portable first aid kit outdoors. 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 first aid book. The child's parent must be informed of the accident and treatment.
- Students/volunteers may not administer first aid.

- 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.
- All equipment is risk assessed and children and adults know and understand the rules of use.
- 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.

21. MANAGING BEHAVIOUR

Document Title:	**Managing Behaviour**
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Statement of Intent:

We will work with the children to ensure they receive positive guidance, support, and encouragement to finding positive solutions to manage their own behaviour. The service sets realistic expectations of behaviour in accordance to the age and stage of development of the child. We apply rules and expectations fairly and consistently to all children. We do not use any form of physical punishment. We encourage children to respect themselves, others and the environment. We facilitate children to make positive decisions and choices about their own learning and development to develop a positive sense of self. We aim to facilitate a happy, caring environment with stimulating activities for all children. In the case of a particular incident, or persistent unacceptable behaviour, we will *always* discuss ways forward with the parent(s)/Guardian of the child.

We will NEVER inflict corporal punishment on a child.

General Procedures for Encouraging and Nurturing Positive Behaviour:

- During the induction period, all new staff are introduced to the behaviour policy and are asked to sign the policy to say they have read it, and agree to implement the policy.
- Staff will adopt a reciprocal and positive relationship with the child.
- Staff will act as a role model and adopt a confident approach to encourage and support positive behaviour.

- Staff will work in a respectful manner and in partnership with other practitioners, children and parents/guardians.
- Staff are role models for the children and should treat one another with respect, use appropriate tone of voice and body language to one another and the children
- Observation and recording will be used to inform and support staff to decide on appropriate methods and strategies of dealing with behaviour problems.
- The person in charge is the person designated as the resource person for staff support on behaviour management issues.
- At an age appropriate level, children will be encouraged and supported in resolving their own disputes.
- Each child should be positively supported and recognised as an individual.
- Staff will practically engage children in resolving their conflicts using age appropriate methods. In doing this, children can explore their feelings and conflicts in a safe controlled way. Staff will positively support children in doing this.
- Training will be provided for Staff where necessary.

Rewarding Positive Behaviour:

- Staff will acknowledge and praise positive behaviour as it occurs.
- Children are not rewarded with food, sweets or treats and all Staff understand how to support positive behaviour, and how to encourage and facilitate it effectively.
- Positive language will be used rather than negative and statements made. Rather than saying ‘no’ for example:
    - Say: *“I would like you to sit back down on the chair please John, because you will fall off and hurt yourself”. Or “We are inside and we don’t climb on furniture or equipment inside”. Or “I would like you to sit back down on the chair please, do you remember we only climb on things when we are outside”,*
    - Rather than*: Don’t stand on the chair”*

- While encouraging positive behaviour, the child's self-esteem should not be negatively impacted. The child should not be labelled through the use of certain words for example bold, naughty.

Mild Behaviour Issues

In anticipating occasional inappropriate behaviour, we follow these guidelines:

- Staff will provide a calm, safe and stimulating environment which is age appropriate and of interest to all children present within the group.
- Children are involved where appropriate in the planning of activities and developing the curriculum.
- A routine and rhythm which is practical and beneficial to the age range of children should be developed and sustained.
- Staff will ensure rules are applied consistently to all children within the setting and are aware expectations regarding the children's behaviour.
- Correct Child: Adult ratio's will be implemented according to the Child Care Act 1991 (Early Years Services) Regulations 2016 at all times.
- Children have regular daily access to the outdoor play area.
- Children are kept informed of what is happening and what is expected of them.
- We ensure there are enough suitable age appropriate and activities and equipment for children.

Implementing Positive Steps to Supporting Positive Behaviour:

- Children should be made aware of the expectations and their responsibility
    - *No hurting bodies*
    - *No hurting feelings*
- Positive behaviour should be supported and encouraged from all children consistently throughout the day by all Staff.
- Incidents should be dealt with immediately by the Staff who witnesses it.
- Staff should not speak about the child, or their behaviour in front of other parents/guardians, children or the child.
- The child should not be labelled by staff.
- Positive behaviour should be consistently encouraged to **all children**.

- Correct Child: Adult ratios should be implemented at all times.
- Positive behaviour should be implemented within the curriculum throughout various themes. Age appropriate activities, prompts and materials should be provided to children to explore their feelings and emotions throughout the year.
- The staff, where possible, should have a quiet area where children can retreat if they are experiencing negative feelings for example a quiet corner.
- At an age and developmental appropriate level, when the child is calm, the staff should explore the behaviour with the child using prompts for example I noticed you got [feeling] when you were at the [area].....what could you do the next time you feel....Do you know what I do when I am [emotion]...

Procedures for Supporting Positive Behaviour:

ABCD: **A**ction **B**ehaviour **C**hoice **D**ecision

Minor Behaviour Problems:

In these type of situations, the child may have caused no issue all day and suddenly their behaviour changes.

Minor behaviour problems are behaviours in line with the child's age and stage of their development (See Appendix B: Children and Behaviour).

Staff should positively support the child's well-being and identity throughout the process of supporting positive behaviour. The child should always feel valued, respected, empowered, cared for, and included.

Staff will assess each situation and use their best judgement in dealing with the matter. Situations may arise where the staff may allow the children 'resolve their own battles' or ignore minor incidents.

A sensible approach is recommended in dealing with minor behaviour problems. It is not always evident to staff what the cause of an incident has been.

Age of child:		Examples of behaviour:
4 - 10 years		Tantrum

If a child has a temper tantrum, the age of the child is taken into consideration. A child **under** three years is more likely to have tantrum out of frustration. A child **over** three years is more likely to be linked to defiance. Staff will take a gentler approach with the younger child and a firmer approach with the older child. Staff will explain to the older child in a calm clear way using simple words why they cannot have what they want. If the tantrum continues and other children are getting upset or hit the child will be moved to another area in the room until they calm down.

The staff member should act in a calm and fair manner and allow the child to re-join the activity when they have calmed down.

At this stage, boundaries should be highlighted to the child. The expectations **must** be clear and reasonable to the age of the child and their developmental level.

Where it is evident that a child is about to misbehave for example taking a toy from another child then the staff member should comment on the behaviour. *'Mary, you know we take turns and share. Angela will let you have that toy [name toy or doll] to play with when she is finished*. *Will we ask Angela to let you have that toy when she is finished?*' This provides the child with an opportunity to change the behaviour and not take the toy from the other child. If the child continues a second reminder should be given and what the consequences will be if they continue.

Managing Moderate Behaviour Problems:

ABCD; **A**ction **B**ehaviour **C**hoice **D**ecision

Moderate behaviour problems tend to happen more frequently than the 'once off' type behaviours and have a greater impact on the child themselves and other children in the room.

Staff should positively support the child's well-being and identity throughout the process of supporting positive behaviour. The child should always feel valued, respected, empowered, cared for, and included.

	1. Approach calmly, stopping any hurtful actions 2. Acknowledge children's feelings 3. Gather information 4. Restate the problem 5. Ask for ideas for solutions and 6. Choose a decision together 7. Be prepared to give follow-up supports for Supporting Positive Behaviour 8. Observe the child

Staff will ask the child what is wrong or bothering them. Emotion picture cards may be used with younger children to support how they may be feeling.
Observations will be used to assist making an assessment as to what may cause the behaviour. Observations will be used to capture when the child's behaviour is more positive as when behaviour is more challenging children are regularly corrected. Constant correction can have a negative impact on the child's self-esteem. Staff will use the observation of 'positive' behaviours to give plenty of encouragement and praise which should help to develop self-esteem.

This approach can be shared with parents/guardians and used at home and in the service. Observations should be looking for:

- When the child is at their best behaviour and when they 'act out'.
- Consideration will be given to whether the child likes the activity or not, is there a particular child they don't get on with, are they tired, hungry, or perhaps ill?
- If the group of children are becoming disruptive review the activities the staff will review activities to ensure children do not become bored or sit for too long.

Staff will consider changing the layout of the room regularly, and perhaps changing the daily routine to ensure that there is variety and children do not become bored.

Staff will consider liaising with the designated person responsible for behaviour management for support when they have used strategies that have not seen an improvement in behaviour.

Managing Severe & Challenging Behaviour:

ABCD: Action **B**ehaviour **Ch**oice **D**ecision

Severe and challenging behaviours are frequent and repeated actions by a child that impact significantly on other children and the child themselves. The child may also find it difficult to engage in the activities being undertaken. In this type of situation, the behaviour has not improved using the usual behaviour management strategies and may often require more intensive one-to-one support to the child. Staff understand that it is important to recognise in managing severe/challenging behaviour that there is a problem.

Staff will discuss the behaviour problem with the designated person who has overall responsibility for managing children's behaviour problems to put an action plan together.

At any age	Approach:	Examples of behaviour:
1. Approach calmly, stopping any hurtful actions. 2. Bend down to the childs level and make eye contact with the child if this is possible. 3. Acknowledge children's feelings. 4. Gather information. 5. Restate the problem and ensure the child understands 6. Suggest solutions and choose one together. 7. Be prepared to give follow-up supports for supporting Positive Behaviour 8. Observe the child		● kicking ● hitting ● bad language ● prolonged screaming, breath holding ● head banging ● ongoing biting Other behaviours may present as the child refusing to engage, being over anxious, avoiding contact with others and unusual behaviours.

Staff will ensure that instructions or corrections are given in simple words and kept short and that similar phrases are used by all staff and the child's parents/guardians so that the information been given to the child is consistent.

Where a child is receiving professional support the service will work with the parents/guardians and the professionals to implement the programme or approaches recommended.

A behaviour management strategy plan will be drawn up based on observations and professional support guidance {PHN- Public Health Nurse or others} where possible. All staff will adopt the same approach to what to do when the child shows signs that the challenging behaviour is about to be presented, how best to manage that behaviour when it happens, how to limit the negative impact on other children or activities and strategies that can be taught to the child to help them control their own behaviour.

The service will engage and work with the parents/guardians to work towards the same approach at home and in the service to behaviour management

Procedures Which Are <u>Unacceptable</u> for Supporting Positive Behaviour:

- Physical punishment (corporal punishment).
- Sending children out of the room.
- Isolating children from the group e.g. time out. If a child needs time to calm down, make sure an adult is sitting with them or near them to be ready to talk to the child when they're ready.
- Shouting or raising of your voice.
- Physical restraint for example holding will not be used unless it is required to prevent injury to child, other children, adults or property. In cases where it is required to hold a child in such manner, it **must** be recorded in the accident and incident report. Parents/guardians **must** be informed of the incident.
- Speaking negatively about the child to other staff *or* in front of the child/other children.
- The child should not be labelled.
- Staff should not expect unrealistic behaviour from a child in accordance with their age and stage of development.

- Once the incident is over, the staff member should not place emphasis or keep reminding the child of their behaviour.
- The child should not be humiliated.
- Withholding food or drinks.
- Showing favouritism.
- Failing to reassure or comfort a child.

Partnership with Parent(s)/Guardians:

- It is our policy to work in close collaboration with parents/guardians. We recognise and value the role of parent(s)/ Guardians in their child's life in supporting positive behaviour, working in partnership with parent(s)/ Guardians is important. It is our policy to inform parent(s)/ Guardians at the enrolment stage, of the policies and procedures in relation to behaviour. The supporting positive behaviour policy will be explained, in doing this, a consistent approach can be adopted.
- Parent(s)/Guardians are encouraged to share any difficulties/concerns which they may be experiencing regarding the child's behaviour for example bereavement, illness, a new baby etc.
- Where a child's behaviour is causing concern, it is our policy to do this in a consultative manner, and staff will endeavour to work in partnership with the parent(s)/ Guardian to develop a strategy for dealing with the situation.
- Discussing the child's behaviour in front of the child/ other children/parents/guardians will be avoided.

Where a significant incident occurs regarding a child's behaviour, the following should be documented.

- The child's full name
- Time and location of the incident
- Events leading up to the incident
- What happened
- Others involved
- Witnesses
- How the situation was handled (**ABCD**)

- Follow up with the children

Severe Behaviour: Anti-bullying:

Children are afforded a right to their own time and space. Depending on the child's age and stage of development, it may not be appropriate to expect children to share. However, we feel it is important to acknowledge both children's feelings, and to support them in understanding how the other child may be feeling.

Diversity and equality is important for children to understand, and we endow to create a positive and supportive environment for all children. Staff will encourage all children to acknowledge and celebrate difference. Consequently, children will recognise from an early age, bullying, fighting, hurting and racial comments are not acceptable behaviour.

Bullying can take many forms. It can be physical, verbal or emotional, but it is always repeated behaviour which makes other people feel uncomfortable or threatened. Any form of bullying is **unacceptable** and will be dealt with immediately. At our service, staff follow the guidelines below to ensure children do not experience bullying.

- Staff ensure all children feel safe, happy and secure within the setting.
- Staff develop positive relationships with all children, and encourage children to speak about their feelings.
- Staff are encouraged to recognise that active physical aggression in the early years is a part of children's development, and recognise positive opportunities should be in place for children to channel this positively.
- Children are learning about their feelings, Staff will support children in identifying their feelings and actions for example happy, sad, and angry.
- At an age and stage appropriate level, children will be encouraged to resolve their problems and take responsibility for their actions.
- Staff are encouraged to adopt a policy of intervention when they think a child is not being treated in a fair or appropriate manner.
- Staff are aware when play becomes 'aggressive', and will initiate an appropriate activity with the children.

- Any instance of bullying will be discussed fully with the parents/guardians of all involved to look for a consistent resolution to the behaviour.
- If a parent(s)/ Guardian has a concern regarding their child's behaviour, the early year's practitioner or manager will be available to speak to the parent. It is through partnership with Parent(s)/ Guardians which we can ensure a child will feel confident and secure in their environment, at home and in the setting.

BULLYING AND PHYSICAL VIOLENCE IS NOT TOLERATED WITHIN THE SERVICE, WHETHER INFLICTED ON ADULTS OR CHILDREN.

What causes children to be aggressive?

Sometimes, aggression takes the form of instigating fights, sometimes the child may provoke other children to fight, or may antagonise or threaten other children. Other children do not like this behaviour, and will often feel intimidated and insecure in their environment.

Children who display aggressive behaviours will often have low self-confidence, poor social skills and may have difficulties with their speech. However, any child regardless of their age or stage of development may experience aggression at some stage. Aggression brings power, and often children who are aggressive will seek the control and position which comes with it among their peers.

How can we support positive behaviour?

- Aggressive behaviour should never be ignored.
- Staff should not get into a power struggle with the child.
- Be firm but gentle in your approach. The child should not be given mixed messages at this stage.
- The child should always feed valued, respected, cared for, and included.
- One-to-one work should be initiated with the child, and a plan should be devised. For example, when I get angry, I will go to the … [area].
- Provide opportunity for the child to display positive behaviour, acknowledge and praise this behaviour.

- Provide the child with opportunities which demonstrates leadership and communication in a positive manner.
- The **ABCD** model should be used with the child, where age and stage appropriate, the child should make the choice, and also take responsibility for their actions.
- The staff member should be fair in their expectations, and should be consistent, patient and understand change will take time.

Rough and Tumble play/ Fantasy Aggression:

Young children often engage in play which has aggressive themes- such as superhero and weapon play. This may take over some children's play. This is an interest of that particular child, and *it is not a precursor for bullying*. We will ensure the behaviour does not become inconsiderate or hurtful, and will address it if we feel necessary.

- We recognise rough and tumble play is part of children's development, and it is acceptable within limits. We view this type of play as role play, and not as problematic or aggressive.
- We will offer opportunities for children to explore this type of play in a safe and secure environment.
- Children will be aware of the boundaries with this form of play, and will be aware when this behaviour is not acceptable.
- We recognise fantasy play may contain violent dramatic strategies- blowing up, shooting etc. We will use these opportunities to explore lateral thinking and conflict resolution. These themes often refer to 'goodies and baddies', we will use such opportunities to explore concepts of right and wrong, and alternatives to the dramatic strategies.

Severe Behaviour: Biting

Biting happens in almost all childcare settings where young children are together and dealing with biting can be challenging. Biting is a developmental stage which children may go through. All biting incidents are upsetting for children, and will be dealt with in a calm and clear manner. The early year's practitioner will use clear

language and be consistent in their approach. We aim to support children in developing self-control; however, the safety of each child is our primary concern.

Why do children bite?

- Children may be teething, and it may feel good to bite and chew.
- Children experience many emotions (positive and negative) that are difficult to express, and at times control.
- Biting sometimes occurs for no apparent reason.

Biting Prevention:

- The correct child: adult ratios will be in place within the setting at all times.
- The layout of the room will be appropriate to the age and stage of development of the child, and staff can see all children at all times from all areas of the room.
- Staff are aware when children are teething, and offer materials/foods which may soothe.
- Age and stage appropriate materials are present within the room for children to access at all times.
- Staff are vigilant to the relationships between children, and are aware of possible conflicts.
- Staff are aware of the temperaments of the children.
- Staff should encourage children to use language to express feelings/emotions.

Where a child does bite, staff should follow these guidelines and try to distinguish a pattern:

- Are there particular times of the day which the child bites?
- Do toys seem to be causing biting incidents?
- Does the child focus on one particular child?
- Is the child teething?
- Can something be offered to soothe the child's biting? For example, toys/food with textures or coldness.

Procedures to follow when biting occurs:

Usually the skin isn't broken and the wound isn't serious. However, the appropriate first aid should be administered.

If the skin is not broken:

- Wash the area with water (do not rub) and pat dry.

If the skin is broken:

- The human mouth is full of bacteria, and there may be a risk of infection. Serious bites to the face, hands, or genitals can be especially dangerous.
- Wash the area — but don't scrub —with running water for three to five minutes, then cover it with a clean dressing.
- If the wound is bleeding, apply pressure with a clean, dressing and elevate the area if possible.
- If the skin is broken, the child will need to be seen by a doctor, who will clean and examine the wound. Unless the bite is very serious or on your child's face, the doctor will probably prefer not to give your child stitches. Stitching the bite closed can increase the risk of infection. The doctor may prescribe a short course of antibiotics to prevent infection, depending on the location and severity of the bite.
- The child is comforted, and reassured of their safety.
- The Staff will explain to the child who has bitten using a firm but gentle approach that biting is not allowed.
- The person in charge will be informed and details should be recorded in the Accident and Incident Report Form.
- The situation is dealt with professionally, and confidentiality is adhered to. Both parents/guardians are informed separately, and the accident and incident report is signed.
- The Staff should explain the methods which will be adhered to so it does not occur again, and highlight the importance of partnership with parents/guardians.
- If the child bites again, the child should be observed for a period of time to try and develop a pattern of behaviour.

- In the event of a child repeatedly biting, the manager will speak to the parent(s)/ guardian. If all avenues have been exhausted, the person in charge may suggest seeking help/support outside the setting.

Please note that every effort will be made to support the biting child and we will work closely with the parents/guardians to find appropriate strategies. We will also support and train staff in this regard. In rare circumstances these efforts may not be successful. Sometimes as a last resort for risk management reasons and with the welfare of all children in mind a child's place may need to be terminated or suspended until a solution is found. Our approach is always to find ways of retaining children in the service rather than terminating places.

APPENDIX B: CHILDREN AND BEHAVIOUR

Where children cannot verbally communicate, children often use behaviour as a form of communication. Children will often use behaviour as a medium to express their feelings, fears and emotions.

Physical behaviour: children's physical behaviour can often be a result of tiredness, illness or medication. Night-time sleep problems (interrupted night sleep) has been found to be a common cause of behaviour problems causing chronic fatigue and a cranky, irritable child with poor coping skills.

Developmental: behaviour will often reflect the age and stage of development of the child for example temper tantrums. Developmental delay in children's speech, mobility or other areas can lead to a child feeling frustrated and may present in challenging behaviours.

Management should be informed by parents/guardians of all concerns regarding developmental delay, as it is through this the child's needs can be fully supported within the setting.

Emotional: learning about feelings and emotions is a process. Often when children's emotions are in disarray, it will primarily affect their behaviour. Such examples include bereavement, a new baby, a house move etc. We ask parents/guardians to inform the early year's practitioner of any changes or difficulties which may be occurring for the child- no matter how small. Through this, the child can be supported positively, and feel valued, cared for and respected.

Environmental: an environment which supports the individual child's interests, age and stage of development, gender and background should be provided. The environment must be stimulating, and offer a variety of opportunities for each child within the room. Settings must ensure the correct space requirements are in place as per the Child Care Act 1991 (Early Years Services) Regulations 2016.

Intellectual: where a child's interests, abilities or background is not evident within a room, the child may not be stimulated. It is the responsibility of the early year's

practitioner of that room, to ensure age and stage appropriate materials, opportunities and areas are present within the room for each child to utilize.

APPENDIX C: METHODS TO SUPPORT POSITIVE BEHAVIOUR

Supporting and encouraging positive behaviour requires documenting, planning, and implementation. However, it is based on staff becoming reflective in their practice. It is our policy to create, and sustain a setting where children are confident and competent learners in a secure, stimulating and age appropriate environment.

- Children will be offered choice.
- Children will have an input to the curriculum.
- Children will be included in areas which affect them.
- Staff will implement fair and consistent expectations regarding behaviour.
- Staff will speak to children:
    - Clearly, using language/ a medium which the child understands
    - Appropriate tone
    - Positive body language
- Staff will offer praise and encouragement to all children.
- Children will feel valued, empowered, included and confident in the environment.
- Follow the behaviour policy (**ABCD**).
- Children will not be labelled, or spoke about in front of the child/other children/ other staff.
- Sanctions are fair and linked to the behaviour for example picking up litter for dropping it.
- We do not use physical (corporal) punishment **of any kind.**
- We do not use a bold chair/step/corner or any other means to isolating or humiliating the child.

22. SUPERVISION OF CHILDREN – INDOOR AND OUTDOOR

Document Title:	**Supervision of Children – Indoor and Outdoor**
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Revision Number:	**N/A**
Document Author:	**Youthclub @ The Elbowroom**
Document Approved:	**Lisa Wilkinson**
Date the Document is Effective From:	**February 2021**
Scheduled Review Date:	**February 2023**
Number of Pages:	**3**

Statement of Intent:

Our intention is to ensure that children are safe in the setting both indoors and outdoors by having proper supervision by the staff team.

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.

Policy and Procedure:

This policy must be followed and implemented by all the staff working in the service. Staff must be vigilant and observant in their supervision to ensure the safety, health and well-being of the children at all times. Staff must be familiar with the environment and any possible hazards.

Indoor Area:

The staff child/ratios for indoor play will be in compliance with the Early Years Regulations. Staff/child ratios will be applicable to the age range specified in the Early Years Regulations. The staff will be vigilant about supervising children indoors.

Entrance Area:

- All staff must follow the practices in relation to access and egress of parents/guardians and children through the main door.
- When people reach the outside door of the service staff should not allow entry unless they are sure that the person is:
    - A parent
    - An authorised collection person
    - A visitor (staff should be informed of any expected visitors and given the name and company of the person visiting)
    - Early Years Inspection Team
    - If in doubt, check with the Manager

Studio:

- A daily risk assessment of the room should take place.
- The staff should ensure that their presence and position in the room allows that all areas of the room are under constant supervision and that all children are in the sight of at least one member of staff, at all times.
- The staff should observe due care and attention when opening presses ensuring that children are not standing nearby.
- Child Care safety latches should be used at all times on the presses and the doors as appropriate.
- Staff should do regular headcounts and ensure they match with the child register.
- Staff should be aware of any ‘blind spots’ in the room
- The blinds/curtains on the windows should be used appropriately to ensure that the glare from the sunshine does not have an impact on the children.

Outdoor Play Area [See also Outdoor Play Policy]:

A risk assessment should be carried out prior to the children going outdoors on each occasion. The staff child/ratios for outdoor play will be in compliance with the Early Years Regulations. A minimum of two staff for every group [once ratios are met] will be present at any one time. Staff will be vigilant about supervising children outdoors. The outside time is playtime for the children. The adult is there to supervise and lead

games and ensure that the children are in no danger to themselves or their peers. The staff should not sit and should ensure they have a good view of the whole area.

- The staff should ensure that their presence and position in the outdoor play area allows that all areas of the outdoor area are under constant supervision and that all children are in the sight of at least one member of staff, at all times.
- The outdoor play area must be checked by a the staff for safety before any children use the outdoor play area (see Outdoor Play Policy).
- The staff must engage with the children during the outdoor playtime.
- A regular headcount should be done with the children outside and this should be matched against the register, which should be brought outside.
- Children should be made aware of any rules for playing outside [for example use of equipment]

23. TRANSITIONS

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Number of Pages:	**4**

Statement of Intent:

We want children to feel safe, stimulated and happy in the service and to feel secure and comfortable with staff. We also want parents/guardians to have confidence in both their children's well-being and their role as active partners with the setting. We aim to make the setting a welcoming place where children settle quickly and easily because consideration has been given to the individual needs and circumstances of children and their families.

The person in charge is responsible for ensuring the Transition Policy becomes effective practice. Staff will be required to reflect on the transition practice as part of the setting self-evaluation process on an annual basis. We aim to build on good relationships with other professionals to make it easier to access help and support for children who have identified additional needs as they enter our setting.

All staff offer unconditional regard for the child and are non-judgemental.

Transition from home into the service:

- ✔ We value the parent as the first educator of their child.
- ✔ We invite parents/guardians to supply photographs of their child and family to display in the setting, these feed into individual ‘learning journeys’. These help

the child to keep home in mind and show families that we value them in our setting.

- ✔ Parents/guardians are welcome to come and visit our setting at any time.
- ✔ We have a clear ‘Settling In’ policy
- ✔ We use pre-start visits and the first session at which a child attends to explain and complete with his/her parents/guardians the child's registration records.
- ✔ We collect essential information through a registration form as well as information from the parents/guardians about the child’s needs, likes, dislikes, routines and development, on the ‘All about Me’ form. It assists staff in understanding the emotional needs of the child and enables them to support the child within the service.
- ✔ We create an environment in the service that reflects the needs and interests of the child.
- ✔ We use notice boards to display information about what happens in the service and we use photographs of children at play to effectively engage with parents/guardians.
- ✔ We allocate all children with a coat peg, identified by their name alongside a photograph. This helps children feel more secure.
- ✔ We support children who have identified additional needs as they enter the service.
- ✔ We collect information at point of entry about any other professional who are involved with the child and family.
- ✔ We seek parental permission to work with other professionals before entry, to ensure the service is ready to meet the child’s physical, emotional, social and learning needs.

Transitions between settings and rooms:

- ✔ Children’s records are easily available for parents/guardians to look through.
- ✔ Parents/guardians are positively encouraged to add information to their children’s records.
- ✔ We organise open days at the beginning of the school year which parents/guardians and children are invited to. This gives the parents/guardians

and children the opportunity to meet with our team and familiarise themselves with the setting, facilities available and the general running order of our day.

- ✔ We take responsibility for telling the parents or carers about events in the day that have been important for the child, which is an additional and highly valuable way of communicating information with parents/guardians.
- ✔ The person in charge shows that they value smooth transitions by giving time for staff to support children and families.
- ✔ The person in charge monitors the effectiveness of daily or weekly communication between parents/guardians and child.
- ✔ We continue to support children with additional needs.
- ✔ Professionals who support individual children, such as Speech and Language Therapists, are welcome to do so in the service where the child is more settled and confident.
- ✔ We work with parents/guardians as equal partners.
- ✔ We endeavour to share as much information as possible with other settings or carers, in the case when a child attends more than one centre. Parents/guardians are invited to be involved in this important process in order to achieve the best understanding of the child that we can.

24. RISK MANAGEMENT

See also Health and Safety Statement and Risk assessment sheets.

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Statement of Intent:

To ensure the health, safety and welfare of all children and adults on the premises or while engaged in offsite activities. Risk will be managed through a range of assessments:

- Annual/Quarterly/Monthly Risk Assessment, as appropriate, of the entire building and operations.
- Daily Risk assessment of studios, sanitary areas, rest areas and outdoors.
- The risk assessment following any accident or incident.
- The risk assessment of children with specific illnesses, conditions and allergies through the development of medical care plans.
- The risk assessment of pregnant employees.
- The risk assessment of any Garda vetting disclosures.

Safety:

Employees Shall:

- Take reasonable care of their own Safety, Health and Welfare and that of any other person or children in their care that may be affected by their acts or omissions while at work.
- Familiarise themselves with and always conform to, the organisation's Safety, Health and Welfare policies.

- Observe all safety rules and co-operate with their employers to comply with any of the relevant statutory regulations and directives.
- Use any suitable appliance, protective clothing, convenience or equipment in such a manner as to provide the protection intended for securing their Safety, Health and Welfare while at work.
- Conform to all instructions given by the management, and others who have a responsibility for Safety, Health and Welfare.
- Use only as intended the correct equipment for the jobs, with all appropriate safety devices and keep tools in good condition.
- Direct any suggestions or concerns on matters of Safety, Health and Welfare to the Health and Safety Officer.
- Report to the Health and Safety Officer, without delay, all accidents, damage, defects or issues of safety. This includes accidents or near misses, whether persons are injured or not.
- Carry out hazard checks in their own area of work daily.
- Participate in statutory training as required (Paediatric First Aid, Manual Handling, Food Hygiene and Fire Safety).

Employees shall not:

- Intentionally or recklessly interfere with, or misuse any appliance, protective clothing, convenience, equipment or other means or things 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.
- Carry out any tasks, which they feel they are not competent to carry out, or which involves unreasonably high risks.
- Be under the influence of any intoxicants likely to affect their ability to work safely or to supervise children. **Please report any medical issue likely to affect your safety or that of the children or your colleagues as soon as possible to management.**

Staffing:

- It is vitally important the service has the recommended ratio of adults to children on the premises.
- Staff will have up to date first aid training.
- At least two members of staff will be on the premises always.
- The arrival and departure of adults must be made clear and kept on record daily.
- Adults must not drink hot beverages in the room with the children.

Supervision of Children:

- The arrival and departure of children must be made clear and kept on record daily.
- Appropriate procedures are to be taken to ensure children are always supervised indoors and outdoors.
- Care is taken to ensure children cannot leave the premises undetected.
- Children must be shown and explained the importance of being careful with toys and objects, e.g. How to carry pencils, scissors, and chairs. It is explained that we always sit while eating and never run in the building.

Equipment and Facilities:

- In planning the layout of the room, emphasis is given to minimising safety risks and allowing clear space whilst ensuring that activities are carefully monitored.
- All areas to be checked daily upon arrival into rooms, and routinely during the day.
- External exits to be kept clear and unobstructed at all times. In the Studio keep doorway clear and accessible always.
- Check all equipment and work areas to ensure it is safe to use prior to using it. Where a defect of safety concern is identified, do not use the equipment until it has been cleared for use by the Management.
- There is a phone in the building always.
- All water in the children's wash basins are thermostatically controlled, if you suspect that the water is too hot for the children; please report to this to Management.

- Ensure all sockets not in use have safety finger guards in place.
- All equipment should be turned off every evening on locking up, windows and patio doors secured, and all waste material disposed of.
- Toys are to be picked up/tidied away when not in use. All toys with loose pieces or broken removed from use until they are fixed/made safe.
- Special attention must be paid to the outdoor environment.

Cleanliness and Hygiene:

- Cleaning and disinfection policies are documented and monitored daily. Reducing cross contamination by using specific cloths (separate cloths for classroom, art/craft, accident and toilet cleaning) and adequate cloth changing must always be implemented.
- A clean as you go policy is in place, floor space in classrooms and walkways must be kept tidy and unobstructed. Storage is provided in each classroom, and must be used to reduce hazards. Food is consumed at tables only and areas are cleaned after meals to remove spillages. All spillages must be cleaned immediately and wet floor sign displayed.
- All work rooms in particular toys or child contact surfaces cleaned and disinfected regularly. All body fluids to be cleaned up and area disinfected, cloth used to be disposed of. Disposable gloves to be used. Regularly sanitize hands during the day.

Fire Safety:

- Fire exits are not locked and access is kept clear always with fire extinguishers close to main exit / access. Fire extinguishers are checked annually.
- A standard fire drill is carried out monthly and records are kept.

Accidents and Incidents:

- Any injury must be reported and details of the accident are to be recorded in the accident book or Accident /Incident Form.
- Incidents of violence against staff, including verbal abuse, will be investigated and appropriate action will be completed by management with the member of staff.

- Minor accidents/injuries will be treated on the premises and parents/ guardians will be notified of the injury and action taken.
- We have an agreement with a local Doctor in case of accidents or sudden illness.
- First Aid box easily identifiable and located in an area known to all staff members. The contents of the First Aid Box are checked once a month.

What is a Risk Assessment?

Risk Assessment is where you examine the service to find out what could cause harm to children, workers or visitors. The purpose is to identify the risks and then eliminate or control the risk:

STEP 1: Identify the risks

STEP 2: Decide who might be harmed

STEP 3: Evaluate the risks and decide on precautions

STEP 4: Record your findings

STEP 5: Review and update

When thinking about risk assessment, remember:

- A **hazard** is anything that can cause harm for example;
    - Sockets left uncovered
    - No first aider on premises
    - A worker lifting sleep mattresses against manual handling advice
- A **Risk** is the chance (high or low) that the hazard will cause harm.

Identify Hazards:

- Walk around the service (outside and inside).
- Use a risk assessment checklist.
- Ask employees in each room if they can identify hazards as they may have noticed something.
- Check manufacturer's instructions to ensure workers are using equipment or materials properly.

- Check accident and incident forms – you may identify hazards this way.

What to do when you identify risk:

- Get rid of hazard (e.g. removing a mat that is a tripping hazard).
- Control the risk so that harm is unlikely (e.g. covering a socket).

Risk Assessment of Employees, volunteers and others.

We have in place comprehensive recruitment, selection and Garda vetting procedures plus staff absence, training and staff ratio polices.

25. ACCIDENTS and INCIDENTS

Document Title:	**Accidents and Incidents**
Unique Reference Number:	**025**
Revision Number:	**N/A**
Document Author:	**The Youthclub @ The Elbowroom**
Document Approved:	**Lisa Wilkinson**
Date the Document is Effective From:	**February 2021**
Scheduled Review Date:	**February 2023**
Number of Pages:	**14**

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 of the children's rooms, outdoor area and sanitary area 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 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.

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 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 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 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 and Incident Form must always be placed on the child's file.
- 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 and will receive a copy.
- Records are accessible to all relevant staff in case of an emergency.

- All serious accidents will be reported to the Insurance Company.
- 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 whether 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 person in charge and the parent/guardian.

First Aid Box:

Materials:		**6-25 children**	**25-50 children**
Hypoallergenic plasters		20	20
Sterile eye pads (bandage attached)		6	6
Individually wrapped triangular bandages		6	6
Small individually wrapped sterile un-medicated wound dressings		2	4
Medium individually wrapped, non-stick, sterile, un-medicated wound dressings		2	4
Individually wrapped antiseptic wipes		8	10
Paramedic shears		1	1

Latex gloves – non-powdered latex or Nitril gloves (latex-free)		1 box	1 box
Additionally, where there is no running water, sterile eye wash		2	2

In addition to a First Aid Box you may have a fever scan thermometer and a tough cut scissors.

Where 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 should be provided and sited in designated areas.
- They should be stored in places which 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 service should have suitably equipped first aid boxes for adults and children.
- The First Aid box must not contain any substance, which may cause allergies. However, an accessory box containing sticking plaster and antiseptic lotion for children you know are definitely not allergic to these substances may be kept. In addition, cotton wool for cleaning wounds and multi-purpose bowl are recommended.
- Eye bath/eye cup/refillable containers should not be used for eye irrigation unless it has been sterilised first.

- A list of what should be in the 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.
- An Accident and Incident report must be filled in and kept in the First Aid file. All reports to be signed by the person in charge.
- The First Aid Officer will supervise children who are under observation, as a result of accidents/sickness while on the premises.
- The First Aid Officer will keep an up to date list of 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.
- Report faulty electrical equipment immediately.
- Daily attendance records are kept.
- All flammable materials are safely stored outside of children's areas.

Carrying out First Aid:

- Antiseptic creams or wipes are never applied. To prevent an infection occurring, a band aid may be applied. 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 General Information 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 wound.
- Cold compresses are used for minor bumps, kicks, pinches, falls, scratches, where slight swelling and/or bruising may occur.
- Cold compresses are used for major bumps, bites, pinches, falls where swelling and bruising will occur.

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.

All staff members, students, substitutes and auxiliary staff members exempt, should have a valid first aid certificate and should update this when necessary.

Choking and Strangulation:

Food, hard sweets, peanuts and marbles are the most common cause of choking. Blind cords, curtain cords or clothing (e.g. ribbons and belts) are a serious strangulation risk to children.

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.

- 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 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 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 Manager must 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' practitioner, 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 and the insurance company 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 person in charge, or designated staff, must ensure that emergency plan measures are in place for scenarios where the child is off-site.

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 person in charge, or designated staff, must ensure that emergency plan measures are in place for scenarios where the child is off-site.

Provision and Storage of Medication:

The location(s) of child auto-injectors must be known to all staff members . 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 person in charge 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, and volunteers have appropriate information about severe allergies including background information on allergies, anaphylaxis and safety procedures.
- With the consent of the parent, the person in charge and the staff must ensure that the child's playmates are provided with information on severe allergies in a manner that is appropriate for the age and maturity level of the child, and that strategies to reduce teasing and bullying are incorporated into this information.

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 playrooms, office, staff room, lunch room 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 playrooms and common areas where a child with a related allergy may encounter that substance.

Training Strategy:

A training session on anaphylaxis and anaphylactic shock will be held for all the staff. Efforts shall be made to include the parents/guardians, and children (where appropriate), in the training. 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 children (as outlined in the individual Child Emergency Procedure Plan).
- 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.

26. FIRE SAFETY

Document Title:	**Fire Safety**
Unique Reference Number:	**026**
Revision Number:	**N/A**
Document Author:	**Youthclub @ The Elbowroom**
Document Approved:	**Lisa Wilkinson**
Date the Document is Effective From:	**February 2021**
Scheduled Review Date:	**February 2023**
Number of Pages:	**5**

Statement of Intent:

We will follow all relevant legislation. We will also ensure we follow the 'Guide to Fire Safety in the Premises used for School Age Services from Tusla. This is to ensure the safety, health and welfare of the children, staff and parents/guardians who are in the service.

Policy and Procedures:

We will ensure that:

- Fire drills will be carried out regularly monthly. A written record will be kept on file and will be available for inspection.
- Fire extinguishers and blankets will be stored appropriately, ready for use and in good working order.
- A record of the number, type and maintenance record of all firefighting equipment and smoke alarms will be kept and they will be serviced annually with a record maintained of the service dates.
- All employees will be trained on:
  - Where firefighting equipment is located
  - How to use firefighting equipment.
    - The location and operation of fire doors
  - Carrying out and recording fire drills
  - Fire safety risk assessment

A record of this training will be recorded and kept on file for inspection.

- Smoke detectors will be placed at strategic points in the building and 'hard wired'.
- The smoke detectors will be checked regularly to ensure they are working. A record will be maintained of the dates on which the detectors are checked.
- Materials contained in bedding and internal furnishings within the service will be of EU standard (i.e. kite symbol or CE compliant) in relation to fire retardant properties and will be nontoxic.
- Heat emitting surfaces will be protected by a fixed guard and/or thermostatically controlled to ensure safe temperatures.
- A system for giving warnings in the event of fire must be provided.
- Escape Route and exit doors should be maintained free from obstruction so that they can be safely and effectively used at all times
- All flammable materials (oils, polish etc.) are safely stored outside of the children's areas. Waste is promptly disposed of and, in general, precautions are taken to ensure the prevention of occurrences likely to constitute a fire hazard.
- Daily attendance records are kept

Fire Drill Policy:

The service has a notice of the procedures to be followed in the event of a fire drill or evacuation posted on the wall in all areas. All staff members should be familiar with their responsibilities with regards to fire drills and the procedures in case of the fire alarm going off. The fire alarm procedure must be shown to all students, substitutes and relief employees commencing work in the service.

Have a lesson with the children about fire and why fire drills must be practiced. Do mock fire drills with the children.

Fire drills will be practiced on a regular basis, at least once a month. All persons on the premises at the time are expected to participate.

All children and staff members must be signed in and out accordingly onto the attendance record. This record will be used for fire drills.

The main thing to remember is to stay calm and not to panic. The children should be filed out and brought to the fire assembly point where roll call will take place.

A record of the fire drill should be kept on file in the office - how long it took, equipment needed, how you dealt with it, how the children dealt with it etc. If a child in your group was upset this should be noted in his/her individual file.

Fire Drill Procedure

If you discover a fire or one is reported to you:

- Sound the alarm and shout FIRE!
- On sounding or hearing the alarm, stop whatever you are doing and leave the building with the children by your designated fire exit route. Using the following routine.
- When the fire bell sounds, the children are asked in a calm manner to form a line without delay.
- Lead by one of the early years' practitioners they leave the building by the shortest route.
- The staff member will take the roll book, check the premises, cloakrooms and then leaves last.
- Once outside stay outside
- The staff member will take a roll call immediately.
- Do not stop to collect personal belongings or to put on coats.
- If possible, close doors and windows en-route.
- Meet at the assembly point
- Do not re-enter the building until management of the fire brigade – fire safety officer informs you it is safe to do so.
- A roll call will be carried out by management at the assembly point to ensure all persons are accounted for.

General:

Employees should follow procedures for operating the fire alarm as outlined in the Health and Safety Statement. All employees should be aware of:

- All escape routes from the premises.

- Method of operation of fire doors.
- The importance of keeping fire doors closed.
- How to isolate power supplies where appropriate.
- The importance of general fire precautions and good housekeeping.
- The service employees are made aware of the potential of fire hazards as a result their activities and smoking on site is forbidden on site or adjacent to the building.
- All employees will take reasonable care in their work activities to ensure that they not generate any potential fire hazards. Any flammable liquids used on site will be stored away from heat sources in suitable containers which will be kept sealed to avoid build-up of flammable vapours.
- All firefighting equipment located on the premises will be in accordance with the requirements of the area that it is being located, and will meet the required classification for that area based on the classifications as per I.S. 290: 1986 standard.
- All fire-fighting equipment is tested and serviced annually by certified contractors. In accordance with the recommendation of the appropriate *Irish Standard I.S 291.1998* for fire equipment, 30% of extinguishers will be discharged each year and relevant employees trained in the safe and efficient use of the equipment.
- The chart outlines the correct use of the most commonly available fire extinguishers. Please note that CO_2 extinguishers should not be used on paper or light material as they may spread burning fuel causing the fire to further spread.

Fire Extinguisher Chart

Extinguisher		Type of Fire				
Colour	Type	Solids (wood, paper, cloth, etc)	Flammable Liquids	Flammable Gasses	Electrical Equipment	Cooking Oils & Fats
	Water	✓ Yes	✗ No	✗ No	✗ No	✗ No
	Foam	✓ Yes	✓ Yes	✗ No	✗ No	✓ Yes
	Dry Powder	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✗ No
	Carbon Dioxide (CO_2)	✗ No	✓ Yes	✗ No	✓ Yes	✓ Yes

When Dealing with a Fire:

Employees should be aware of the location of the firefighting equipment on the premises and the method of operation of this equipment prior to use in an emergency.

If a person's clothing is on fire, wrap the fire blanket, rug or similar article closely around them and lay them on the ground to prevent flames reaching the head.
If electrical appliances are involved, switch off the power before dealing with the fire.

Shut the doors and, if possible, the windows of the room in which the fire is discovered ensuring the main routes of escape are maintained at all times.

Call the Fire Brigade – The designated person(s) should call 999 and give precise instructions as to the address, including the name of the nearest main road and/or other landmarks

Evacuation – Commence an orderly evacuation of the building. The Manager will check that all the rooms are unoccupied including bathrooms. Close the doors and windows as each check is completed. The Manager will take the daily attendance sheets and a list of Parents/guardians Telephone Numbers to the Assembly Point

Assembly – Assemble Children and staff at a safe pre-arranged point. A roll call or head count should be carried out, based on the daily attendance sheets held by the Manager. The group should then proceed to a nearby safe house, from which the parents/guardians can be contacted.

Staff Report – A member of staff should be on hand when the Fire Brigade arrives to provide any information they require

Attack Fire – You can try to extinguish the fire but only if it is safe to do so, using proper equipment. Otherwise, wait until trained personnel arrive.

The above procedure should be practiced as a Fire Drill at regular intervals to familiarize the children with the procedure without frightening them.

We have a designated Fire Safety Officer.

27. HEALTHY EATING [INCORPORATING FOOD HYGIENE]

Document Title:	**Healthy Eating**
Unique Reference Number:	**027**
Revision Number:	**N/A**
Document Author:	**Youthclub @ The Elbowroom**
Document Approved:	**Lisa Wilkinson**
Date the Document is Effective From:	**February 2021**
Scheduled Review Date:	**February 2023**
Number of Pages:	**4**

Statement of Intent:

Our intention is to promote healthy eating in our setting. We also adhere to a vegetarian menu. It is important to introduce and educate children about good nutrition and the health benefits of eating well. We will follow all good food hygiene practices.

Policy and Procedures:

- Children are always supervised when eating and drinking.
- Children are provided with one fruit snack and one hot meal per session.
- Snack time will be enjoyed and socialisation and interaction encouraged.
- Staff should sit with children.
- Children with allergies and special diets will be carefully supervised. Staff are fully informed about allergies within the setting.
- We do not allow fizzy drinks, sweets, chocolate, crisps, 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 bags.
- Children will be encouraged to help tidy up after snack time.
- Cultural and religious dietary habits are respected. Parents/guardians or carers are requested to provide details of foods eaten (and not eaten) by the child.

- Healthy eating is promoted through an arrangement of activities for the children including play, stories, music, cookery etc.
- Drinking water and small snacks are available throughout the day.
- 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 encouraged to sit down when eating and/or drinking.

Important Note:

- If a child expresses that they are hungry, we will ensure they have a snack.
- If a child expresses hunger they will be fed
- Parents will be informed if the child has not eaten well

-

Protein:	Meat, Poultry, Fish, Eggs, Beans, Pulses
Carbohydrates:	Potatoes, Pasta, Rice, Bread, Scones, Crackers, Milk, Pudding etc.
Dairy:	Milk, Cheese, Yogurt, Custard, Milk, Pudding, etc.
Fruit/Vegetables:	Chopped up seasonal fruit kept in an airtight container; Strawberries, Raspberries, Grapes, Mangoes, Kiwis, Apples, Oranges, Variety

Food Hygiene

The after school service shall ensure that there are:

- Adequate and suitable facilities for the storage of food.
- Adequate hand washing 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’

All staff are trained in food hygiene.

Mealtime Practices:

- Staff sit with children during meal times and encourage good eating habits
- Information is available to staff in relation to children on special diets/allergies ensure that staff and children wash their hands before meals.
- Children will not be permitted to eat from the table, plates or place mats should be used.
- Children will be educated in good food hygiene [for example if food falls on the floor they will be informed that they cannot eat it and it must be disposed of]
- 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.

28. INFECTION CONTROL

Document Title:	**Infection Control**
Unique Reference Number:	**028**
Revision Number:	**N/A**
Document Author:	**The Youthclub @ The Elbowroom**
Document Approved:	**Lisa Wilkinson**
Date the Document is Effective From:	**February 2021**
Scheduled Review Date:	**February 2023**
Number of Pages:	**30**

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.

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.
- 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 communicated to parents via email.

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 below.
- An infectious /contagious condition.
- A child that complains of a stiff neck and headache with one or more of the above symptoms.
- COVID symptoms. If they then receive positive COVID test, they must stay out of the premises for the next 7 days.
- A negative COVID test must be obtained before returning to work/afterschool service.

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.

- Preparing meals, snacks and drinks.

After:

- Using the toilet or helping a child to use the toilet.
- 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 when they arrive at the afterschool service and

Before:

- Eating

After:

- Using the toilet
- 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.
- Apply hand cream as a barrier
- 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 hands.

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 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 in the crook of their arm 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.

Nose Blowing Procedure:

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

1. Get a tissue
2. Fold it in half
3. Blow nose gently
4. Wipe nose clean
5. Throw tissue away in bin
6. Wash hands
7. Staff supporting children to clean their nose must wash their hands before and after helping them.

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:

- 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.

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:

- 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.

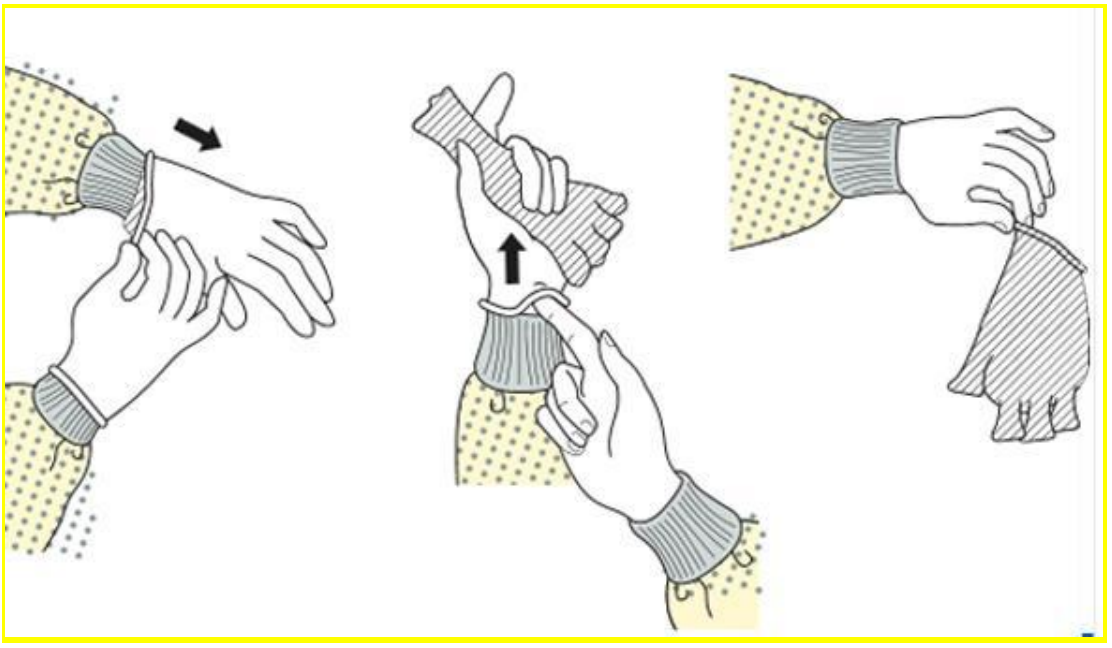
Remember gloves are not a substitute for hand washing.

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.
- Hand washing should be performed following glove removal.



Source: US Centers for Disease Control and Prevention

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.

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.

Cleaning Cloths:

- Cleaning cloths used in the playrooms, and sanitary accommodation are washed separately.

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.

Children's Rooms:

- Checklists are posted on the wall of the room and must be checked daily. All staff will also receive their own personal weekly rota, to be signed off.
- Staff are responsible for keeping their rooms clean and tidy.
- All room environments must be clean always. Toys, games and work equipment must be placed on the shelves in an orderly fashion at all times.
- 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.
COVID	7 days from first diagnosis
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:	Remain at home for 7 days from when their symptoms began. Children should not re-attend the

(Flu and ILI)	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: (German Measles)	For 7 days after onset of the rash, and whilst unwell.
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.

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** ● 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** ● 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** ● 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** ● Diphtheria ● Tetanus ● Whooping cough (Pertussis) ● Polio (Inactivated poliomyelitis) **MMR** (Measles, Mumps, Rubella)
At 11 - 14 years Free in school	**Td** ● Diphtheria ● Tetanus

At 12 years (1st year second level school) Girls only Free in school	**HPV (**Human Papillomavirus)

APPENDIX D: SPECIFIC DISEASES

Head Lice:

Head lice can be a common problem in preschool and school age 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.

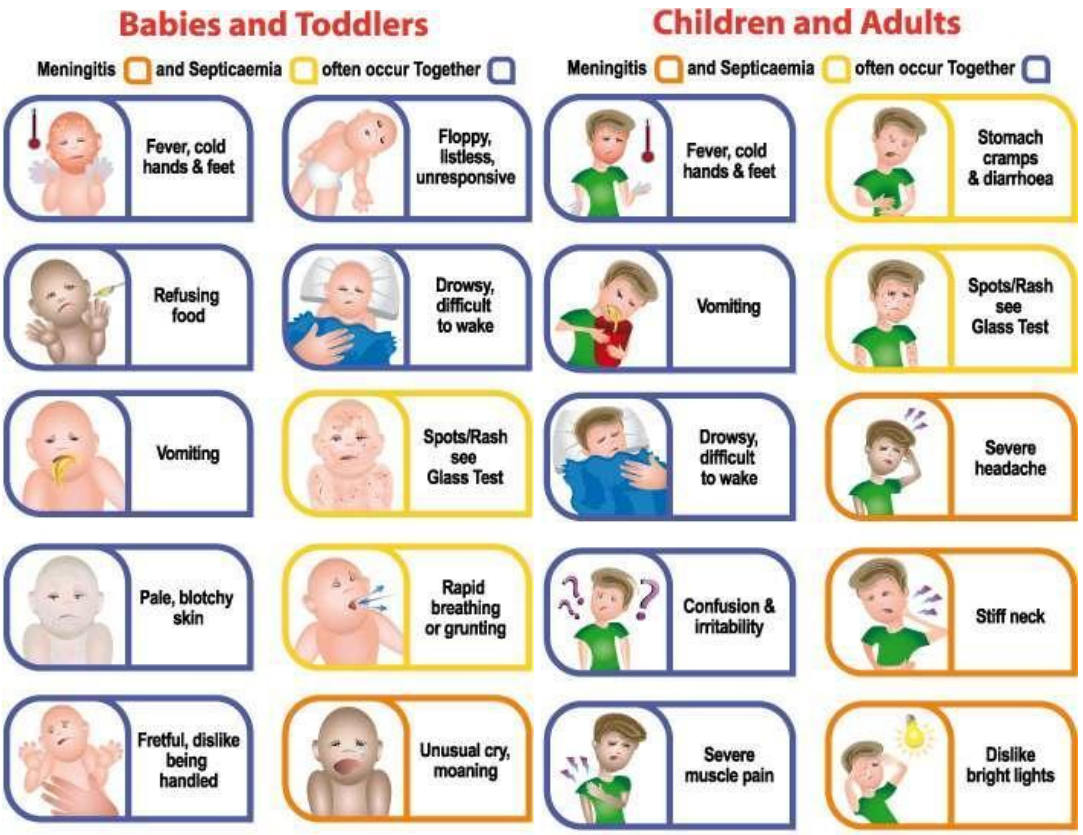
Spots or a rash will still be seen when the side of a clear drinking glass is pressed firmly against the skin.

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.



Procedure when a case of Meningococcal Disease (Meningitis and /or Septicaemia) Occurs within an Early Years' or school age 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 parent s 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 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 for 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.

Actions for caring for a child who becomes ill with symptoms suggestive of Pandemic COVID 19 while in the service:

- Parents/guardians should be contacted to bring the child with COVID 19 like illness home as soon as possible.
- The service will encourage parents/guardians to seek early medical assessment for all children of school age and for children with COVID 19 symptoms at higher risk of complications from flu. Staff with COVID 19 symptoms at higher risk of complications from COVID 19 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 COVID 19. An employee will be nominated to look after the child in an isolated area, if possible, apart for 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.
- Any equipment the child was using will be removed and cleaned immediately to prevent further risk of transmission.
- 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 Corona Virus due to Pandemic COVID 19 occurs in the service the following actions will be implemented:

- The child/staff member with COVID 19 will be advised to stay at home for at least seven days from the onset of symptoms.

***Actions in the event of an unusual number of people presenting with COVID 19 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 Coronavirus due to pandemic COVID 19 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 COVID 19 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 COVID 19. 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.

Exclusion Policy:
The service will operate an exclusion policy for seven (7) days. We will remind parents/guardians that children displaying COVID 19 symptoms while at home (weekends and holidays) should stay at home and not return to the service for seven days from onset of symptoms.

APPENDIX E: 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 weekly 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 weekly 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 for 10 minutes. Clothes must be laundered weekly or more often as necessary. The storage box or rail must also be cleaned regularly.

Toilets:

Toilets are checked regularly throughout the day and cleaned appropriately as necessary.

Bins and Recycling:

The room should have two bins; one for green bin recycling and one for everything else. 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. If a bin has a lid, the lid must be closed at all times.

Staff Hygiene:

It is imperative to wash hands after handling bins, 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.

Spillages and Hazards:

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

Spillages:

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 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.

29. MANUAL HANDLING

Document Title:	**Manual Handling**
Unique Reference Number:	**029**
Revision Number:	**N/A**
Document Author:	**Youthclub @ The Elbowroom**
Document Approved:	**Lisa Wilkinson**
Date the Document is Effective From:	**February 2021**
Scheduled Review Date:	**February 2023**
Number of Pages:	**3**

Statement of Intent:

The service will assess and reduce the risks associated with manual handling. The main area of the body affected by handling accidents is the back, but virtually any part of the body can suffer injury due to poor manual handling. It is important to remember that health, safety and welfare is the responsibility of everybody in the service.

The Management Duties:

- Assess risks to the health and safety of their employees and others who may be affected in order to identify the measures needed to comply with relevant Health and safety law.
- Make arrangements to implement the measures identified as being required by the risk assessment.
- Appoint competent people to help with implementation.
- Provide information to employees that can be understood, as well as adequate training and instruction.
- Set up emergency procedures.
- The staff should complete Manual handling training.
- Avoid hazardous Manual Handling operations as far as is reasonable practicable
- Make suitable and sufficient assessment of any hazardous manual handling operations that cannot be avoided.

- Reduce the risk of injury from those operations so far as is reasonably practicable

Employee Duties:

- Report dangerous situations and any shortcomings in their employers' health and safety arrangements.
- Take reasonable care not to endanger themselves or anybody else.

Principle of Safer Handling:

The simple steps below are not a guaranteed way of protecting you from manual handling injury. By following the steps below, you are reducing the possibility of an accident and the injury that could result from it. The basic principles are:

- Avoid manual handling whenever possible.
- Use equipment (*if available*).
- Assess the task (*consider use of equipment or breaking it down into easy stages).*
- Assess the load (*try a test lift).*
- Know your own limitations and do not be afraid to ask for assistance if required.
- Prepare the area, remember that whatever you pick up must be put down at some point (*and vice versa).*
- Position yourself correctly.
- Perform the task applying safer lifting techniques.
- Evaluate the task (*how could it be made easier next time?).*

The key message when performing manual handling is THINK before you do it.

Performing a Safer Lift

When performing the task there are accepted practices that should be used to make any handling task safer. They are:

- Think before handling/lifting.
- Keep the load close to the waist.
- Adopt a stable position.

- Ensure a good hold on the load.
- Moderate flexion (slight bending) of the back, hips and knees at the start of the lift.
- Do not flex the back any further while lifting.
- Avoid twisting the back or leaning sideways especially while the back is bent.
- Keep the head up when handling.
- Move smoothly.
- Do not lift or handle more than can be easily managed.
- Put down, then adjust.

Remember the risk of injury is greatly reduced if the object being moved is picked up or put down at waist height.

30. ADMINISTRATION OF MEDICATION

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Statement of Intent:

To facilitate promotion of health and wellbeing and to promote an inclusive setting this we will work in consultation with parents to ensure the safe administration of medication

Procedure:

We do not routinely administer non-prescription/prescription medications. We only administer medicines with the correct signed permission.

Only named authorised persons will administer medicines

Medicines must only be brought into the service for administration by the staff 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 person in charge must be informed if your child is taking antibiotics or any other prescription or non-prescription medication.
- A full medical and medicine history must be provided for each child
- A record of the child's medical history will be required on the registration form
- Essential medicines will only be administered where a parent/guardian has signed a consent form and at the discretion of the person in charge.

- 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 the manager or room leader 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. Staff will inform Parents/Guardians immediately and seek medical help if necessary.
- Parents/guardians must keep the service up to date on their child's medical needs.
- 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 then stored in the fridge or the medicine cabinet. 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 is licensed for the age group of the child. For example, an ant-febrile medication supplied by a parent for a 3-year-old that is licensed for an over 6-year-old will not be administered.
- We will always have the documentation available related to the medicine to include directions for use, possible adverse reaction

Storage of Medicines:

- All medication is stored out of reach of the children.
- The person in charge is responsible for ensuring medicine is handed back at the end of the day to the parent.

- For some conditions, medication may be kept at the service. The person in charge will check that any medication held to administer on an as and when required basis, or on a regular basis, is in date and return any out-of-date medication to the parent.
- Unused medicines should be returned to the parent.

Procedures for staff administering essential medicines (Prescription and non-prescription)/record keeping:

1. **Wash hands thoroughly.**
2. **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 the doctor and dispensed 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. e.g. some medications cannot be given with milk, or when taking another medication.
- 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.
- Staff will always ensure another staff member witnesses the mediation being given and counter signs to confirm this.

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 37.5 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 Manager to identify children who require frequent or repeated anti-febrile medications. A child in this category may require 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 must then be required to sign the correct permission forms.

If a child has a temperature and permission for 'Anti Febrile Medication' has not been granted medical advice should be remedied immediately.

Staff must ask for a person in charge or another member of staff to be present. Ask them to confirm steps 1 and 2 and that the medicine can be administered.

- Staff **MUST** have a witness **PRESENT** to 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 say 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, please inform the person in charge.

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 written instructions on how to administer such medication.
- The service must have the parents/guardians' or 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 contracted 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:

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.

Sunscreen:

- We will send letters home asking for parents/guardians to apply sun cream to their child before bringing them to camps each morning.

- We will also ask parents/guardians for permission for staff to apply sun cream onto their child when appropriate.
- Parents/guardians should bring in sun cream in a named bottle.
- Sun Cream should be individually labelled with child's name in original bottle and that parents "must" supply it for us to apply if required during day and that we store it in press out of reach not bags.
- Older children should be instructed by their parent on how to apply suncream correctly.

All records kept by the service are kept secure and confidential.

Medication Errors:

All medication errors will be recorded and we will seek medical advice immediately. This includes medication is given to 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 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.

If advice is needed contact:

GP: Catherine Mullen 01 679 3197

Pharmacist: Janet Dillon Pharmacy - 01 679 4362

31. MISSING CHILD

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Number of Pages:	**2**

Statement of intent:

It is our intention to keep children safe at all times and to avoid a situation whereby a child is missing.

Procedure:

- Children are collected from school and signed in on our daily register. A head count is done again before leaving the school premises. Once children arrive at the Elbowroom, the daily register is then checked again.
- Children being returned to school for pick up by their parents, are then checked again on the daily register and signed out once collect by their parents.
- Children are not allowed to run over the school yard at collection time, tier parent must come to the staff and make sure their child is signed out.
- Children are welcomed into the setting by a designated member of staff, who marks their presence in the daily register.
- A member of staff remains on duty by the door throughout the arrival and departure period and until all parents/guardians and carers have left the premises.
- The door is kept secure at all times when a member of staff is not on duty at the entrance.

- Children's times of arrival and departure are noted on the register, and a note is made in the register if a child is to leave early or with another adult.
- The outdoor area is supervised.
- The room in which the children play is never left unsupervised/out of vision of the staff.
- The staff remains on duty within the main room always, unless all the children and staff are in the outdoor area together
- If all the staff and children are outside and a child needs to come inside, a member of staff will accompany them inside.

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

- The premises will be searched thoroughly and immediately.
- The register will be called to determine which child(ren) are missing.
- The surrounding area will be searched
- The Manager will call the local Garda.
- The Manager 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.

32. PEST CONTROL

Document Title:	**Pest Control**
Unique Reference Number:	**032**
Revision Number:	**N/A**
Document Author:	**Youthclub @ TheElbowroom**
Document Approved:	**Lisa Wilkinson**
Date the Document is Effective From:	**February 2021**
Scheduled Review Date:	**February 2023**
Number of Pages:	**2**

Statement of Intent:

We are committed to ensuring that the service is a pest-free environment.

Procedure:

- The responsibility for Pest Control lies with the Manager.
- The staff should report to the Manager 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

  - 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. 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 never be accessible to children.
- A record of pest control measures will be kept.

If any infestation occurs such as wasps, ants, mice, etc professional advice will be sought and any actions will ensure the safety of all adults and children in setting.

33. SUN SAFETY

Document Title:	**Sun Safety**
Unique Reference Number:	**033**
Revision Number:	**N/A**
Document Author:	**Youthclub @ The Elbowroom**
Document Approved:	**Lisa Wilkinson**
Date the Document is Effective From:	**February 2021**
Scheduled Review Date:	**February 2023**
Number of Pages:	**2**

Statement of Intent:

We will work with staff and parents/guardians to achieve sun safety.

Policy:

The service requests that parents/guardians:

- Apply sun cream to their child/children before they attend summer camp. it is the responsibility of the parents to apply sun cream to their child/children.
- Provide suncream for their child and instruct their child on how to best apply.
- Provide a sunhat for children.

The service will ensure that:

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

We will work towards Sun safety through the following:

Education:

- Discussion with the older children about the sun and the need for protection.
- Letter to be sent to parents/guardians and guardians with regard to sun cream and protection.
- Time spent in discussion at staff meetings about sun safety.

Timetabling:

- Children will spend more time playing outside before 11am and after 3pm, and less time over lunchtime.
- Afterschool children will go outdoors after 4pm

Clothing:

- We will actively encourage all children to wear a hat when playing outside – for any length of time.

Sunscreen:

- It is parents'/guardians' responsibility to apply sun cream to their children before entering the service.
- It is important that parents instruct their children on the correct use of suncream
- Parents must sign an agreement to allow staff to apply suncream if their child is unable to do this themselves.

Drinks:

- Water will be available at all times in the Studio's.
- Water bottles will be filled with fresh cold water before going on any outside trip.

34. TOILETING

Document Title:	**Toileting**
Unique Reference Number:	**034**
Revision Number:	**N/A**
Document Author:	**Youthclub @ The Elbowroom**
Document Approved:	**Lisa Wilkinson**
Date the Document is Effective From:	**February 2021**
Scheduled Review Date:	**February 2023**
Number of Pages:	**2**

Statement of Intent:

All staff who work with children in the service must follow this policy.

General Toileting Procedures:

At all times, it is important to respect the rights and needs of the children in our care. When a child needs to use the toilet allow him/ her the privacy to do so. If the child asks you to accompany them to the toilet inform them that you can stay outside the door to allow them added security

- Go to the bathroom door ask the child if he/she wants the toilet door left open or closed.
- Reassure the child that you will wait outside the door where they can call if they need you.
- If the child asks, you to help undo buttons or zippers where possible have another staff member in the same vicinity for both the child and staff members protection.
- No two children will be permitted to enter a toilet cubicle together. This is to ensure their privacy as well as their safety.

- Young children must be toilet trained and able to carry out all hygiene procedures themselves, e.e wiping their bottom, pullingup pants correctly etc.
- Parents should supply a change of clothes if their child occasionally has an ‘accident’
- Staff must use the disposable gloves and aprons provided, if cleaning up any spillages.
- Staff should be sensitive to accidents.
- Staff should maintain a pleasant atmosphere.
- The child’s privacy should be maintained.
- Good hand washing practice will be used at all times [See Hand Washing procedure under Infection Control Policy]

Toileting Accidents:

A full set of labelled clothing should be provided by parents/guardians so that if a child has an ‘accident’ of this nature they will, in the first instance, be offered fresh clothing into which they can change. All such incidents will be recorded in the Incident Book or form and the parent/guardian informed. If the child does not have an change of clothes with them, we will provide them with a change from our stores. Parents must ensure these are washed before returning to us.

35. STAFF ABSENCES

Document Title:	**Staff Absences**
Unique Reference Number:	**035**
Revision Number:	**N/A**
Document Author:	**Youthclub @ The Elbowroom**
Document Approved:	**Lisa Wilkinson**
Date the Document is Effective From:	**February 2021**
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Number of Pages:	**2**

Statement of Intent:

It is our intention to work within Regulation ratios at all times. The service will not operate if the appropriate number of staff is not available**.** The service will always operate within the appropriate ratios.

Procedure:

Staff are expected to report for work each day unless incapacitated by illness, absent with the prior permission of Management or otherwise unavoidably absent. It is essential that the service has an adequate number of early years' practitioners to care for the children. It is therefore essential that all employees adhere to the following in the event of personal illness.

Employees will:

- Employees suffering from a contagious illness should not work with children, i.e. gastro-enteritis, etc. and must inform the person in charge immediately.
- If unable to attend work employees must phone in and personally speak the person in charge on the day of absenteeism before 9:00 AM.
- If an employee knows that they will be absent on the day before you should telephone and speak to the person in charge by 1:00 PM.
- When speaking with Management employees should indicate the nature of illness, the possible duration and when they will return to work. It is also required

that employees speak with Management either on the day of absenteeism or the day before they are due to return to work before the service closes in order to confirm that they will in fact be returning to work. This will give management sufficient time to arrange cover if you are not fully recovered and are unable to return to work due to this fact.

- Emails, voice mails or text messages are not an appropriate way of conveying this information and to do so may invoke the disciplinary process.
- In the event of an employee being absent for 3 or more days, the employee will need to present a doctor's certificate to Management.
- In the case of long-term illness, a certificate must be provided weekly unless an alternative agreement has been approved by Management.
- Management reserves the right to refer an employee to a doctor or Occupational Health Physician appointed and paid for by the company, which may involve a medical examination. This may also be the case when an employee is returning to work after a prolonged or serious illness or where the employer may have concerns about the employee's health and wellbeing.

Management will:

- Arrange for appropriate cover by contacting relief staff.
- Ensure that all relief/temporary staff are suitably qualified and Garda vetted.
- Ensure that the service sick policy is adhered to.
- Ensure all employees will participate in a "return-to-work interview" on their return to work from sick leave.
- Ensure that appropriate adult child ratios are met according to the Child Care Act 1991 (Early Years Services) Regulations 2016 at all times.

SERVICE TYPE:	AGE RANGE:	ADULT/CHILD RATIO:
Afterschool	**4 – 10 YEARS**	**1:12**

PERSON IN CHARGE:

The Manager is the person in charge of the service. In their absence the deputy will be in charge. **Note: We will never operate outside ratios.**

36. RECRUITMENT

Document Title:	**Recruitment**
Unique Reference Number:	**036**
Revision Number:	**N/A**
Document Author:	**Yout5hclub @ The Elbowroom**
Document Approved:	**Lisa Wilkinson**
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Number of Pages:	**11**

Statement of Intent

To recruit the highest standard of personnel and ensure everyone working in the service is suitable to work with children, to prevent any risk to children attending.

Policy and Procedure:

It is the policy of the service to recruit and select the best candidate for any vacant position within our Child Care service. Our employees are one of the key resources we have in achieving our aims and objectives of providing good quality care to the children in our service. Our primary concern is selecting the right candidate that will cherish the children in our care and help each one of them to reach their potential.

The following is how our service operates its recruitment process to ensure the best candidate is chosen for every position, with particular reference to the suitability to work with young children.

It is our policy to:

- Deal with all applications with courtesy and efficiency;
- Select candidates on the basis of their qualifications and/or experience for the vacancy concerned; and
- To give every person interviewed a fair and thorough hearing.

The organisation will not:

- Discriminate unfairly against potential applicants on grounds of gender, civil status, family status, disability, sexual orientation, age, religion, race or membership of the Traveller community; or trade union membership / activity
- Discriminate unfairly against persons with a criminal record; or make any false statements in recruitment literature of job advertisements.

Job Descriptions and Personal Specifications:

We will use updated job specifications and job descriptions for each position. Further information is available from the Management.

Advertisement:

The avenues we use to advertise positions will depend on the vacancy and the budgets available.

- Advertisements and the selection process will not discriminate on any of the nine grounds protected by the Employment Equality Acts 1998 to 2008. These are gender, marital status, family status, sexual orientation, religion, age, disability, race, and membership of the traveller community.
- It is essential that advertisements for all vacancies are impartial and objective.
- All employees on protective leave (such as maternity or parental leave) will be informed of each vacancy.
- All vacancies will be advertised both internally and externally, as may be appropriate.
- All vacancies will be advertised at a minimum online and through word of mouth.
- Applicants will be asked to submit a CV
- Every job applicant will be replied to without unreasonable delay.
- Potential applicants will be informed about the details and conditions of the position advertised.

Interview:

Our aim is to draw out as much relevant information from each candidate as possible to enable us to make an accurate assessment of their suitability for the job.

Not all applicants will be called for interview. The service aims to ensure an interview process that is free from discrimination. A gender-balanced interview panel will be provided where possible, but this may not always be feasible. The selection of persons who sit on the interview panel is at the discretion of the Management. All questions posed to the candidates will be consistent and will relate directly to the person's ability to do the job.

Candidates will be scored according to an interview selection form that has been designed to ascertaining the competencies and skills of the candidate to carry out the position. The job description and essential and desired criteria in the person specification are also utilised in the selection assessment. Fair and proper procedures will be followed.

After each interview is held, every candidate is assessed against the criteria set out in the job description, personal specification and their own qualifications. The interview sheet is then signed off by the interviewers.

Records of all applications, screening criteria and interview notes will be kept for a minimum period of 12 months by the Management, before being discarded.

Feedback will be given to unsuccessful internal candidates to support them in their future development.

Risk Management:

- Candidates may be requested to complete a Health Declaration.
- The service will also validate any necessary documentation relating to visas and work permits, where applicable.
- Candidates will be required to sign and declare that the information they have provided is true.
- Candidates will be required to provide details of two previous employers for reference-checking. Successful candidates will have their references checked before an offer of employment is made. References will be checked by

telephone and in writing to validate and verify the candidate's identity and to check their employment history, qualifications, experience and suitability for the role. References should be recent, relevant to the post and should not be provided by family members. References will be held on the employee's personnel file.

- The identity of the applicant will be confirmed against an original (not a photocopy) official documentation (such as a driving licence or passport), which includes the applicant's name, address, date of birth and a photograph. This should be compared with the written application. A copy of the candidates' driving licence or passport is required to be held on the employees' personnel file.
- CV's will be examined and an explanation will be sought for any gaps.
- All staff will be Garda vetted [see detailed procedure below].

Probation:

Once all the pre-employment assessments have been completed, a written offer of employment will be extended to the successful candidate, with full details of his or her conditions of employment. It is the policy of the service that all such offers will include a probationary period, of six (6) months and not longer than eleven months even when the successful candidate has been previously employed within the organisation. Reviews will be carried out throughout the probation period and at a minimum after the initial two weeks, mid-way and at the end of the probation period. This gives the service an opportunity to assess the suitability of a new worker to work with children and to implement the organisation's policies on safe practices.

The service will comply with Data Protection Acts, 1988 and 2003 including:

- Obtaining and processing information fairly.
- Keeping it for explicit lawful purposes.
- Using it and disclosing it only in ways compatible with those purposes.
- Keeping it safe and secure.
- Retaining it for no longer than is necessary for that purpose.
- Giving a person a copy of his or her personal data on request.

Employment/Personnel Files:

Legislation requires that we keep certain records on our staff members. It is our policy to keep the following records for each staff member:

- C.V.
- Copy of Advertisement
- Job Description
- Person/Job Specification (selection criteria)
- Questions for Interview
- Proof of identity (passport, driving license)
- Score Sheet and Interview Notes
- Medical Results
- Two validated References (Verbal and Written)
- Processed Garda Vetting Form
- Copies of letters sent to the candidate
- Contract signed by employee and employer
- Confirmation of Hire Form
- Sign Off sheet on all policies and Procedures
- Copies of validated Qualifications
- Completed Induction Form
- Letter confirming successful probation completed
- Employee Training Record
- Copies of any other correspondence with the employee during the tenure of their employment
- Garda Vetting Declaration Form

Garda Vetting:

The Child Care Act 1991(Early Years Services) Regulations 2016 require any person carrying out childcare service must ensure appropriate vetting of all owners. directors, staff, students, and volunteers.

1. Checking employer and other reputable references in respect of owners, directors, staff, students, and volunteers.
2. Seeking Garda vetting from An Garda Síochána.

3. In respect of owners, directors, staff, students, and volunteers who have lived abroad, for more than six continuous months, ensuring that these persons provide the necessary police vetting from other police authorities.

The Child Care Act 1991 (Early Years Services) Regulations 2016 require that services complete vetting prior to any person being appointed or being allowed access to children. Employment with the service is subject to a satisfactory outcome of the Garda Vetting Process. Where an employee is successful for a position with the service, they will be required to complete a Garda Vetting Application Form **before** they commence employment.

Management will ensure that the identity of the applicant is confirmed against an original (not a photocopy) of official documentation (such as a driving licence or passport), which includes the applicant's name, address, date of birth and a photograph. This should be compared with their written application.

Delay in Obtaining Garda Vetting:

The service will follow and respect the Garda Vetting Procedures and will follow the advice and guidance of the NVB and TUSLA-The Child and Family Agency Early Years Inspector or any requirements that are compulsory under legislation. Garda Vetting is not transferable from one service to another.

Students and Contractors:

Any contractor (e.g. music drama etc.) or students must satisfy the service that they are Garda vetted by providing a certified copy of the vetting disclosure from the National Vetting Bureau and will not be required to reapply. A certified copy means a hard copy/original copy. We will note on the "copy" that we had sight of the original copy. If it is not possible to have sight of the original hard copy we will require that the copy has the stamp of the supplying organisation/college. In the event of e-vetting the relevant organisation can forward via email the original disclosure (password protected). We will do this with the consent of the person

Transition Year Students:

Transition year students do not require Garda Vetting. Garda Vetting will be required, however, for all transition students over 18 years. Transition Year students will require 2 validated references.

Support Staff:

Support Staff that visit the service on a regular basis should be Garda Vetted. Other precautions to safeguard children will also be put in place (e.g. not allowing support staff have unsupervised access to children).

Staff from other Agencies:

Staff from other childcare agencies can transfer their vetting from that agency to our service but we will risk assess any disclosures as we would do with other staff.

Visitors:

Visitors like the local fireman or a parent giving a talk about their work do not need Garda Vetting but should not have unsupervised access to children. Persons making once off visits do not require Garda vetting but should not have unsupervised access to children.

Employees Who Have Lived Outside of Ireland:

For persons who have lived/worked outside of the state for more than six continuous months (from the age of 18 years) need to be police vetted from the countries they lived in. The person is required to provide the original Police Vetting Certificate from these countries. This applies to international applicants and to Irish applicants who have lived/worked abroad. We will make reasonable steps to verify Police vetting and these attempts will be recorded on the person's file. It may not be possible to receive vetting from some countries.

For employees who have worked/lived in the UK they will require an International Child Protection Certificate. This is available from: ACRO Criminal Records Office

(ACRO). A Basic Disclosure will not be accepted. Further details are available from: www.acro.police.uk/icpc/

If vetting, references, or qualifications are in another language (not English) these will be translated. This is our responsibility as employer.

Guarda vetting is the property of the individual and can be used in multiple services. It can be copied and held on file, once we have had sight of the original.

Dealing with Disclosures:

The report that comes back from the NVB (National Vetting Burea) may show:

1. No previous convictions against the named applicant whose details were supplied.

OR

2. Details of convictions that appear on Garda records. These are based on the information supplied on the application for Garda vetting. However, they cannot be positively confirmed by the Garda, as fingerprints have not been supplied. These details must be verified with the applicant before any decision is made.

OR

3. Prosecutions successful or not, pending or completed.

There is also the option of 'possible matches' where almost all the applicant's details match but there is some difference, such as the address or date of birth. Again, these details must be verified with the applicant before any decision is made. When information is returned indicating a prosecution or possible match, it is recommended that a Garda vetting review meeting be held with the applicant. This has two purposes:

1. To verify that the applicant is the person about whom the disclosure of convictions has been made. The information returned by the Garda may apply to the applicant and should be verified with the applicant before any decision is made.

2. To provide an opportunity for the employer and the applicant to discuss the disclosure from Garda vetting.

If the applicant disputes the information returned by the NVB, the onus is on the applicant to contact the Garda to resolve the matter.

Management may also convene a meeting together appropriate personnel such as a Development Worker from the CCC or a Consultant from an organisation with expertise in this field if required. The meeting will be convened to discuss the disclosure from the NVB in relation to the (prospective) employee and to decide what action is required. Some points to consider are:

- Has the employee already indicated to the servicewhat may by disclosed by the NVB.
- Does the employee disclosure 'match' the NVB disclosure?
- Where the employee has not indicated to the service what the NVB has disclosed then management need to use the risk assessment below. This approach must consider the risk in terms of the individual, the offence, and the purpose of the job.
- Management may speak to the employee in relation to this matter before making a final decision.
- Management should record their decision and inform the (prospective) employee of their decision.

Garda Vetting Disclosure Risk Assessment:

Risk will be assessed in relation to the individual in terms of the risk due to the disclosed offence. In some cases, the relationship between the offence and the position the individual has applied for will be clear enough to take a decision as to whether or not the individual is suitable for employment with the service. Points to consider are:

- Offences concerned with larceny, fraud and theft are crimes of deception and may be a behavioural indicator.
- Child Protection or related offences.

- Breaches in trust e.g. fraud.
- Offences against property e.g. arson, armed robbery.
- Drug related charges/convictions (particularly possession for sale or supply).
- Offences against the person e.g. assault, harassment, coercion.
- Offences against the state.

The risk will be assessed by the person in charge. Assessment of the risk of the employee together with the offence:

- In carrying out this assessment, the following factors in addition to other relevant case specific concerns should be considered and documented in support of the recommendation to either stay on the current work assignment or transfer to a more suitable one.
- The seriousness of the offence and its relevance to the safety of the children.
- The length of time since the offence was occurred.
- The age of the applicant at the time.
- Whether the offence was a 'one off' or part of a history of offending.
- Whether the applicant's circumstances have changed since the offence was committed, making re-offending less likely.
- The degree of remorse or otherwise, expressed by the applicant and their motivation to change.
- The sentence imposed in relation to the offence.
- Whether the applicant has undertaken any kind of rehabilitation relating to the offence they committed e.g. anger management or drug treatment programme.
- Work history since the offence.
- Protecting the employee from situations that might cause difficulty e.g. allegations against them etc.

The risk assessment and the decision to employ or not to employ should be carried out by those nominated as outlined above.

Data Collected through Garda Vetting:

The service will conform to the provisions of the Data Protection Act 1998 and the Data Protection (Amendment) Act 2003 in relation to the storage and retention of records.

Storage of Data:

The storage and security of Garda Vetting Form is a very important consideration under the Data Protection Acts. Appropriate security measures will be taken, by us, against unauthorised access to this data.

A minimum standard of security will include the following measures:

- Access to the information should be restricted to authorised staff on a "need-to-know" basis. Access to Garda Vetting Forms should be restricted to a maximum of two individuals within the service.
- Access will also be restricted to external authorised personnel – e.g. the early Year's Inspector.
- The forms will be stored in a lockable filing cabinet located away from public areas.
- Any information that needs to be disposed of will be done so carefully and thoroughly when out-of-date but only if a new vetting procedure has been completed.
- Premises will be secured when unoccupied.

Retention:

We will retain a record of the decision to appoint an employee and the reasons for the decision as part of the overall recruitment records. In the event of a decision not to appoint an employee on the basis of a Garda vetting disclosure, records should be retained confidentially indefinitely.

Repeat Garda Vetting:

The Garda Vetting procedure may be carried out at any time during the employees' contract of employment and the procedure should be followed at least every three years for continuing employees and in line with any subsequent legislation.

***Records*:**

Garda vetting records should be kept for 5 years from the date of **commencement** of work

Note:

It is important to recognise the limitations of Garda/Police vetting, which can only alert an employer to criminal convictions. Research indicates that very few child abusers receive criminal convictions. Garda vetting will be used as part of the overall safe recruitment practices of the service and is one component of the recruitment decision.

The Management reserves the right to use their own judgement about whether a person is suitable for a post with us.

37. STAFF TRAINING

Document Title:	**Staff Training**
Unique Reference Number:	**037**
Revision Number:	**N/A**
Document Author:	**Youthclub @ The Elbowroom**
Document Approved:	**Lisa Wilkinson**
Date the Document is Effective From:	**February 2021**
Scheduled Review Date:	**February 2023**
Number of Pages:	**3**

Statement of Intent:

It is our intention to ensure all staff are fully qualified to be employed in our service. Staff are also expected to engage in ongoing training programmes. Staff are expected to hold the relevant qualifications and be trained in all other mandatory training.

Policy

We expect staff to have the following minimum qualifications:

Managers/Supervisors/Room Leaders: Fetac Level 6, Manual Handling, First Aid, Child Protection, Continuous Professional Development

Staff Working Directly with Children (Practitioners): Manual Handling, First Aid, Child Protection, Continuous Professional Development

Domestic Staff: Manual Handling, Fire Safety

All qualifications will be certified. Employees are expected to submit original copies of qualifications for certification. Records are kept safely and securely.

We define Training and Development as follows:

Training is the process through which new skills knowledge and behaviour can be acquired and existing skills knowledge and behaviour can be developed to enable individual employees to work to their full potential and provide maximum benefit to the organisation.

Induction Training:

Every staff member will be provided with an induction training programme when they commence work to ensure they are fully trained in the first number of months of work. The Induction will be recorded on the appropriate form. *See Induction Record Form.*

On the Job Training:

Training is organised for each employee or groups of employees to fulfill identified training needs in their current positions. This enables the employees to significantly improve their effectiveness and performance in their current positions.

People Development Training:

Training is organised in regard to career development. The training may not be directly relevant to an employee's current position but is likely to develop in the medium-long-term future. This training is validated by Management.

All training will be recorded on the staff member's individual training record

Legislative Responsibilities:

Training is organised as required by legislation (Manual Handling, First Aid, Fire Safety etc.)

Our commitment to each employee is to:

- Create an environment where training and development is genuinely valued.
- Put in place processes to assist in conducting training and development activities, and to monitor the effectiveness of these processes.
- Invest in training and development.
- Plan and review training and development activities at all levels in the organization.
- Share with the employees the progress of their training and development activities, what has worked, the business benefits, where improvements are needed and so on.
- Continue to improve and develop our training resources so that they actively support the employees as well as the business.

The service wants each employee to:

- Take responsibility for their own training and development.
- Recognise and meet their full potential.
- Perceive training and development as a continuous process.
- Understand that development means more than just attending training courses.
- Realise the importance of ensuring that training and development is aligned with the needs of the business

Staff must attend training programmes. It is also assumed that staff would participate in a number of sessions external training every year as part of their Continuous Professional Development (CPD).

38. SUPERVISION

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Number of Pages:	**4**

Statement of Intent:

Our intention is to provide appropriate mechanism to give staff feedback on their performance so that a high standard will be maintained. We are also committed to listening to feedback for the purposes of enhancing quality. It is our intention that all staff will have opportunities of support and supervision.

Introduction:

Staff development provides chances for greater knowledge, improved skill and better understanding, not as an end in itself but as a means to develop and improve the level of service to children and their families.

Supervision and appraisals are core parts of the staff development process at this service.

The purpose of supervision is to promote and provide accountability, decision-making, support, development of the work and development of the staff member.

Appraisals allow for the setting of new goals and contribute to identifying training/development needs of staff.

Definitions:

Supervision:

A key managerial activity – it is ‘a 'reflective” process about professional thinking, actions and decisions that is constant and ongoing.

Appraisals:

A staff appraisal is a process by which the work and development of the worker are reviewed. The process contributes to future planning and goal setting. Appraisals are about a person’s previous performance as well as future development. The appraisal should consider the worker’s achievements, their expectations and development needs.

Probation:

Confirmation of all appointments will be subject to satisfactory completion of a period of probation, which will normally be for 6 (six) months, with a review at 3 (three) months.

During the period of probation, the contract can be terminated by either party in accordance with the provisions of the Minimum Notice and Terms of Employment Act 1973-1991.

During the probationary period the Manager will ensure that each employee is fully assisted in understanding and becoming familiar with the demands of his or her post and that there is full discussion with the employee about any problems or difficulties.

During the probationary period the employee will be advised on his or her progress using the 3 (three) month Probation Review.

The period of probation may be extended for a specific period (generally by 3-5 months but will not exceed 11 (eleven) months), if management is not fully satisfied

that the employee is suitable for the post. The employee will be informed through supervision and in writing about the reason(s) for this decision.

Management will notify the employee in writing of his or her satisfactory completion of the period of probation.

Policy Statement:

All staff members must have regular and consistent supervision to:

- Support them in their work.
- Ensure the quality of service to children and families.
- Ensure that they are clear about their role and responsibilities.
- Ensure competent and accountable performance.
- Ensure that in their respective roles they meet our standards and objectives.
- Ensure a positive atmosphere for practice.
- Assist their professional development.
- Reduce stress.
- Increase awareness of new areas of professional knowledge.
- Ensure that they are given the resources to do their job.
- Provide an opportunity to voice their ideas and concerns.

All staff members are entitled to:

- Respect in their role and as a person.
- Clarity about the boundaries of confidentiality.
- Clarity about expectations.
- Have their experience and contribution acknowledged.
- Be briefed about service changes.
- Participate in problem solving and not just be told what to do.
- Access to on-going training relevant to their job.
- Clarification about the afterschool policies and procedures.
- Clear performance targets.
- Be allocated an appropriate and manageable workload.
- Clarity about the basis of decisions.

- Regular and uninterrupted supervision.
- Regular formal appraisal.

The supervision programme will be reviewed at least annually to ensure that it is effective.

Staff appraisals will be carried out for each staff member within the first six months of appointment and annually thereafter.

Appraisals:
All new staff members should have an appraisal carried out before the end of their probationary period and annually thereafter.

All staff members will be appraised using a standard Appraisal Form.

Appraisals should relate to the person's job description and focus on areas of performance relevant to the person's role.

Appraisals must be recorded and records kept in accordance with good practice and legislation.

The following methods are used to support staff:
- One to one supervision
- Staff meetings
- Training
- Support Sessions

All meetings (group and individual) will be recorded. All instruction /direction and training of individual staff members will be recorded on the appropriate Training form and placed on the individual staff member's file.

39. CRITICAL INCIDENT and EVACUATION PLAN

Document Title:	**Critical Incident and Evacuation Plan**
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Revision Number:	**N/A**
Document Author:	**Youthclub @ The Elbowroom**
Document Approved:	**Lisa Wilkinson**
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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 service will endeavour to ensure that the children 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 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,.From January 2019 the registration of School Age Services is included in this remit following the publication of the Child Care Act 1991 (Early Years Services) (Registration of School Age Services) Regulations 2018. 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.

Management will 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.

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 containing first aid kit, water, daily register and emergency contacts.
- Up to date facility floor plans and maps outlining fire exits and location of essential services.
- Templates for communications with parents/guardians.
- 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 “closed” 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 O/T 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.

NOTE: Address of staff member making a statement to the Garda should be the service and not their personal address.

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.

See Appendix G: Dealing with the Media

APPENDIX F: 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	√	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	

INFORMATION

SÍOLTA, the National Quality Framework for Early Childhood Education

STANDARDS

Standard 1: Rights of the Child

Ensuring that each child's rights are met requires that she/he be 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 that extend and support all adults and children's engagement with the wider community.

For further information, see www.siolta.ie

REVIEW OF POLICIES:

These policies are a working document and will be reviewed regularly and in line with changes in Legislation, Regulations, National Standards and Good Practice.

The following comments are for use at the next review:

POLICY NAME:	PAGE:	COMMENTS: