
Dr kiDDo

DrKiddo

Policies and Procedures

September 2023 (Review Date: September 2024)

Approved by: Tuan Nguyen (Chief Executive)

This document contains comprehensive detail of all of our DrKiddo's Policies and Procedures. This document is confidential and must not be copied.

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1 About DrKiddo: Shaping tomorrow's Healthcare Heroes

Welcome to DrKiddo's After School Club, a place where young minds flourish, dreams take shape, and safety is paramount. Our commitment to creating a secure and nurturing environment for every child is at the heart of our organization.

The well-being, safety, and protection of all participants in our After School Club are of utmost importance. This Policies and Procedures booklet serves as our dedicated guide to ensuring the welfare and security of every child entrusted to our care.

Within these pages, you will find a comprehensive overview of the measures, protocols, and practices we have in place to safeguard the children in our program. Our approach to safeguarding is rooted in the principles of prevention, vigilance, and a culture of transparency.

We believe that every child deserves to learn, explore, and grow in a safe and nurturing environment. DrKiddo's After School Club is not only a place of education and discovery but also a haven of protection where young talents are nurtured, and young dreams are given every opportunity to thrive.

As we embark on this journey together, we invite you to familiarize yourself with our policies and procedures. Your commitment to understanding and upholding these guidelines will play a vital role in ensuring the well-being and security of all the children in our care.

Thank you for entrusting us with the privilege of shaping the future of our young learners. Together, we can create an environment where every child can flourish, grow, and thrive, knowing that their safety is our top priority.

At DrKiddo's After School Club, Safety is Our Foundation, and Every Child's Well-being is Our Commitment.

Our Vision
In a world where healthcare is ever-evolving, DrKiddo envisions a future filled with dedicated caregivers, skilled medical professionals, and compassionate leaders. We believe that by nurturing the values of empathy, kindness, and commitment in the young, we pave the way for a brighter, healthier world.

What We Offer

- **Empowering education:** DrKiddo offers a comprehensive curriculum that combines hands-on learning, mentorship, and a supportive community. Participants gain not only essential healthcare skills and knowledge but also a deep understanding of the profound impact they can have on the lives of others.

- **Inspiring mentorship:** Our experienced mentors guide and inspire the next generation of healthcare professionals. They share their wisdom, passion, and expertise, helping DrKiddo navigate their path towards a career in medicine and healthcare.

- **Part of the community:** At DrKiddo, we believe in the strength of community. Our participants build lasting friendships with like-minded individuals who share their passion for making a difference.

Safe: through careful supervision of children and strong awareness of Health & Safety Issues. All staff following procedures and policies relating to First Aid, Safeguarding and Food Safety.

Happy: by listening to and valuing what children and parents say and talking with them about what they are doing and having high expectations about what they can achieve. By treating all children as individuals, encouraging them to be confident, independent and helping to develop their self-esteem through using positive approaches to behaviour

Caring: by showing children through modelling good practices around acts of kindness and friendship and encouraging all children to be aware of the needs of others and to exist harmoniously in a group situation, as well as developing positive relationships with parents and carers.

Stimulating: by providing a range of planned and child initiated activities that relate to children's abilities and experiences. Free play is at the heart of what we do.

Parents can expect

- That responsibility for their child is both recognised and respected.
- That the parent's role of first educators to their child is acknowledged and supported.
- To be kept fully informed about their child's activities.
- To have sufficient opportunities to discuss their child's progress and plans for their future development.
- To be able to acquire information and express views in the care environment.
- That their involvement is encouraged in a variety of ways, parents are free to express their views on any aspect of the care provided and after consultation changes and development may take place as appropriate.

Children can expect

- That a wide variety of activities will be arranged and planned for the developmental level, age and ability.
- To be involved in the planning of activities.
- To be consulted on future purchases.
- To be involved in the planning of snack and lunch menus.
- To be able to be noisy and quiet in the context of a flexible programme.
- To be part of a site that caters for them, their friends with disabilities on an equal basis.
- To be supervised by qualified, caring and helpful staff who implement policies and procedures, but also have time to have fun.
- To initiate their own learning through free play opportunities

2 Safeguarding

2.1 Safeguarding Children Policy

DrKiddo are committed to building a 'culture of safety' in which the children in our care are protected from abuse and harm.

The Club will respond promptly and appropriately to all incidents or concerns of abuse that may occur. The Club's child protection procedures comply with all relevant legislation and with guidance issued by the Local Safeguarding Children Board (LSCB).

The Club's designated Child Protection Officer (CPO) is ……

The CPO coordinates child protection issues and liaises with external agencies (e.g. Social Care, the LSCB and Ofsted).

Our designated officer who oversees this work is a director.

Forms of child abuse and neglect

Child abuse is any form of physical, emotional or sexual mistreatment or lack of care that leads to injury or harm. An individual may abuse or neglect a child directly, or by failing to protect them from harm. Some forms of child abuse and neglect are listed below.

- **Emotional abuse** is the persistent emotional maltreatment of a child so as to cause severe and persistent adverse effects on the child's emotional development. It may involve making the child feel that they are worthless, unloved, or inadequate. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.
- **Physical abuse** can involve hitting, shaking, throwing, poisoning, burning, drowning, suffocating or otherwise causing physical harm to a child. Physical harm may be also caused when a parent or carer feigns the symptoms of, or deliberately causes, ill health to a child.
- **Sexual abuse** involves forcing or enticing a child to take part in sexual activities, whether or not the child is aware of what is happening. This can involve physical contact, or noncontact activities such as showing children sexual activities or encouraging them to behave in sexually inappropriate ways.
- **Neglect** is the persistent failure to meet a child's basic physical and emotional needs. It can involve a failure to provide adequate food, clothing and shelter, to protect a child from physical and emotional harm, to ensure adequate supervision or to allow access to medical treatment.

Signs of child abuse and neglect

Signs of possible abuse and neglect may include:

- significant changes in a child's behaviour
- deterioration in a child's general well-being
- unexplained bruising or marks
- comments made by a child which give cause for concern
- Inappropriate behaviour displayed by other members of staff, or any other person. For example, inappropriate sexual comments, excessive one-to-one attention beyond the requirements of their role, or inappropriate sharing of images.

If abuse is suspected or disclosed

When a child makes a disclosure to a member of staff, that member of staff will:

- Reassure the child that they were not to blame and were right to speak out
- Listen to the child but not question them
- Give reassurance that the staff member will take action
- Record the incident as soon as possible (see Logging an incident below).

If a member of staff witnesses or suspects abuse, they will record the incident straightaway. If a third party expresses concern that a child is being abused, we will encourage them to contact Social Care directly. If they will not do so, we will explain that the Club is obliged to and the incident will be logged accordingly.

Logging an incident

All information about the suspected abuse or disclosure will be recorded on the **Logging a concern** form as soon as possible after the event. The record should include:

- Date of the disclosure or of the incident causing concern
- Date and time at which the record was made
- Name and date of birth of the child involved
- A factual report of what happened. If recording a disclosure, you must use the child's own words.
- Name, signature and job title of the person making the record.

The record will be given to the Club's CPO who will decide whether they need to contact Social Care or make a referral. All referrals to Social Care will be followed up in writing within 48 hours. If a member of staff thinks that the incident has not been dealt with properly, they may contact Social Care directly.

Allegations against staff

If anyone makes an allegation of child abuse against a member of staff:

- The allegation will be recorded on an **Incident record** form. Any witnesses to the incident should sign and date the entry to confirm it.
- The allegation must be reported to the Local Authority Designated Officer (LADO) and to Ofsted. The LADO will advise if other agencies (e.g. police) should be informed, and the Club will act upon their advice. Any telephone reports to the LADO will be followed up in writing within 48 hours.
- Following advice from the LADO, it may be necessary to suspend the member of staff pending full investigation of the allegation.
- If appropriate the Club will make a referral to the Disclosure and Barring Service.

Promoting awareness among staff

The Club promotes awareness of child abuse issues through its staff training. The Club ensures that:

- Its designated CPO has relevant experience and receives appropriate training
- Safe recruitment practices are followed for all new staff
- All staff have a copy of this Safeguarding Children policy, understand its contents and are vigilant to signs of abuse or neglect
- All staff are aware of their statutory requirements with regard to the disclosure or discovery of child abuse
- Staff are familiar with the Safeguarding forms which are kept with the child's records
- Its procedures are in line with the guidance in 'Working Together to Safeguard Children (2013)' and that staff are familiar with the 'What To Do If You're Worried A Child Is Being Abused' flowchart.

Contact numbers

Social Care: 020 7926 3100

Out of hours contact: 020 7926 5555

Ofsted: 0300 123 1231

Police: 01925 652222

NSPCC: 0808 800 500

2.1.1 Female Genital Mutilation Or FGM Policy and Procedure

Female Genital Mutilation (FGM) comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non- medical reasons. It has no health benefits and harms girls and women in many ways. It involves removing and damaging healthy and normal female genital tissue and hence interferes with the natural function of girls and women's bodies. The practice causes severe pain and has several immediate and long-term health consequences including difficulties in childbirth, also causing dangers to the child. **World Health Organisation 2014**

Other terminology used to describe this practice are Female Circumcism (FC) or Female Genital Cutting (FGC). Communities and professionals use the term **"cutting"** to describe this practice.

Attached is a list of terms used for FGM from different countries. These terms can assist you with recognising unfamiliar words if you hear them from children or other adults and alert you to possible FGM risk.

A 2015 report concluded that no Local Authority area is likely to be free from FGM and larger communities from practicing countries include Manchester.

The age at which girls undergo FGM varies enormously according to the community. The procedure may be carried out when the girl is new-born, during childhood or adolescence, at marriage or during a first pregnancy.

It is believed that FGM may happen to girls in the UK as well as overseas. Girls of school age who are subjected to FGM overseas are likely to be taken abroad (often to the family's country of origin) at the start of the school holidays, particularly in the summer, in order for there to be sufficient time for her to recover before returning to school.

Possible indicators of risk:

a girl talks about a long holiday to her country of origin or another country where the practice is prevalent; (see attached document)

a girl confides to a professional that she is to have a 'special procedure' or to attend a special

occasion to 'become a woman'; parents state that they or a relative will take the girl out of the

country for a prolonged period; a girl is unexpectedly absent from school;

Possible indicators that FGM has taken place:

Repeated urinary infections;

Unable to sit for any length of time or at all due to discomfort;

FGM is a criminal offence and illegal in England, Wales and Northern Ireland (Female Genital Mutilation Act 2003) – it is child abuse and a form of violence against women and girls, and therefore should be treated as such. Cases should be dealt with as part of existing structures and policies and procedures on safeguarding.

The following principles should be adopted in relation to identifying, responding and offering support to those at risk of, or who have undergone FGM, and their parent(s) or guardians:

1. The safety and welfare of the child is paramount;
2. All agencies should act in the interests and rights of the child, as stated in the United Nations Convention on the Rights of the Child (1989);
3. FGM is illegal in the UK

4. It is an offence to fail to protect a girl from the risk of FGM (FGM Act 2003)
5. FGM is an extremely harmful practice - responding to it cannot be left to personal choice;
6. Accessible, high quality and sensitive health, education, police, social care and voluntary sector services must underpin all interventions;
7. As FGM is often an embedded social norm engagement with families and communities plays a significant role in contributing to ending it

Should you have any concerns regarding a girl being at risk of FGM you must follow Safeguarding Procedures and report this immediately to your Safeguarding Lead.

Other organisations to contact about FGM concerns include;

Local Children's Safeguarding Board 01925 443126

The Police 101

NSPCC FGM helpline 0800 028 3550

2.2 Mobile Phone Policy

DrKiddo foster a 'culture of safety' in which the children and staff are protected from abuse, harm, and distress. We therefore have a clear policy on the acceptable use of mobile phones that is understood and adhered to by everyone: staff, children and parents. Abiding by the terms of the club's mobile phone policy ensures that we all:

- Protect children from harm and abuse
- Prevent staff from being subject to false allegations
- Help staff remain focused on the care of children
- Work in an open and transparent environment.

Staff use of mobile phones

Personal mobile phones belonging to members of staff are kept in a safe or managers drawer during working hours.

If a member of staff needs to make an urgent personal call they can use the club phone or make a personal call from their mobile.

If a member of staff has a family emergency or similar and needs to keep their mobile phone to hand, prior permission must be sought from the Manager or Deputy.

Under no circumstances may staff use their personal mobile phones to take photographs at the club during working hours.

Children's use of mobile phones

Whilst we understand that some children have mobile phones, we actively discourage them from using their phones within the club.

The club does not accept any responsibility for loss or damage to mobile phones brought to the club by the children.

Children must not use their mobile phone to take photographs of any kind whilst at the club. If they want a photograph of a particular activity they can ask a member of staff to take one using the club camera.

Visitors' use of mobile phones

Parents and all other visitors must not use their mobile phone – or any other device - to take photographs within the club. This includes taking photographs of their own children. If they want to have a photograph of their child involved in an activity or at play, parents can ask a member of staff to take one using the club camera or must gain permission to use their own devise from the manager, adhering to the safeguarding policy.

2.3 Social Media Policy

DrKiddo recognise that many staff enjoy networking with friends and family via social media. However, we have to balance this against our duty to maintain the confidentiality of children and parents attending our Club, as well as ensuring that our good reputation is upheld. Staff must remember that they are ambassadors for our Club both within and outside of working hours and are expected to conduct themselves accordingly when using social media sites.

This policy covers (but is not limited to) social media platforms such as:

- Twitter
- Facebook
- YouTube
- Tumblr
- Personal blogs and websites
- Comments posted on third party blogs or websites
- Online

Social media rules

When using social media sites, staff must not:

- Post anything that could damage our Club's reputation.
- Post anything that could offend other members of staff, parents or children using our Club.
- Publish any photographs or materials that could identify the children or our Club.
- Accept invitations from parents to connect via social media (e.g. friend requests on Facebook) unless they already know the parent in a private capacity.
- Discuss with parents any issues relating to their child or our Club. Instead invite the parent to raise the issue when they are next at the Club, or to contact the Manager if the matter is more urgent.

Any member of staff who posts content that breach confidentiality, or which could harm the reputation of our Club or other staff members, or who publishes photographs of the setting or children, will face disciplinary action in line with our **Staff Disciplinary policy**.

General cautions for using social media.

When using social media in any context it is wise to bear in mind the following points:

- No information published via the internet is ever totally secure; if you don't want information to become public, do not post it online.
- Once an image or information is in the public domain, it is potentially there forever – Google never forgets!

2.4 E-Safety Policy

New technologies have become integral to the lives of children and young people in today's society, both within schools, out of school settings and in their lives outside education.

The internet and other digital and information technologies are powerful tools, which open up new opportunities for everyone. Electronic communication helps staff and children learn from each other. These technologies can stimulate discussion, promote creativity and increase awareness of context to promote effective learning. Children and young people should have an entitlement to safe internet access at all times.

The requirement to ensure that children and young people are able to use the internet and related communications technologies appropriately and safely is addressed as part of the wider duty of care to which all who work in DrKiddo settings are bound. An e-Safety policy should help to ensure safe and appropriate use.

The use of these exciting and innovative tools has been shown to raise educational standards and promote achievement.

However, the use of these new technologies can put young people at risk within and outside the setting. Some of the dangers they may face include:

- access to illegal, harmful or inappropriate images or other content
- unauthorised access to/loss of/sharing of personal information
- the risk of being subject to grooming by those with whom they make contact on the internet
- the sharing/distribution of personal images without an individual's consent or knowledge
- inappropriate communication/contact with others, including strangers
- cyber-bullying
- access to unsuitable video/internet games
- an inability to evaluate the quality, accuracy and relevance of information on the internet
- plagiarism and copyright infringement
- illegal downloading of music or video files
- the potential for excessive use which may impact on the social and emotional development and learning of the young person

Many of these risks reflect situations in the off-line world and it is essential that this e-Safety policy is used in conjunction with other policies (e.g. behaviour, anti-bullying and child protection policies).

As with all other risks, it is impossible to eliminate those risks completely. It is therefore essential, through good educational provision, to build children's resilience to the risks to which they may be exposed, so that they have the confidence and skills to face and deal with these risks.

DrKiddo must demonstrate that it has provided the necessary safeguards to help ensure that they have done everything that could reasonably be expected of them to manage and reduce these risks. The e-Safety policy identifies areas of concern which staff must be vigilant in monitoring, while also addressing wider issues in order to help young people (and their parents/carers) to be responsible users and stay safe while using the internet and other communications technologies for educational, personal and recreational use.

2.5 Uncollected Child Policy

DrKiddo will endeavour to ensure that all children are collected by a parent or carer at the end of each session. If a child is not collected, and the parent or carer has *not* notified us that they will be delayed, we will follow the procedure set out below:

Up to 15 minutes late

- When the parent or carer arrives, they will be reminded that they must call the Club to notify us if they are delayed.
- The parent or carer will be informed that penalty fees will have to be charged (unless the delay was genuinely unavoidable).

Over 15 minutes late

- If a parent or carer is more than 15 minutes late in collecting their child, the manager will try to contact them using the contact details on file.
- If there is no response from the parent or carer, messages will be left requesting that they contact the Club immediately. The manager will then try to contact the emergency contacts listed on the child's registration form.
- While waiting to be collected, the child will be supervised by at least two members of staff.
- When the parent or carer arrives, they will be reminded that they must call the Club to notify us if they are delayed, and that penalty fees will have to be charged (except in exceptional circumstances).

Over 30 minutes late

- If the manager has been unable to contact the child's parents or carers after 30 minutes, the manager will contact the local Social Care team for advice.
- The child will remain in the care of two of the Club's staff, on the Club's premises if possible, until collected by the parent or carer, or until placed in the care of the Social Care team.
- If it is not possible for the child to remain at the Club's premises, a note will be left on the door of the Club informing the child's parent or carer where the child has been taken (e.g. to the home of a staff member or into the care of a safeguarding agency) and leaving a contact number. A further message will be left on the parent or carer's telephone explaining events.

Managing persistent lateness

The manager will record incidents of late collection and will discuss them with the child's parents or carers. Parents and carers will be reminded that if they persistently collect their child late they may lose their place at the Club.

Useful contacts

Social Care: 01925 443400

Out of hours service: 01925 444400

Warrington police station: 01925 652222

2.6 Missing Child policy

At DrKiddo we are always alert to the possibility that children can go missing during sessions. To minimise the risk of this happening staff will carry out periodic head counts, particularly when transporting children between locations (e.g. walking from the school to the Club).

If a child cannot be located, the following steps will be taken:

- All staff will be informed that the child is missing.
- Staff will conduct a thorough search of the premises and surrounding area.
- After 10 minutes the police will be informed. The manager will then contact the child's parents or carers.
- Staff will continue to search for the child whilst waiting for the police and parents to arrive.
- We will maintain as normal a routine as possible for the rest of the children at the Club.
- The manager will liaise with the police and the child's parent or carer.

The incident will be recorded in the **Incident Log**. A review will be conducted regarding this and any other related incidents along with relevant policies and procedures. We will identify and implement any changes as necessary.

If the police or Social Care were involved in the incident, we will also inform Ofsted.

Useful numbers

Police: 01925 652222
Social Care: 01925 443400
Ofsted: 0300 123 1231

2.7 Complaints Policy

At DrKiddo we aim to work in partnership with parents to deliver a high-quality childcare service for everyone. If for any reason we fall short of this goal, we would like to be informed in order to amend our practices for the future. Our complaints policy is displayed on the premises at all times. Records of all complaints are kept for at least three years. A summary of complaints is available for parents on request.

The manager is usually responsible for dealing with complaints. If the complaint is about the manager, the registered person or other senior member of staff will investigate the matter. Any complaints received about staff members will be recorded on an **Incident log** and a **Complaints log** will be completed. Any complaints made will be dealt with in the following manner:

Stage one

Complaints about aspects of Club activity:

- The manager will discuss the matter informally with the parent or carer concerned and aim to reach a satisfactory resolution.

Complaints about an individual staff member:

- If appropriate the parent will be encouraged to discuss the matter with staff concerned.
- If the parent feels that this is not appropriate, the matter will be discussed with the manager, who will then discuss the complaint with the staff member and try to reach a satisfactory resolution.

Stage two

If it is impossible to reach a satisfactory resolution to the complaint through informal discussion, the parent or carer should put their complaint in writing. The manager will:

- Acknowledge receipt of the letter within 7 days.
- Investigate the matter and notify the complainant of the outcome within 28 days.
- Send a full response in writing, to all relevant parties, including details of any recommended changes to be made to the Club's practices or policies as a result of the complaint.
- Meet relevant parties to discuss the Club's response to the complaint, either together or on an individual basis.

If child protection issues are raised, the manager will refer the situation to the Club's Child Protection Officer, who will then contact the Local Authority Designated Officer (LADO) and follow the procedures of the **Safeguarding Children Policy**. Police may be contacted.

Making a complaint to Ofsted

Any parent or carer can submit a complaint to Ofsted at any time. Ofsted will consider and investigate all complaints. Ofsted's address is: Ofsted, Piccadilly Gate, Store Street, Manchester M1 2WD

Useful Contact Numbers

Telephone: 0300 123 1231 (general enquiries)

0300 123 4666 (complaints)

2.8 Whistleblowing Policy

DrKiddo Link Clubs Nurseries is committed to the highest standards of openness, probity and accountability. If a member of staff discovers evidence of malpractice or wrongdoing within the Club they can disclose this information internally without fear of reprisal. Our **Whistleblowing** policy is intended to cover concerns such as:

- Financial malpractice or fraud
- Failure to comply with a legal obligation
- Dangers to health and safety or the environment
- Criminal activity
- Improper conduct or unethical behaviour

This policy should not be used to question business decisions made by the Club, or to raise any matters that are covered under other policies (e.g. discrimination or racial harassment). Any allegations relating to child protection will follow the procedures set out in the **Safeguarding Children policy**. Any concerns relating to the employment conditions of an individual member of staff should be raised according to the procedures set out in the **Staff Grievance policy**.

Raising a concern

Ideally the staff member should put his or her allegations in writing, setting out the background to the situation, giving names, dates and places where possible, and the reason why they are concerned about the situation.

In the first instance concerns should be taken to the Club's manager. If, due to the nature of the problem, this is not possible, concerns should be raised with the managing director - Catherine Shipton on 01925 818689

If this person or body is unwilling or unable to act on the concern, the staff member should then raise it with:

- Ofsted (if it concerns the safe and effective running of the club)
- The Local Authority Designated Officer or the Local Safeguarding Children Board (if it concerns a child protection issue and is not already covered by the procedure set out in the Club's **Safeguarding Children policy**)
- Ultimately, with the police (if a crime is thought to have been committed).

If the member of staff is still uncertain about how to proceed with the concern, he or she can contact the whistle-blowing charity PCAW (Public Concern at Work) for advice.

Responding to a concern

Initial enquiries will usually involve a meeting with the individual raising the concern, and will decide whether an investigation is appropriate and, if so, what form it should take. If a concern relates to issues which fall within the scope of other policies, it will be addressed under those policies.

If the initial meeting does not resolve the concern, further investigation is required. The appropriate person will investigate the concerns thoroughly, ensuring that a written response can be provided within ten working days where feasible, or if this is not possible, giving a date by which, the final response can be expected. The response should include details of how the matter was investigated, conclusions drawn from the investigation, and who to contact if the member of staff is unhappy with the response and wishes to take the matter further.

Rights and responsibilities of the whistle-blower

All concerns will be treated in confidence and the Club will make every effort not to reveal the identity of anyone raising a concern in good faith. At the appropriate time, however, the member of staff may need to come forward as a witness. If a member of staff raises a concern in good faith which is then not

confirmed by the investigation, no action will be taken against that person. If the investigation concludes that the member of staff maliciously fabricated the allegations, disciplinary action may be taken against that person.

Contact information

If you have a safeguarding concern about a child, or a child makes a disclosure to you, call Lambeth's Integrated Referral Hub on:

- 020 7926 3100 (Monday to Friday, 9am-5pm)
- 020 7926 5555 (after office hours)

Professionals can refer a child using our Multi Agency Referral Form for Early Help or Child Protection.

Domestic abuse
For support with gender-based violence, including domestic abuse, contact The Gaia Centre by:

- phone on 020 7733 8724
- email at lambethvawg@refuge.org.uk

Get more information on our Violence against women and girls section.

Need to discuss your safeguarding concern
If you need to discuss your referral, contact Deborah Carter, Senior Safeguarding Manager, by:

- phone on 07935 602 437
- email at dcarter@lambeth.gov.uk

Contact your local lead for advice about:

- safeguarding policies, audits and procedures
- safer recruitment or ISA registration
- safeguarding training

Ofsted: 0300 123 1231

PCAW (Public Concern at Work): 020 7404 6609 (website: www.pcaw.org.uk)

2.9 Supervision of Children on Outings

At DrKiddo children benefit from being taken out of the setting to go on visits or trips to local parks or other suitable venues for activities which enhance their learning experiences. Some settings do not have direct access to outdoor provision on their premises and will need to take children out daily. At DrKiddo we endeavour to take all our children on regular trips whether it is to the local park or somewhere further afield. Staff in our settings ensures that there are procedures to keep children safe on outings; all staff and volunteers are aware of and follow the procedures below.

Parents sign a general consent on registration for their children to be taken out as a part of the daily activities of the setting. For each individual outing, parents are also asked to complete an outings permission form.
This general consent details the venues used for daily activities.
There is a risk assessment for each venue carried out, which is reviewed regularly.
A risk assessment is carried out before an outing takes place.
All venue risk assessments are made available for parents to see.
Our adult to child ratio works to government guidelines depending on their age, sensibility and type of venue as well as how it is to be reached.
Named children are assigned to individual staff to ensure each child is individually supervised, to ensure no child goes astray, and that there is no unauthorised access to children.
Outings are recorded in an outings risk assessment kept in the setting stating:

- The date and time of outing.
- The venue and mode of transport.
- Names of staff assigned to named children.
- Time of return.

Staff take a mobile phone on outings, and supplies of tissues, wipes, pants etc. as well as a mini first aid pack, snacks and water. The amount of equipment will vary and be consistent with the venue and the number of children as well as how long they will be out for.
Staff take a list of children with them with contact numbers of parents/carers.
Records are kept of the vehicles used to transport children, with named drivers and appropriate insurance cover.
Other methods of transport may be used i.e. coach, public transport
During an outing there is always a member of staff in a car who is insured for business use in the event of a child needing to be brought back to the setting or in the event of needing to go to a medical facility without the aid of an ambulance.

2.10 Smoking, Alcohol and Drugs Policy

Smoking

Smoking is not permitted anywhere on the premises of DrKiddo including outside play areas. This rule applies to everyone including staff, people collecting children or any other visitors.

If we discover that a child has cigarettes in their possession while at the Club, we will confiscate the cigarettes and notify their parent or carer at the end of the session.

Alcohol

Anyone who arrives at the Club, parents, staff or children clearly under the influence of alcohol will be asked to leave immediately. If they are a member of staff, disciplinary procedures will follow.

If we discover that a child has alcohol in their possession while at the Club, we will confiscate it and notify their parent or carer at the end of the session.

Staff are asked not to bring alcohol onto the Club's premises.

Drugs

Anyone who arrives at the Club clearly under the influence of illegal drugs will be asked to leave immediately. If they are a member of staff, serious disciplinary procedures will follow, refer to drugs policy 5.4 page 59.

If we discover that a child has illegal drugs in their possession while at the Club, we will inform their parent or carer.

If a member of staff is taking prescription drugs that may affect their ability to function effectively, they must inform the manager as soon as possible and seek medical advice. The manager will then complete a risk assessment. Staff medication on the premises will be stored securely and out of reach of children at all times.

Safeguarding children

All members of staff have a duty to inform the Club manager and the designated Child Protection Officer (CPO) if they believe that a parent or carer is a threat to the safety of a child due their being under the influence of alcohol or illegal drugs when they drop off or collect their child. The manager and (CPO) will decide upon the appropriate course of action.

If a parent or carer is clearly over the alcohol limit, or under the influence of illegal drugs, staff will do their utmost to prevent the child from travelling in a vehicle driven by them. If necessary the police will be called.

2.11 Visitors Policy

DrKiddo are committed to providing a safe and secure environment for the children in our care. When we have visitors to our club we need to ensure that this will not have a detrimental effect on the children and that the person in question has a valid reason for visiting the club. Accordingly, when a visitor arrives at the club we will follow the procedure set out below

- All visitors to the Club must sign the **Visitor Log.**
- The identity of the visitor will be checked and this will be recorded on the **Visitor Log.**
- If staff require further reassurance of the identity of the visitor, they will phone the employing organisation of the visitor, e.g. Ofsted, Local Authority, Environmental Health Department, etc., for further confirmation. If this is not possible, staff will seek the advice of the Club Manager.
- The reason for visit will be recorded.
- Visitors will never be left alone or unsupervised with the children.
- If a visitor has no reason to be on the Club's premises staff will escort them from the premises.
- If the visitor refuses to leave, staff will call the police. In such an event an **Incident Record** will be completed and the manager will be immediately notified.
- When a visitor leaves the premises, we will record the time of departure on the **Visitor Log.**

2.12 Lone Working Policy & Risk Assessment

1. Policy Statement

Where the conditions of service or occasional tasks require staff to work alone, e.g. collecting/transporting children, preparing food in another room, staff lateness and /or sickness, both the individual staff member and Setting managers have a duty to assess and reduce the risks lone working presents.

This policy should be read in conjunction with the main Health and Safety policies.

2. Purpose

This policy is designed to alert staff to the risks presented by lone working, to identify the responsibilities each person has in this situation, and to describe procedures which will minimise such risks. It is not intended to raise anxiety unnecessarily, but to give staff a framework for managing potentially risky situations.

3. Scope

This policy applies to all staff who may be working alone at any time in any of the situations described in the definition below.

4. Context

Services are increasingly being delivered on an extended basis and some people staff come in to contact with may at times be angry, frightened, or under the influence of drugs or alcohol and communication may be difficult, due to background, impairment or emotional state.

All staff face the same risks as those working alone in the Setting. In addition, premises could be the target of criminal activity. Within the Setting's overall policy relating to safer working practices, support for lone workers is an essential part, and the same principles apply, particularly:

- A commitment to supporting staff in establishing and maintaining safe working practices,
- Recognising and reducing risk,
- A commitment to the provision of appropriate support for staff and giving a clear understanding of responsibilities,
- The priority placed on the safety of the individual over property and commitment to providing appropriate training for staff.
- Equipment such as mobile phones, personal alarms and torches will be made available if deemed appropriate.

5. Definition

Within this document, 'lone working' refers to situations where staff in the course of their duties work alone in the Setting. They may be physically isolated from colleagues and without access to immediate assistance. Lone working may also arise in the Setting when there are other staff in the building but the nature of the building itself may essentially create isolated areas.

6. Mandatory Procedures

6.1. Security of buildings

6.1.1 Managers are responsible for ensuring that all necessary steps are taken to control access to the building and that emergency exits are accessible.

6.1.2 Alarm systems will be tested regularly.

6.1.3 Key codes for access should be changed from time to time, and as a matter of course if a breach of security is suspected.

6.1.4 Staff working alone must ensure they are familiar with the exits and alarms.

6.1.5 There must be access to a telephone and first aid equipment for staff working alone.

6.1.6 If there is any indication that a building has been broken into, a staff member must not enter alone, but must wait for back-up.

6.1.7 In buildings where staff may be working with people in relative isolation, there should be an agreed system in place to alert colleagues in an emergency.

6.2. Personal safety

6.2.1 Staff must not assume that having a mobile phone and a back-up plan is a sufficient safeguard in itself. The first priority is to plan for a reduction of risk.

6.2.2 Staff should take all reasonable precautions to ensure their own safety, as they would in any other circumstances.

6.2.3 Before working alone, an assessment of the risks involved should be made in conjunction with the line manager

6.2.4 Staff must inform their line manager or other identified person when they will be working alone, giving accurate details of their location and following an agreed plan to inform that person when the task is completed. This includes occasions when a staff member expects to go home following a visit rather than returning to their base.

6.2.5 Managers must ensure that there is a robust system in place for signing in and out, and that staff use it.

6.2.6 If a member of staff does not report in as expected, an agreed plan should be put into operation, initially to check on the situation and then to respond as appropriate.
6.2.7 Where staff work alone for extended periods and/or on a regular basis, managers must make provision for regular contact, both to monitor the situation and to counter the effects of working in isolation.

6.3. Assessment of risk

6.3.1 In drawing up and recording an assessment of risk the following issues should be considered, as appropriate to the circumstances:

- The environment – location, security, access
- The context – nature of the task, any special circumstances
- Any previous incidents in similar situations
- Any other special circumstances

6.3.2 All available information should be considered and checked or updated as necessary.

6.3.3 Where there is any reasonable doubt about the safety of a lone worker in a given situation, consideration should be given to sending a second worker or making other arrangements to complete the task.

6.3.4 While resource implications cannot be ignored, safety must be the prime concern.

6.4 Planning

6.4.1 Staff should be fully briefed in relation to risk as well as the task itself.

6.4.2 Communication, checking-in and fall-back arrangements must be in place.

6.4.3 The team manager is responsible for agreeing and facilitating these arrangements, which should be tailored to the operating conditions affecting the team.

6.4.4 Where a staff member is left working alone with children due to another staff member failing to turn up for work through sickness/absence, they must call the office for assistance. If no-one is available due to it being out of hours, a Voicemail message and/or text must also be sent; following this if there is still no response after 10-minutes, other colleagues should be contacted until they have the correct support and assistance.

7. Monitoring and Review

7.2 Lone working and risk assessment will be regular agenda items for team meetings.

7.3 Any member of staff with a concern regarding these issues should ensure that it is discussed with their supervisor or with the whole team, as appropriate.

7.4 The policy will be reviewed as part of the regular cycle of reviews, unless changing circumstances require an earlier review.

Lone Working Risk Assessment Considerations

In carrying out a Lone Working Risk Assessment particular consideration should be given to:

a. **Task/activity to be carried out:**
    1. Timing and whether or not it is appropriate for the task to be carried out alone;
    2. Level of risk;
    3. Staff/police response time;
    4. Complexity of task; 5. Training requirements; 6. Additional information.
b. **The ability of employees:**
    1. Training provision/requirements;
    2. Relevant qualifications and experience;
    3. Medical fitness;
    4. Competence for task including supervision issues for new employees.
c. **The remoteness or isolation of workplaces:**
    1. Means of communication;
    2. Means of raising an alarm;
    3. Time required for help to arrive; 4. Access and egress routes; 5. Transport arrangements.
d. **The risk of injury, violence or criminal activity etc.**

1. Awareness of the contents of any at risk child risk assessments, care plans etc. 2. Awareness of known associates and/or relatives of the at-risk children;
3. Information relating to previous history, social worker concerns etc.
4. Awareness of medication, alcohol and/or drugs issues;

e. **Children's individual requirements:**
   1. As for (d) above;
   2. Gender, race and/or culture issues.

f. **Means of communication:**
   1. Mobile phone;
   2. Landline telephone;
   3. Personal alarms;
   4. Buddy system;

g. **Emergency and accident procedures, e.g.:**
   1. Means of summoning assistance;
   2. Means of raising the alarm;
   3. Reporting of accidents, incidents, injuries etc.

h. **The nature of any potential injury or damage and anticipated "worst case" scenario:**
   1. Control measures for dealing with the situation;
   2. Procedures to be followed in an emergency;
   3. Contact points, including those for 'out of hours' working.

i. **Backup/support contacts:**
   1. Line manager;
   2. School management;
   3. Head office management team;
   4. Emergency services – police, fire, ambulance;

Local rules, arrangements and risk assessments should be developed and documented to cover these issues where appropriate and should also take account of any operational guidelines, which may be available.

3 Inclusion

3.1 Equalities Policy

At DrKiddo we will ensure that we provide a safe and caring environment, free from discrimination, for everyone in our community including children with additional needs.

To achieve the Club's objective of creating an environment free from discrimination and welcoming to all, the Club will:

- Respect the different racial origins, religions, cultures and languages in a multi-ethnic society so that each child is valued as an individual without racial or gender stereotyping.
- Not discriminate against children on the grounds of disability, sexual orientation, class, family status or HIV/Aids status.
- Help all children to celebrate and express their cultural and religious identity by providing a wide range of appropriate resources and activities.
- Strive to ensure that children feel good about themselves and others, by celebrating the differences which make us all unique individuals.
- Ensure that its services are available to all parents/carers and children in the local community.
- Ensure that the Club's recruitment policies and procedures are open, fair and non-discriminatory.
- Work to fulfil all the legal requirements of the Equality Act 2010.
- We will monitor and review the effectiveness of our inclusive practice by conducting an Inclusion Audit on an annual basis.

Challenging inappropriate attitudes and practices

We will challenge inappropriate attitudes and practices by engaging children and adults in discussion, by displaying positive images of race and disability, and through our staff modelling anti-discriminatory behaviour at all times.

Inappropriate/Aggressive behaviours

DrKiddo does not tolerate from any person, whether a parent, carer, visitor or child: bullying, aggressive, confrontational or threatening behaviour; or behaviour intended to result in conflict. Our settings are a place of safety and security for the children who attend and for the staff who work here.

Racial harassment

The Club will not tolerate any form of racial harassment. The Club will challenge racist and discriminatory remarks, attitudes and behaviour from the children at the Club, from staff and from any other adults on Club premises (e.g. parents/carers collecting children).

Promoting equal opportunities

The Club's Equal Opportunities Named Coordinator (ENCO) is the manager or deputy in their absence. The ENCO is responsible for ensuring that:

- Staff receive relevant and appropriate training
- The **Equalities policy** is consistent with current legislation and guidance
- Appropriate action is taken wherever discriminatory behaviour, language or attitudes occur.

Children with additional needs

Our Club recognises that some children have additional needs or physical disabilities that require particular support and assistance. We will assess the individual needs of each child in consultation with their parents prior to their attending the Club, and will make reasonable adjustments to ensure that children can access our services and are made to feel welcome.

Where one-to-one support is required we will assist parents in accessing the funding required to provide the additional care.

Special Educational Needs Coordinator

The Club's Special Educational Needs Coordinator (SENCO) is the manager or deputy in their absence.

The SENCO will:

- Manage the provision for children with special educational needs or physical disabilities.
- Be fully trained and experienced in the care and assessment of such children.

All members of staff will assist the SENCO in caring for children with additional needs or physical disabilities.

3.2 Behaviour Management Policy

DrKiddo use effective behaviour management strategies to promote the welfare and enjoyment of children attending the Club. Working in partnership with parents, we aim to manage behaviour using clear, consistent and positive strategies. The Club rules are clearly displayed at every session, and are discussed regularly.

Whilst at DrKiddo we expect children to:

- Use socially acceptable behaviour
- Comply with the Club rules, which are compiled by the children attending the club
- Respect one another, accepting differences of race, gender, ability, age and religion
- Develop their independence by maintaining self-discipline
- Choose and participate in a variety of activities
- Ask for help if needed
- Enjoy their time at the Club.

Encouraging positive behaviour

At DrKiddo positive behaviour is encouraged by:

- Staff acting as positive role models
- Praising appropriate behaviour
- Sticker rewards
- Informing parents about individual achievements
- Offering a variety of play opportunities to meet the needs of children attending the Club.

It is inevitable that as children develop and learn, there are times when they need support and guidance to understand that their behaviour is not acceptable. Staff at the Club will try to determine the cause or triggers of the inappropriate behaviour to prevent the situation from recurring.

Dealing with inappropriate/Aggressive behaviour

- Challenging behaviour will be addressed in a calm, firm and positive manner.
- In the first instance, the child will be temporarily removed from the activity.
- Staff will discuss why the behaviour displayed is deemed inappropriate.
- Staff will give the child an opportunity to explain their behaviour, to help prevent a recurrence.
- Staff will encourage and facilitate mediation between children to try to resolve conflicts through discussion and negotiation.
- If the inappropriate behaviour appears to be as a result of boredom, staff will consult with the child to find activities that more fully engage them.
- Staff will consult with parents to formulate clear strategies for dealing with persistent inappropriate behaviour.
- We will not threaten any punishment that could adversely affect a child's well-being (e.g. withdrawal of food or drink).

If after consultation with parents and the implementation of behaviour management strategies, a child continues to display inappropriate behaviour, the Club may decide to exclude the child temporarily or permanently. The reasons and processes involved will be clearly explained to the child.

Physical intervention

Physical intervention will only be used as a last resort, when staff believe that action is necessary to prevent injury to the child or others, or to prevent significant damage to equipment or property. If a member of staff has to physically restrain a child, the manager will be notified and an **Incident record** will be completed. The incident will be discussed with the parent or carer as soon as possible.

If staff are not confident about their ability to contain a situation, they should call the manager or, in extreme cases, the police.

All serious incidents will be recorded on an **Incident record** and kept in the child's file. This may be used to build a pattern of behaviour, which may indicate an underlying cause. If a pattern of incidents indicates possible abuse, we will implement child protection procedures in accordance with our **Safeguarding** policy.

Corporal punishment

Corporal punishment or the threat of corporal punishment will never be used at the Club. We will take all reasonable steps to ensure that no child who attends our Club receives corporal punishment from any person who cares for or is in regular contact with the child, or from any other person on our premises.

3.3 Promoting British Values and Prevent Duty Policy and Procedure

DrKiddo are committed to safeguarding and promoting the welfare of children and young people and expects all staff and volunteers to share this commitment.

The Prevent Duty & Promoting British Values From 1st July 2015 all schools, registered early years childcare providers and registered later years childcare providers are subject to a duty under section 26 of the Counter-Terrorism and Security Act 2015, in the exercise of their functions, to have "due regard to the need to prevent people from being drawn into terrorism".

This duty is known as the Prevent duty.
DrKiddo take Safeguarding very seriously, therefore to ensure that we adhere to and achieve the Prevent duty we will;

1. Provide appropriate training for staff as soon as possible. Part of this training will enable staff to identify children who may be at risk of radicalisation.

2. We will build the children's resilience to radicalisation by promoting fundamental British values and enabling them to challenge extremist views (for early years providers the statutory framework for the EYFS sets standards for learning, development and care for children from 0-5, thereby assisting their personal, social and emotional development and understanding of the world).

3. We will assess the risk, by means of a formal risk assessment, of children being drawn into terrorism, including support for extremist ideas that are part of terrorist ideology.

4. We will ensure that our staff understand the risks so that they can respond in an appropriate and proportionate way.

5. We will be aware of the online risk of radicalisation through the use of social media and the internet.

6. As with managing other safeguarding risks, our staff will be alert to changes in children's behaviour which could indicate that they may need help or protection (children at risk of radicalisation may display different signs or seek to hide their views). The Key Person approach means we already know our key children well and so we will notice any changes in behaviour, demeanour or personality quickly.

7. We will not carry out unnecessary intrusion into family life but we will act when we observe behaviour of concern. The key person approach means that we already have a rapport with our families so we will notice any changes in behaviour, demeanour or personality quickly.

8. We will work in partnership with our LSCB & Prevent Team for guidance and support.

9. We will build up an effective engagement with parents/carers and families. (This is important as they are in a key position to spot signs of radicalisation).

10. We will assist and advise families who raise concerns with us. It is important to assist and advise families who raise concerns and be able to point them to the right support mechanisms.

11. We will ensure that our staff will undertake Prevent awareness training (as a minimum) so that they can offer advice and support to other members of staff.

12. We will ensure that any resources used are age appropriate for the children in our care and that our staff have the knowledge and confidence to use the resources effectively.

This Policy is intended to serve as a guidance for Practitioners to recognise the signs of those who are at risk and also to inform parents of our legal requirement to put this policy into operation.
The prevent of duty care policy is part of our wider safeguarding duties in keeping children safe from harm, and this new policy reinforces our existing duties by spreading understanding of the prevention of radicalisation.

What to do if you suspect that children are at the risk of radicalisation:

Follow the settings Safeguarding Procedures including discussing with the designated safeguarding lead, and where deemed necessary, with children's social care.
In Prevent priority areas, the local authority will have a Prevent lead who can also provide support.
The Safeguarding Lead can also contact the local police force or dial 101 (the nonemergency number). They will then talk in confidence about the concerns and help to access support and advice.
The Department for Education has dedicated a telephone helpline (020 7340 7264) to enable staff to raise concerns relating to extremism directly.
Concerns can also be raised by email to counter.extremism@education.gsi.gov.uk. Please note that the helpline is not intended for use in emergency situations, such as a child being at immediate risk of harm or a security incident, in which case the normal emergency procedures should be followed

3.4 Peer on Peer Abuse Policy and Procedure

Keeping Children Safe in Education, 2016 states that '*Governing bodies and proprietors should ensure their child protection policy includes procedures to minimise the risk of peer on peer abuse and sets out how allegations of peer on peer abuse will be investigated and dealt with*' (page 19). The document also states it is most important to ensure opportunities of seeking the voice of the child are heard, '*Governing bodies, proprietors and school or college leaders should ensure the child's wishes and feelings are considered when determining what action to take and what services to provide. Systems should be in place for children to express their views and give feedback. Ultimately, any system and processes should operate with the* **best** *interests of the child at their heart.'*

At DrKiddo we continue to ensure that any form of abuse or harmful behaviour is dealt with immediately and consistently to reduce the extent of harm to the young person, with full consideration to impact on that individual child's emotional and mental health and well-being

Cyber Bullying

Cyberbullying is the use of phones, instant messaging, e-mail, chat rooms or social networking sites such as Facebook and Twitter to harass threaten or intimidate someone for the same reasons as stated above.

It is important to state that cyber bullying can very easily fall into criminal behaviour under the Malicious Communications Act 1988 under section 1 which states that electronic communications which are indecent or grossly offensive, convey a threat or false information or demonstrate that there is an intention to cause distress or anxiety to the victim would be deemed to be criminal. This is also supported by the Communications Act 2003, Section 127 which states that electronic communications which are grossly offensive or indecent, obscene or menacing, or false, used again for the purpose of causing annoyance, inconvenience or needless anxiety to another could also be deemed to be criminal behaviour.

If the behaviour involves the use of taking or distributing indecent images of young people under the age of 18 then this is also a criminal offence under the Sexual Offences Act 2003. Outside of the immediate support young people may require in these instances, the organisation will have no choice but to involve the police to investigate these situations.

Purpose and Aim

Children and young people may be harmful to one another in a number of ways which would be classified as peer on peer abuse. The purpose of this policy is to explore the many forms of peer on peer abuse and include a planned and supportive response to the issues.

DrKiddo have the following policies in place that should be read in conjunction with this policy:

Safeguarding Children and Child Protection Policy
Promoting Positive Behaviour Policy

4 Promoting Health, Safety and Hygiene

4.1 Administering Medicines Policy

If a child attending DrKiddo requires prescription medication of any kind, their parent or carer must complete a **Permission to administer medicine** form in advance. Staff at the Club will not administer any medication without such prior written consent.

Ideally children should take their medication before arriving at the Club. If this is not possible, children will be encouraged to take personal responsibility for their medication, if appropriate. If children carry their own medication (e.g. asthma inhalers), the Club staff will offer to keep the medication safe until it is required. Inhalers must be labelled with the child's name.

DrKiddo can only administer medication that has been prescribed by a doctor, dentist, nurse or pharmacist. However, if a medicine contains aspirin we can only administer it if it has been prescribed by a doctor. All medication provided must have the prescription sticker attached which includes the child's name, the date, the type of medicine and the dosage.

A designated staff member will be responsible for administering medication or for witnessing self-administration by the child. The designated person will record receipt of the medication on a **Medication Log**, will check that the medication is properly labelled, and will ensure that it is stored securely during the session.

Before any medication is given, the designated person will:

- Check that the Club has received written consent
- Ask another member of staff to witness that the correct dosage is given.

When the medication has been administered, the designated person must:

- Record all relevant details on the **Record of Medication Given** form
- Ask the child's parent or carer to sign the form to acknowledge that the medication has been given.

When the medication is returned to the child's parent or carer, the designated person will record this on the **Medication Log**.

If a child refuses to take their medication, staff will not force them to do so. The manager and the child's parent or carer will be notified, and the incident recorded on the **Record of Medication Given**.

Certain medications require specialist training before use, e.g. Epi Pens. If a child requires such medication the manager will arrange appropriate training as soon as possible. It may be necessary to absent the child until such training has been undertaken. Where specialist training is required, only appropriately trained staff may administer the medication.

A child's parent or carer must complete a new **Permission to Administer Medication** form if there are any changes to a child's medication (including change of dosage or frequency).

If a child suffers from a long-term medical condition the Club will ask the child's parents to provide a medical care plan from their doctor, to clarify exactly what the symptoms and treatment are so that the Club has a clear statement of the child's medical requirements.

4.1.1 Administration of non-prescription medication

DrKiddo promote the good health of children and take necessary steps to prevent the spread of infection. If a child requires medicine we will obtain information about the child's needs for this, and will ensure this information is kept up-to date.

When dealing with medication of any kind strict guidelines will be followed.

- Over-the-counter medicine such as pain and fever-relief and teething gel may be administered. However, the same procedures must be followed regarding documenting the dosage to be given and when it is administered (medicine form)
- Staff will administer non-prescription medication for a short initial period, dependant on the medication or the condition of the child. After this time medical attention should be sought
- If a child needs liquid paracetamol or similar medication during the time they are at DrKiddo, such medication will need to be provided by the parent/carer and not stored within the setting for longer than required by the child.
- **Medicines containing aspirin will only be given if prescribed by a doctor** – staff will check non – prescribed medication to ensure it does not contain aspirin
- Giving liquid paracetamol will be a last resort and staff will use other methods first to try and reduce a child's temperature, e.g. remove clothing, fanning, tepid cooling with a wet flannel. The child will be closely monitored until the parents collect the child
- For any non-prescription cream for skin conditions e.g. Sudocrem, prior written permission must be obtained from the parent and the onus is on the parent to provide the cream and it has to be clearly labelled with the child's name
- If any child is brought to the setting in a condition in which he/she may require medication sometime during the day, the manager will decide if the child is fit to be left. If the child is staying, the parent/school must be asked if any kind of medication has already been given, at what time and in what dosage and this must be stated on the medication form
- As with any kind of medication, staff will ensure that the parent is informed of any non-prescription medicines given to the child whilst in our care, together with the times and dosage given
- DrKiddo DO NOT administer any medication unless prior written consent is given for each and every medicine
- In the case of medication that may need to be given to a child due to them becoming ill during the day, e.g. liquid paracetamol for temperature reduction, and prior written consent isn't in place, parents will be contacted before any medication is administered. Necessary paper work will be completed and signed by the parent upon collection of their child.

4.2 Health and Safety Policy

DrKiddo consider health and safety to be of utmost importance. We comply with The Health and Safety at Work Act 1974 and the Workplace (Health, Safety and Welfare) Regulations 1992 at all times.

The Club has appropriate insurance cover, including employer's liability insurance and public liability insurance.

Each member of staff follows the Club's **Health and Safety** policy and is responsible for:

- Maintaining a safe environment
- Taking reasonable care for the health and safety of themselves and others attending the Club
- Reporting all accidents and incidents which have caused injury or damage or may do so in the future
- Undertaking relevant health and safety training when required to do so by the manager.

Any member of staff who disregards safety instructions or recognised safe practices will be subject to disciplinary procedures.

Responsibilities of the registered person

The registered person for the setting holds ultimate responsibility and liability for the safe operation of the Club. The registered person will ensure that:

- The Club's designated health and safety officer is the manager or deputy in their absence
- All staff receive information on health and safety matters, and receive training where necessary
- The **Health and Safety** policy and procedures are reviewed regularly
- Staff understand and follow health and safety procedures
- Resources are provided to meet the Club's health and safety responsibilities
- All accidents, incidents and dangerous occurrences are properly reported and recorded. This includes informing Ofsted, child protection agencies and the Health and Safety Executive under RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995) where appropriate.
- All reported accidents, incidents and dangerous occurrences are reviewed, so that preventative measures can be taken.

Responsibilities of the manager

The Club's manager is responsible for ensuring that at each session:

- Premises are clean, well lit, adequately ventilated and maintained at an appropriate temperature
- The premises are used by and solely available to the Club during opening hours
- All the Club's equipment is safely and securely stored
- Children are only allowed in the kitchen if properly supervised (e.g. for a cooking activity/hygiene)
- A working telephone is available on the premises at all times
- Chemicals and cleaning materials are stored appropriately, and in accordance with COSHH data sheets.
- External pathways are cleared in severe weather
- Daily environment checks are carried out in accordance with our **Risk Assessment** policy.

Security

Children are not allowed to leave the Club premises during the session unless prior permission has been given by the parents (for example, to attend other extra-curricular activities).

During Club sessions all external doors are kept locked, with the exception of fire doors. Staffs monitor the entrances and exits to the premises throughout the session.

All visitors to the Club must sign the **Visitor Log** and give the reason for their visit. Visitors will never be left alone with the children.

Security procedures will be regularly reviewed by the manager, in consultation with staff and parents.

External play

Staff will monitor play areas appropriately and regularly observe access routes. For safety, staff will be deployed to specific play points so that the holistic outdoor area is covered.

Toys and equipment

All furniture, toys and equipment are kept clean, well maintained and in good repair. We select toys, equipment and resources with care, and we carry out risk assessments and cleaning routines before the children are allowed to use them. Broken toys and equipment are disposed of promptly.

We ensure that any flammable equipment is stored safely. Regular spot audits are carried out to review play equipment for safety

Food and personal hygiene

Staff at DrKiddo maintain high standards of personal hygiene, and take all practicable steps to prevent and control the spread of infection.

- A generally clean environment is maintained at all times.
- Toilets are cleaned daily and soap and hand drying facilities are always available.
- Staffs are trained in food hygiene and follow appropriate guidelines.
- Waste is disposed of safely and all bins are kept covered.
- Staffs ensure that children wash their hands or use anti-bacterial gel (dependent on setting) before handling food or drink and after using the toilet.
- Cuts and abrasions (whether on children or staff) are kept covered.
- Reporting of food poisoning- if children or adults are diagnosed by a GP or hospital doctor with food poisoning, and where it seems possible that the source of the outbreak is within the setting, the manager will contact the Environmental Health Department and the Health Protection Agency, to report the outbreak and will comply with any investigation.
- If the food poisoning is identified as a notifiable disease under the Public Health Regulations 1988 DrKiddo will report the matter to Ofsted.

Dealing with body fluids

Spillages of blood, vomit, urine and faeces will be cleaned up immediately in accordance with our **Intimate Care** policy.

Staffing levels

Staff ratios and levels of supervision are always appropriate to the number, ages and abilities of the children present, and to the risks associated with the activities being undertaken. A minimum of two members of staff are on duty at any time.

4.3 Emergency Evacuation/Closure Policy

DrKiddo will make every effort to keep the Club open, but in exceptional circumstances, we may need to close at short notice.

Possible reasons for emergency closure include:

- Serious weather conditions
- Heating system failure
- Burst water pipes
- Fire or bomb scare/explosion
- Death of a member of staff or child
- Assault on a staff member or child
- Serious accident or illness

In the event of an emergency, our primary concern will be to ensure that both children and staff are kept safe. If it is necessary to evacuate the Club, the following steps will be taken:

- If appropriate the manager or session supervisor will contact the emergency services.
- All children will be escorted from the building to the assembly point using the nearest safe exit. If in the event of an emergency the surrounding areas are not safe and we must vacate the premises the meeting point will identified by the school's policy and will be displayed on our notice board
- No attempt will be made to collect personal belongings, or to re-enter the building after evacuation.
- A nominated member of staff will check the premises and will collect the register (including emergency contact details) providing that this does not put anyone at risk.
- Before leaving the building, the nominated person will close all accessible doors and windows, if it is safe to do so.
- The register will be taken and all children and staff accounted for.
- If any person is missing from the register, the emergency services will be informed immediately.
- The manager will contact parents to collect their children. If the register is not available, the manager will use the emergency contacts list (which is kept off site).
- All children will be supervised until they are safely collected.
- If after every attempt, a child's parent or carers cannot be contacted, the Club will follow its **Uncollected Child** procedure.

If the Club has to close, even temporarily, or operate from alternative premises, as a result of the emergency, we will notify Ofsted.

Ofsted's address is: Ofsted, Piccadilly Gate, Store Street, Manchester M1 2WD

Telephone: 0300 123 1231

4.3.1 Emergency Lockdown/Critical Incident Procedure for all DrKiddo settings.

In light of recent emergencies and possible security threats, this procedure outlines a procedure to follow to ensure the safety of children, parents and staff in the event of a local threat or emergency situation which may result in the setting being placed into 'lockdown'.

Most of your existing procedures for handling an emergency situation will involve evacuation of the premises and will be focused on an event happening in your building.

However, in some situations, it is likely you will be advised to stay put (lockdown) rather than evacuate the premises.

In the event of an incident, 'lockdown' of a building or buildings is an emergency procedure to secure and protect occupants near an immediate threat.

By controlling movement in an area, emergency services can contain and handle the situation more effectively.

Lockdown procedures

If an emergency happens the setting manager must act quickly to assess the likelihood of immediate danger. In most cases the assumption should be that it is safer to stay put and place the setting into 'lockdown' until the emergency services arrive. As soon as the emergency services arrive it is essential staff comply with instructions at all times.

Upon alert to lockdown

- Stay calm. Ensure staff and children stay in their designated areas. Stay in the room you are working in, secure all doors and windows and await further instructions.
- If you are outdoors return to the building as quickly as possible if it is safe to do so. If it is not safe children must be taken to a 'safer' place either within or outside the grounds of the building.
- Call for help from the emergency services by dialling 999.
- Any missing children must be identified quickly and a search for them instigated, if safe to do so.
- Close curtains and blinds where possible.
- Stay away from windows and doors.
- Stay low and keep calm.
- Manager to contact a member of the senior management team, if safe to do so.
- Do NOT make non-essential calls on mobile phones or landlines.
- If the fire alarm is activated, remain where you are and await further instructions from emergency services unless the fire is in your area. In which case, move to the next room/area, following your usual fire procedures. (**it is vitally important you wait for further instruction from the emergency services, in case it is an intruder who has set the fire alarm off**)
- Do NOT open the door once it has been secured until you are officially advised 'all clear' or are certain it is emergency services at the door.
- Do NOT travel down long corridors.
- Do NOT assemble in large open areas.
- Do NOT call 999 again unless you have immediate concern for your safety, the safety of others, or feel you have critical information.
- Co-operate with the emergency services to help in an orderly evacuation.
- Ensure you have the Register and children's details with you.
- Parents will be notified by the senior management team as soon as possible. This will not be the responsibility of the staff on site.

4.4 Manual Handling Policy

Manual handling is one of the major causes of absence through injury in the workplace. At DrKiddo we work with our staff, provide training, and undertake risk assessments in order to eliminate hazardous manual handling activities as far as possible.

This policy is written with reference to the Health and Safety at Work Act 1974, which places a duty on employers "to ensure so far as is reasonably practicable, the health, safety and welfare of its employees", and to the Manual Handling Operations Regulations 1992.

Procedure

In order to limit the risk of injury from manual handling operations, DrKiddo will:

- Eliminate hazardous manual handling activities, as far as is reasonably practicable
- Assess the risks associated with any manual handling activities that cannot be avoided.

The purpose of the risk assessment is to reduce the risk of injury to the lowest possible levels, and should consider:

- The task
- The load
- The individual undertaking the task
- The working environment.

The main manual handling hazard at DrKiddo is likely to be the setting-up and clearing-away of equipment. This is unavoidable, but staff should carry out the operation with reference to the guidance given in the manual handling training that we provide. It may be necessary to seek the assistance of an additional member of staff in order to minimise the risk of injury, for example when carrying tables and other heavy or bulky items.

Employee's duties

It is the responsibility of all staff at DrKiddo to:

- Comply with any instructions and training provided in safe manual handling techniques
- Not put their own health and safety or that of others at risk by carrying out unsafe manual handling activities
- Report to the Manager any problems which may affect their ability to undertake manual handling activities, including physical and medical conditions (e.g. pregnancy, back problems

In summary

Avoid	Whenever possible, avoid manual handling situations.
Assess	If avoidance is not possible, make a proper assessment of the hazard and risks.
Reduce	Reduce the risk of injury by defining and implementing a safe system of work.
Review	Review your systems regularly, to monitor the overall effectiveness of the policy

4.5 Risk Assessment Policy

DrKiddo use its risk assessment systems to ensure that the Club is a safe and secure place for children and staff. All staff are expected to undertake risk assessments as part of their routine tasks.

In line with current health and safety legislation and the EYFS Safeguarding and Welfare Requirements 2014, the Club will carry out regular risk assessments and take appropriate action to deal with any hazards or risks identified. It is the responsibility of the manager to ensure that risk assessments are conducted, monitored and acted upon.

Risk assessments will be carried out:

- whenever there is any change to equipment or resources
- when there is any change to the Club's premises
- when the particular needs of a child necessitate this
- When we take the children on an outing or visit.
- Large risk assessments are reviewed annually

Not all risk assessments need to be written down. Staff will decide, in consultation with the manager, which risk assessments need to be formally recorded. However, risk assessments related to employment and the working environment will be always be recorded in writing so that staff can refer to them.

If changes are required to the Club's policies or procedures as a result of the risk assessment, the manager will update the relevant documents and inform all staff.

Daily checks

We will carry out a visual inspection of the equipment and the whole premises (indoors and out) daily, before any children arrive. During the course of the session, staff will remain alert to any potential risks to health and safety.

If a member of staff discovers a hazard during the course of a session, they will make the area safe (e.g. by cordoning it off) and then notify the manager. The manager will ensure that any actions needed to mitigate the immediate hazard have been taken and will implement measures to prevent the incident from recurring.

Recording dangerous events

The manager will record all accidents and dangerous events on the **Incident** or **Accident Record** sheets as soon as possible after the incident. If the incident affected a child the record will be kept on the child's file. The Club will monitor **Incident** and **Accident Records** to see whether any pattern to the occurrences can be identified.

4.6 Personal and Intimate Care Policy

DrKiddo understand that Intimate Care involves supporting a child with dressing and undressing, providing comfort and support for a distressed child, assisting a child requiring medical care and who is not able to carry this out unaided and cleaning a pupil who has soiled him/ herself, has vomited or feels unwell. In most cases in the parent or carer will be contactable. However, if the parent or carer is not present or not able to attend to the child then the following procedures should be followed. Only a staff member with a full and current DBS check is able to carry out this sort of care. Children who are not yet toilet trained will not be excluded from taking part in activities at any of our settings.

The purpose of this policy is:

- To safeguard the rights and promote the best interests of the children
- To ensure children are treated with sensitivity and respect, and in such a way that their experience of intimate care is a positive one
- To safeguard adults required to operate in sensitive situations
- To raise awareness and provide a clear procedure for intimate care
- To inform parents/carers in how intimate care is administered
- To ensure parents/carers are consulted in the intimate of care of their children

Supporting dressing/undressing

Sometimes it will be necessary for staff to aid a child in getting dressed or undressed particularly in Early Years and Nursery age children. Staff will always encourage children to attempt undressing and dressing unaided.

Providing comfort or support

Children may seek physical comfort from staff (particularly children in Nursery and Early Years age). Where children require physical support, staff need to be aware that physical contact must be kept to a minimum and be child initiated. When comforting a child or giving reassurance, the member of staff's hands should always be seen and a child should not be positioned close to a member of staff's body which could be regarded as intimate. If physical contact is deemed to be appropriate staff must provide care which is suitable to the age, gender and situation of the child. If a child touches a member of staff in a way that makes him/her feel uncomfortable this can be gently but firmly discouraged in a way which communicates that the touch, rather than the child, is unacceptable.

Soiling

If a child soils themselves then the parents will be contacted and asked to attend to change the child. If the parents/carers or emergency contact is able to come within a few minutes, the child is comforted and kept away from the other children to preserve dignity until the parent arrives. Children are not left on their own whilst waiting for a parent to arrive, an adult will stay with them, giving comfort and reassurance the child will be dressed at all times and never left partially clothed. If a parent/carer or emergency contact cannot attend, the Link Club / Nursery will seek to gain verbal consent from parents/carers for staff to clean and change the child. This permission will be sought on each occasion that the child soils him or herself. If the parents and emergency contacts cannot be contacted the Manager will be consulted. If put in an impossible situation, where the child is at risk, staff will act appropriately and may need to come into some level of physical contact, in order to aid the child. When touching a child, staff should always be aware of the possibility of invading a child's privacy and will respect the child's wishes and feelings.
If a child needs to be cleaned, staff will make sure that:

- Protective gloves are worn
- The procedure is discussed in a friendly and reassuring way with the child throughout the process
- The child is encouraged to care for him/herself as far as possible
- Physical contact is kept to the minimum possible to carry out the necessary cleaning.

- Privacy is given appropriate to the child's age and the situation
- All spills of vomit, blood or excrement are wiped up and flushed down the toilet
- Any soiling that can be, is flushed down the toilet
- Soiled clothing is put in a plastic bag, unwashed, and sent home with the child

Hygiene

All staff must be familiar with normal precautions for avoiding infection, must follow basic hygiene procedures and have access to protective, disposable gloves and aprons

Protection for staff

Members of staff need to have regard to the danger of allegations being made against them and take precautions to avoid this risk.

These should include:

- Gaining a verbal agreement from another member of staff that the action being taken is necessary
- Allow the child, wherever possible, to express a preference to choose his/her carer and encourage them to say if they find a carer to be unacceptable
- Allow the child a choice in the sequence of care
- Be aware of and responsive to the child's reactions

Safeguards for children

There is an obligation on local authorities to ensure that staff who have substantial, unsupervised access to children undergo police checks. All staff at DrKiddo is DBS checked on application and cannot undertake tasks within club until all checks are completed satisfactorily. The DBS's aim is to help organisations in the public, private and voluntary sectors by identifying candidates who may be unsuitable to work with children or other vulnerable members of society. Personal and professional references are also required and unsuitable candidates are not permitted to work within DrKiddo. All those working with children should be closely supervised throughout a probationary period and should only be allowed unsupervised access to children once this has been completed to their supervisor's satisfaction. It is not appropriate for volunteers to carry out intimate care procedures.

4.7 Managing Children with Allergies, Sickness or Infection Policy

(Including reporting notifiable diseases)

DrKiddo provide care for healthy children and promote health through identifying allergies and preventing contact with the allergenic substance and through preventing cross infection of viruses and bacterial infections.

Procedures for children with allergies

When parents start their children at the setting they are asked if their child suffers from any known allergies. This is recorded on the registration form. If a child has an allergy, an allergy form is completed to detail the following:

- The allergen (i.e. the substance, material or living creature the child is allergic to such as nuts, eggs, bee stings, cats etc.).
- The nature of the allergic reactions e.g. anaphylactic shock reaction, including rash, reddening of skin, swelling, breathing problems etc.
- What to do in case of allergic reactions, any medication used and how it is to be used (e.g. EpiPen).
- Control measures – such as how the child can be prevented from contact with the allergen.
- Review.

This form is kept in the child's personal file and a copy is displayed where staff can see it.
Parents train staff in how to administer special medication in the event of an allergic reaction. Generally, no nuts or nut products are used within the setting and parents are made aware so that no nut or nut products are accidentally brought in, for example to a party.

Insurance requirements for children with allergies and disabilities

DrKiddo insurance will automatically include children with any disability or allergy but certain procedures must be strictly adhered to as set out below. For children suffering life threatening conditions, or requiring invasive treatments; written confirmation from your insurance provider must be obtained to extend the insurance.

At all times the administration of medication must be compliant with the Welfare Requirements of the Early Years Foundation Stage and follow procedures based on advice given in Managing Medicines in Schools and Early Years Settings (DfES 2005)

Oral medication

Asthma inhalers are now regarded as "oral medication" by insurers and so documents do not need to be forwarded to the insurance provider.
Oral medications must be prescribed by a GP; any medication supplied that is not prescribed by a GP will not be administered. DrKiddo must be provided with clear written instructions on how to administer such medication and we will endeavour to manage the correct storage and administration of the medication.
DrKiddo will not administer any medication without parents or guardians' prior written consent. This consent will be kept on file.

Lifesaving medication & invasive treatments

Adrenaline injections (EpiPen's) for anaphylactic shock reactions (caused by allergies to nuts, eggs etc.) or invasive treatments such as rectal administration of Diazepam (for epilepsy).
DrKiddo 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; and
- Proof of training in the administration of such medication by the child's GP/nurse

At DrKiddo any child requiring help with tubes to help them with everyday living e.g. breathing apparatus, to take nourishment, colostomy bags/one to one care will be assigned a key person.

Prior written consent from the child's parent or guardian to give treatment and medication prescribed by the child's GP is essential. The Key person must have the relevant medical training/experience, which may include those who have received appropriate instructions from parents or guardians, or who have qualifications.

Procedures for children who are sick or infectious

- If children appear unwell, have a temperature, sickness, diarrhoea or pains, particularly in the head or stomach – the manager calls the parents and asks them to collect the child, or send a known carer to collect on their behalf.
- If a child has a temperature, they are kept cool, by removing top clothing, sponging their heads with cool water, but kept away from draughts.
- Temperature is taken using the temperature tool on site kept near to the first aid box.
- In extreme cases of emergency, the child should be taken to the nearest hospital and the parent informed.
- Parents are asked to take their child to the doctor before returning them to club; DrKiddo can refuse admittance to children who have a temperature, sickness and diarrhoea or a contagious infection or disease.
- Where children have been prescribed antibiotics, parents are asked to keep them at home for 48 hours before returning to the setting.
- After diarrhoea, parents are asked to keep children home for 48 hours or until a formed stool is passed.
- The setting has a list of excludable diseases and current exclusion times.
- If 2 or more children have food poisoning and the food from the setting is suspected for the cause we will inform Ofsted.

Reporting of ‘notifiable diseases’

- If a child or adult is diagnosed suffering from a notifiable disease under the Public Health (Infectious Diseases) Regulations 1988, the GP will report this to the Health Protection Agency.
- When the setting becomes aware, or is formally informed of the notifiable disease, the manager informs Ofsted and acts on any advice given by the Health Protection Agency.

Head lice

- Head lice are not an excludable condition, although in exceptional cases a parent may be asked to keep the child away until the infestation has cleared.
- With head lice, all parents are informed and asked to treat their child and family

Cleaning Statement

There is a two-stage cleaning process the initial product will be:

- Anti-bacterial spray and appropriate colour cloth will be used
- Followed by a bleach-based product

4.8 First Aid Policy

DrKiddo are able to take action to apply first aid treatment in the event of an accident involving a child or adult. At least one member of staff with current first aid training is on the premises or on an outing at any one time. The first aid qualification is paediatric first aid.

The First Aid Kit

Our first aid kit complies with the Health and Safety (First Aid) Regulations 1981 and contains the following items only:
Triangular bandages (ideally at least one should be sterile) - x 4.
Sterile dressings:

a) Small (formerly Medium No 8) - x 3.
b) Medium (formerly Large No 9) - HSE 1 - x 3.
c) Large (formerly Extra Large No 3) - HSE 2 - x 3.

Composite pack containing 20 assorted (individually-wrapped) plasters 1.
Sterile eye pads (with bandage or attachment) e.g. No 16 dressing 2.
Container or 6 safety pins 1.
Guidance card as recommended by HSE 1.

In addition to the first aid equipment, each box should be supplied with:
Two pairs of disposable plastic (PVC or vinyl) gloves.
One plastic disposable apron.
A children's forehead 'strip' thermometer.
The first aid box is easily accessible to adults and is kept out of the reach of children.
No un-prescribed medication is given to children, parents or staff.
At the time of admission to the setting, parents' written permission for emergency medical advice or treatment is sought. Parents sign and date their written approval.
Parents sign a consent form at registration allowing staff to take their child to the nearest Accident and Emergency unit to be examined, treated or admitted as necessary on the understanding that parents have been informed and are on their way to the hospital.

5 Employment

5.1 Staff and Volunteer Induction and Development Policy

Each new member of staff, including volunteers at DrKiddo receives a copy of all of the Club's policies and procedures. Within the first month of their employment, the manager will discuss the practical implications of the Club's policies and procedures with them. The individual will sign the **Policy Confirmation** to confirm that they have read and understood the Club's policies.

All new staff and volunteers will receive induction training which will include:

- Introduction to their colleagues, children and parents or carers
- Tour of the premises including: identification of all fire exits, location of first aid kit and fire safety equipment, and information about the emergency evacuation procedures; outside play areas, fire assembly points, collection points at the school, route from the school to the Club etc., and identification of any known hazards
- Thorough briefing about the Club's safeguarding and child protection policy and procedures and about our Equal Opportunities policy and ethos.
- Location of Club records and documentation, storage, toilets etc.
- Overview of all aspects of the day-to-day management and running of the Club
- Explanation of the Club's obligation to comply with the Early Years Foundation Stage (EYFS)
- Explanation of the processes for appraisals, training and development, booking holidays, sickness absence, staffing rota, etc.

Development and training

To ensure that staff development needs are being met, and that staff training and qualifications are meeting the requirements of the Club and the Statutory Framework for the Early Years Foundation Stage, we provide all our staff with:

- a thorough induction process
- a system of regular appraisals and reviews
- Opportunities for training and professional development.

We also keep an up to date record of staff qualifications and maintain a training development plan.

Appraisals and reviews

The manager will hold an annual appraisal meeting with individual staff. The appraisal will reflect on progress and challenges over the previous year and identify current knowledge and skills, areas for future development and potential training needs.

The manager will hold quarterly reviews with staff to monitor their professional development and their progress with regards to the targets set, and issues raised, during their annual appraisals.

Training

The manager will identify and promote suitable training courses for staff so that they can expand their professional development and keep their knowledge of childcare and play work issues up to date. Staff are expected to attend training courses as and when requested by their manager.

Staff meetings

Staff meetings provide a forum in which staff can share information, solve problems and raise work issues. Staff meetings are held every **half term.**

5.2 Staff Disciplinary Policy

DrKiddo aim to have a team of well-motivated, highly skilled and professional staff. However, should the behaviour or performance of a member of staff fall below the high standards that we expect we will follow the procedure set out below.

Staff will not be dismissed for a first breach of discipline except in the case of gross misconduct.

Staff have the right to appeal at all stages of the procedure and this will be confirmed within the warning or dismissal letter. The member of staff will have the opportunity to ask questions and answer allegations, and has the right to be accompanied by a colleague or union representative.

Minor offences

The manager will try to resolve the matter by informal discussions with the member of staff. If this does not resolve the problem, the formal disciplinary procedure will be followed.

Stage 1: Formal verbal warning

The manager will give the member of staff a formal verbal warning which must include:

- the reason for the warning
- that this is the first stage of the disciplinary procedure
- An explanation of their right to appeal.

A note of the warning will be kept on the staff member's personnel file, but it will be disregarded after 12 months if their performance or conduct is satisfactory.

Stage 2: First written warning

If the offence is a serious one, or if there is no improvement, the manager will give the member of staff a written warning which must:

- give details of the complaint
- warn that a final written warning will follow if there is no improvement in their conduct or behaviour, or if there is a further breach of Club rules
- Explain their right to appeal.

A copy of the written warning will be kept on their personnel file but will be disregarded after 12 months if their performance or conduct is satisfactory.

Stage 3: Final written warning

If there is still no improvement in the staff member's performance, the manager will give them a final written warning which:

- gives details of the complaint
- warns that dismissal will result if there is no satisfactory improvement
- Explains their right to appeal.

A copy of the final written warning will be kept on file, but will be disregarded after 24 months if the performance or conduct of the member of staff remains satisfactory.

Stage 4: Dismissal

If, during the period of the final written warning, there is a further breach of Club rules, or if the member of staff's performance has still not improved, dismissal will normally result. The manager will give the member of staff written reasons for the dismissal, the date on which their employment ends and information about their right to appeal.

Gross misconduct

Staff will be dismissed without notice if they are found to have committed an act of gross misconduct. Examples of gross misconduct include:

- Child abuse
- Failing to comply with health and safety requirements
- Physical violence
- Ignoring a direct instruction given by the manager
- Persistent bullying, sexual or racial harassment
- Being unfit for work through alcohol or illegal drug use
- Theft, fraud or falsification of documents
- Being an unfit person under the terms of the Statutory Framework for the Early Years Foundation Stage (Section 75 of the Childcare Act 2006) or the Children's Act 1989.

The manager will investigate the alleged incident thoroughly before any decision to dismiss is made.

Referral to Disclosure and Barring Service

If a member of staff is dismissed (or would have been dismissed if they had not left the setting first) because they have harmed a child or put a child at risk of harm we will make a referral to the Disclosure and Barring Service.

Notification to Ofsted

The Club will notify Ofsted if a member of staff becomes disqualified, or if any significant event occurs which is likely to affect their suitability. Note that a member of staff could become disqualified through the actions of a partner or housemate.

Appeals

A member of staff wishing to appeal against a disciplinary decision must do so in writing and within five working days of being informed of the decision. A meeting to hear the appeal will be set up no more than ten working days later. If possible, the registered person, or a member of the management committee or a senior member of staff who was not involved in the original disciplinary action, will hear the appeal and make an impartial and final decision.

5.3 Staff Grievance Policy

At DrKiddo we aim to have a team of well-motivated, highly skilled and professional staff. However, there may be times when a member of staff has issues or concerns about their working conditions or other aspects of their employment at the Club. When such issues arise, we encourage staff to discuss them with the manager as soon as possible so that they can be quickly resolved. Grievances left unaired lead to unmotivated staff and a poor working environment.

All members of staff have the right to raise a grievance about issues that arise from their work within the Club and affect them as an individual, and should follow the procedures set out in this policy.

If the concerns relate to safeguarding issues, the staff member should follow the procedure set out in our **Safeguarding policy**. If the concerns relate to malpractice or wrongdoing with regards to the running of the Club, the staff member should follow the procedure set out in our **Whistleblowing policy**.

Stage 1: Informal grievance procedure

In the first instance the member of staff should raise the issue with the manager. If the grievance is a relatively minor one, the manager will try to resolve the matter through informal discussions.

Stage 2: Formal grievance procedure

If the informal discussion does not resolve the grievance to the satisfaction of the member of staff, the next step is to write advising the manager that they intend to invoke the formal grievance procedure. The written notification should include the following details:

- A statement that the staff member is invoking the formal grievance procedure
- The nature of the grievance, giving the background to the issue, any relevant facts (including dates) and the names of any other parties involved
- Any steps that have been taken on an informal basis to address the concerns
- The staff member's opinion on what their desired outcome would be.

Grievance meeting

Within five working days of receiving the grievance, the manager will reply in writing, acknowledging receipt and inviting the staff member to attend a formal grievance meeting. The meeting will normally take place within ten working days of receipt of the written grievance.

The member of staff has the right to be accompanied at the meeting by a work colleague or a union representative. The Club will be represented by the manager or deputy and a director

The purpose of the meeting is to hear the full facts of the situation, and to attempt to resolve the grievance in a mutually acceptable manner. If necessary a second meeting may need to be arranged in order to gather more evidence.

Outcome and appeals

The manager or deputy and a director will determine the outcome of the grievance. They may reject the grievance, or may uphold the complaint and identify what steps will be taken to resolve it.

Within ten working days of the grievance meeting, the manager and operations director will inform the member of staff in writing of the outcome of the grievance, including the reasons for the decision and, where appropriate, details of any steps taken or further actions required to address their concerns.

False or repeated grievances

If a member of staff raises a grievance that, through investigation, proves to be malicious they may find themselves subject to disciplinary action.

A member of staff cannot raise the same grievance within 12 months of the resolution, outcome or withdrawal of the original grievance.

5.4 Drugs and Alcohol Policy

Purpose

To outline the Company's policy regarding the use of intoxicating substances so that employees are aware of the likely consequences for their employment if they misuse them. This policy endeavours to achieve a balance between supporting an employee who asks for help with a problem and the overriding need to preserve health & safety at work.

This policy complies with all relevant legislation in this area.

Scope

This policy covers all employees of the Company at all levels and covers the misuse of illegal drugs, misuse of alcohol or prescription drugs where the individual is dependent and there is a consequent effect on their employment.

Policy Statement

The company is committed to help protect employees by raising awareness of the problems of drug and alcohol misuse and to encourage those with a problem to seek help. It is also committed to ensure that employees' use of either drugs or alcohol does not impair the safe and efficient running of the company, or result in risks to the health and safety of themselves, other employees or customers, i.e. the children we care for.

Intoxication due to alcohol

Employees are not allowed to drink on the company premises or during working hours, which includes lunchtime. It is also forbidden for employees to attend work whilst under the influence of alcohol due to consuming alcohol the night before. Employees are responsible for maintaining sensible and safe drinking levels should they have worked the next day so that they are able to maintain a professional conduct and carry out their role to the required standard.

The Company has the right to send an employee home or refuse admission to the premises to any employee judged to be incapable of performing the job function as a result of alcohol intoxication. This may also be the case should the company believe that the employee is still intoxicated from the night before, normally identified through the strong smell of alcohol on the employee.

Any employee representing the company, whilst entertaining clients with social drinking, whether this is during or outside of normal working hours must maintain a professional image of the company at all times.

Employees should be aware that it may also be treated as a disciplinary matter where employees' performance has been impaired due to lunchtime drinking, even if they are not actually intoxicated.

Intoxication due to drugs

Employees are not allowed to possess, consume or provide drugs during working hours and whilst on company premises (except prescription drugs prescribed to the individual).

It is also forbidden for employees to attend work whilst under the influence of drugs due to taking drugs the night before.

The Company has the right to send an employee home or refuse admission to the premises to any employee judged to be incapable of performing the job function as a result of drug intoxication.

Employees on prescribed medication that may affect their ability to perform their duties must notify the Operations Manager/Director of the Company before starting work/their shift, ensuring this notification is timely enough, so that staff cover can be arranged.

Bringing drugs or alcohol onto Company premises

Employees must not bring alcohol or non-prescription drugs on to the Company's premises except where authorised by senior management or a recognised medical authority. The possession of drugs for any reason (other than medical) is forbidden.

Intoxicants or drugs of any kind must not be sold on the premises.

Employees should be aware that the Company will not hesitate to inform the police if it believes that a criminal offence in relation to drugs may have taken place.

Employee Assistance

Where an employee admits to a drug or alcohol problem, disciplinary proceedings may be suspended and the company will endeavour to assist the employee in a successful rehabilitation.

Where an employee has been diagnosed as having a drug or alcohol problem, reasonable time off without pay will be allowed for counselling. If an employee has successfully completed a course of counselling or other treatment and later relapses, the company will consider whether to permit another period of treatment or to invoke the disciplinary procedure.

Disciplinary Action

Where disciplinary action is appropriate but the employee concerned has a drug or alcohol problem, this may be taken into account as a mitigating factor. If an employee refuses to accept that they have a problem with drugs or alcohol, or refuse treatment or the treatment fails, disciplinary action will be taken, which may lead to dismissal.

Should an employee admit to a drug or alcohol problem and this is affecting their performance within their role, the company's capability policy will be invoked.

Breaches of the policy

The company will, where appropriate to do so, adopt a constructive and supportive approach when dealing with employees who may be experiencing drug or alcohol dependency. This means that employees seeking assistance for a substance misuse problem will not necessarily have their employment terminated because of their addiction.

However, if performance, attendance or behaviour is unacceptable, despite any support or assistance that can be offered, ultimately dismissal may be unavoidable.

Notwithstanding the above, there will be circumstances where breaches of the policy, whether dependency related or not, will be treated as a disciplinary matter and may result in the summary dismissal of the employee. Examples of issues that will be subject to disciplinary action, including the possibility of dismissal are:

- Deliberate disregard for personal safety and that of others associated with the use of intoxicating substances.

- Unacceptable behaviour in the workplace associated with the use of intoxicating substances.
- Being found incapable of performing normal duties satisfactorily and safely as a result of consuming alcohol or taking drugs.
- Consuming intoxicating substances during the working day including breaks and lunchtime.
- Possession, consumption, dealing, selling, storage of controlled drugs either on work premises or engaging in such activities outside of work.
- Being disqualified from driving as a result of alcohol or drug related offences (employees required under their contract of employment to drive a vehicle)
- Making malicious or vexatious allegations that a colleague is misusing intoxicating substances.

This list is illustrative only and should not be regarded as exclusive or exhaustive.

Where evidence warrants, the company will inform the police of illegal drug use or any activity or behaviour over which there are concerns as to its legality. For example, it would be necessary for the company to report criminal behaviour associated with the alcohol abuse such as having a drink drive incident in a work vehicle.

Appendix 1: Responsibilities

1. Manager's responsibilities

Managers are required to:

- Be aware of the signs of alcohol and substance misuse and the effects on performance, attendance and health of employees and the children in their care.
- Ensure the health, safety and welfare of employees and others i.e. children and families, with whom they come into contact.
- Ensure that staff understand the policy and are aware of the rules and consequences regarding the use of alcohol, drugs and other intoxicating substances.
- Ensure that staff are aware of the support that is available to them should they have a problem.
- Monitor the performance, behaviour and attendance of employees as part of the normal supervisory responsibilities.
- Intervene at an early stage where changes in performance, behaviour, sickness levels, and attendance patterns are identified to establish whether drug or alcohol misuse is an underlying cause.
- Provide support and assistance, where appropriate and for a reasonable period, to staff who are dependent upon intoxicating substances, to help their recovery.
- Liaise with Senior Management to instigate disciplinary measures where appropriate to do so.

Where a manager is aware, or suspects, that an employee is misusing intoxicating substances they are advised to seek advice from the Operations Manager/Director.

Such matters will be treated confidentially as far as is legitimately and legally possible.

2. Employee's responsibilities

Employees are required to familiarise themselves with this policy and comply with its provisions.

They are expected to present a professional, courteous and efficient image to those with whom, they encounter, at all times, whether face to face or over the telephone. They therefore have a personal responsibility to adopt a responsible attitude towards drinking and taking over the counter and prescribed drugs.

Employees are not permitted to possess, store, trade or sell controlled drugs on the company's premises or bring the company into disrepute by engaging in such activities outside of work, including via social media.

Employees are strongly encouraged to seek help if they have concerns regarding their alcohol or drug consumption. It is recommended that they approach either their site manager, Operations Team or one of the Company Directors, in the first instance, so that the company can support the employee through a rehabilitation process.

Employees are expected to co-operate with any support and assistance advised by or provided by the company to address an alcohol or drug misuse problem.

Employees should not, even with the best of motives, 'cover up' for, or collude with, a colleague with an alcohol or drug related problem but instead should encourage them to seek help.

Where the individual concerned does not wish to come forward to seek help, and their colleague(s) genuinely suspect that the individual may be misusing drugs or alcohol, they have a responsibility to raise these concerns with the employee's line manager or the Senior Management team, urgently.

6 Early Years Foundation Stage Policy

DrKiddo are committed meeting the requirements of the Statutory Framework for the Early Years Foundation Stage 2014 (EYFS). EYFS applies to all children from birth through to the end of their reception year. More information about EYFS is available from the Department for Education's website.

The designated EYFS coordinator at the Club is the manager or designate who is responsible for:

- Identifying EYFS children when they join the Club, and informing the other staff
- Determining the primary EYFS provider (typically, the school) for each child
- Assigning a key person for each EYFS child and settling the child in according to the needs of the child and parent
- Implementing a communication/scrap book, so that the parents, Club and the primary EYFS provider can easily exchange information.
- Parental involvement through a shared partnership
- Agreeing information sharing policies with the primary EYFS provider and other agencies and gaining parental consent for this where necessary
- Liaising with the primary EYFS provider to discuss what support the Club offers to EYFS children

The Club provides a mix of adult-led and child-initiated activities. The Club always follows play principles, allowing children to choose how they occupy their time, and never forces them to participate in a given activity.

We recognise the four overarching principles of EYFS:

- **A Unique Child**: Every child is constantly learning and can be resilient, capable, confident and self-assured. We use positive encouragement and praise to motivate the children in our care.
- **Positive Relationships:** Children learn to be strong and independent through positive relationships. We aim to develop caring, respectful, professional relationships with the children and their families.
- **Enabling Environments**: Children learn and develop well in environments in which their experiences respond to their individual needs and where there is a strong partnership between practitioners and parents/carers. We observe children in order to understand their current interests and development before planning appropriate play-based activities for them.
- **Children develop and learn in different ways and at different rates.** The EYFS framework covers the education and care of all children in Early Years provision, including children with special educational needs and disabilities. We tailor the experiences we offer the children in our care according to their individual needs and abilities.

7 Record Keeping/GDPR Policies

Children's records

At DrKiddo there are record keeping systems in place that meet legal requirements; means of storing and sharing that information take place within the framework of the GDPR and the Human Rights Act.

Procedures

We keep two kinds of records on children attending our setting:

Developmental records (Only if children fall under EYFS or have Individual play plans)
These include observations of children in the setting, photographs and samples of their work. These are usually kept in the playroom and can be freely accessed, and contributed to, by staff, the child and the child's parents.

Personal records

These include registration and admission forms, signed consent forms, and correspondence concerning the child or family, reports or minutes from meetings concerning the child from other agencies, an on-going record of relevant contact with parents, and observations by staff on any confidential matter involving the child, such as developmental concerns or child protection matters. These confidential records are stored in a lockable file or cabinet and are kept secure by the person in charge in an office or other suitably safe place. Parents have access, in accordance with our Client Access to Records policy, to the files and records of their own children but do not have access to information about any other child. Staff will not discuss personal information given by parents with other members of staff, except where it affects planning for the child's needs. Staff induction includes an awareness of the importance of confidentiality in the role of the key person. DrKiddo retain children's records for three years after they have left the setting. These are kept in a secure place.

Provider records

Issues to do with the employment of staff, whether paid or unpaid, remain confidential to the people directly involved with making personnel decisions. Our records are regarded as confidential on the basis of sensitivity of information, such as with regard to employment records and these are maintained with regard to the framework of the GDPR and the Human Rights Act.

- All records are the responsibility of the officers of the management committee who ensure they are kept securely.
- All records are kept in an orderly way in files and filing is kept up-to-date.
- Financial records are kept up-to-date for audit purposes.
- Health and safety records are maintained; these include risk assessments, details of checks or inspections and guidance etc.
- Our Ofsted registration certificate is displayed.
- Our Public Liability insurance certificate is displayed.
- All our employment and staff records are kept securely and confidentially.

Transfer of records to school

DrKiddo share children's development records with class teachers and parents in our after-school settings, when a child has finished the EYFS stage. Learning Journeys are passed onto parents during this stage.
Confidential records are shared where there have been child protection concerns according to the process required by our Local Safeguarding Children Board.