

Emneth Nursery School and Daycare



Early Years Safer Practice Policy

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Policy Statement

We are committed to providing a safe, healthy, nurturing and inclusive environment for all children aged 0–5 years. We recognise our responsibility to safeguard children from harm, abuse and neglect and to promote their welfare at all times. Safer practice underpins all aspects of our work and is fundamental to ensuring children feel secure, supported and able to thrive.

Aims of the Policy

This policy aims to:

- Protect children from harm and minimise potential risks
- Promote children's physical safety, health and emotional wellbeing
- Establish clear safer working practices for staff
- Ensure consistency in care, supervision and behaviour management
- Meet all legal, statutory and EYFS requirements

Safer Eating and Drinking

We are committed to promoting safe and healthy eating practices that protect the wellbeing of everyone in our care. Appropriate procedures, supervision and risk management are in place to ensure eating activities are carried out safely and responsibly (see further information in appendix 1).

Staffing & Supervision

- A Paediatric First Aid (PFA) trained staff member must be present during all meals and snacks.
- Children must be within sight and hearing of staff while eating. Supervising staff should face the children to monitor for choking, allergic reactions, and food swapping.
- Dining areas should be arranged to minimise distractions and allow clear visibility of all children.
- Maintain appropriate adult-to-child ratios during mealtimes.

Pre-Admission Dietary Information

- Collect detailed information on allergies, intolerances, special dietary requirements, cultural/religious preferences, and health conditions.
- Create health care plans in consultation with parents/carers and healthcare professionals.
- Review and update plans regularly, especially during weaning or food transitions.

Food Safety & Preparation

- Follow HACCP or Safer Food, Better Business (SFBB) food safety systems.
- Prepare food to prevent choking: cut grapes and cherry tomatoes lengthwise and into quarters, avoid popcorn, marshmallows, jelly cubes, whole nuts, and hard sweets.

- Use secure seating and age-appropriate food tailored to developmental stages.
- Maintain clean eating areas and ensure safe food storage and temperature control.

Food Checking & Serving

- Hot dinners are delivered daily from the neighbouring Primary School in insulated heat boxes to maintain safe temperatures during transport. The Primary School also provides a temperature record sheet confirming that the food has been cooked to the correct temperature prior to delivery.

- Assign a nominated staff member to check each child's food before serving.
- Use visual identifiers (e.g. coloured allergy cards) for children with allergies or dietary needs.
- Probe the meat-based food before serving to check that it is at the correct temperature. The minimum acceptable temperature is 63°C, with a target temperature of 70°C.

Menu Planning & Nutrition

- Follow EYFS Nutrition Guidance: include fruit/veg, starchy foods, protein, and dairy.
- Limit salt, sugar, saturated fats, and processed foods.
- Offer 5-a-day, oily fish every 3 weeks, and at least 40 plant points per week.
- Avoid sweet puddings as a daily norm; offer fruit-based alternatives.
- Share menus with parents

Training & Awareness

- Staff working with the children must complete Food Hygiene training as part of their induction.
- Train staff to recognise symptoms of allergies and anaphylaxis, administer emergency treatment, and understand cross-contamination risks.

Incident Management

- Record all choking incidents, near misses, and allergic reactions.
- Inform parents/carers immediately.
- Review incident logs monthly to identify patterns and improve safety.

Parental Engagement

- Share menus, allergy plans, and food policies with parents.
- Encourage updates on children's dietary needs.
- Collaborate on weaning plans and food transitions.
- Provide nutrition education and resources to families.

Packed Lunches

- Parents/carers who provide packed lunches must follow nursery guidance to ensure safety and nutrition.
- Packed lunches must be clearly labelled with the child's name.
- Packed lunches must not contain foods that pose a choking risk (e.g., whole grapes, popcorn, marshmallows, hard sweets).
- When required parents will receive a list of prohibited items and allergy-safe alternatives.

- Packed lunches should include balanced items from the four food groups: fruit/veg, starchy foods, protein, and dairy.
- Avoid sugary snacks, sweetened yoghurts, and fizzy drinks.
- Staff will supervise children during consumption and monitor for food swapping or allergic reactions.
- For this reason, parents are responsible for providing appropriate food that remains safe at room temperature and for using insulated containers or ice packs if needed.
- Any concerns about packed lunch contents will be discussed with parents/carers.

Sterilising baby bottles

In line with current health guidance for babies up to 12 months, all bottles, teats, and feeding equipment used for babies are thoroughly cleaned and sterilised before each use to reduce the risk of infection and protect babies' health and wellbeing (see appendix 1).

We provide drinking water and milk for children throughout the nursery day. Parents may also supply formula where required. Other types of drinks, including fruit juices and flavoured drinks, are not permitted. In exceptional circumstances, alternative drinks may be considered following discussion with your child's key person.

To support healthy eating habits, we do not allow cakes, sweets, or sugary treats to be brought into nursery for celebrations. However, we will still mark special occasions by celebrating together in other ways, such as singing songs, sharing stories, and making the child feel special within the nursery day.

Safer Sleeping

This setting is committed to ensuring that all babies and young children sleep safely while in our care. We follow the Early Years Foundation Stage (EYFS) statutory framework, NHS safer sleep guidance ([Baby safer sleep advice - Best Start in Life - NHS](#)), and guidance from The Lullaby Trust (<https://www.lullabytrust.org.uk/>) to reduce the risk of Sudden Infant Death Syndrome (SIDS) and other sleep-related incidents.

This policy applies to all babies and children under two years of age, and to older children where sleep or rest takes place.

Sleeping Position

Babies and children under two years are always placed on their backs to sleep. If a child is able to roll independently, they will not be repositioned unless advised by a healthcare professional. Children are never placed to sleep on their side or front.

Sleep Space

Each child has their own separate sleep space. Acceptable sleep spaces include a cot, bed, or a firm mattress placed on the floor. All sleep surfaces are firm and flat. Babies aged one year and under must only sleep in a cot. Buggies, prams, car seats (unless travelling), sofas, soft furnishings, sleep pods or nests are not used for indoor sleep.

Bedding and Sleep Environment

Sleep spaces contain only a firm, flat, waterproof mattress and either lightweight bedding

tucked below the shoulders or a well-fitted baby sleep bag used according to manufacturer guidance. Where blankets are used, children are placed feet-to-foot at the bottom of the cot. No additional items are placed in sleeping areas, including toys, pillows, cot bumpers, extra blankets, wedges or straps. Children's heads are never covered.

Temperature Control

The room temperature for babies is maintained between 16–20°C. Staff monitor children regularly to ensure they are comfortable and not overheating.

Supervision

Children under six months always sleep in the same room as an adult. All sleeping children are frequently checked and remain within sight and hearing of staff at all times. Baby monitors may be used as an additional support but do not replace direct supervision.

Staff Training and Responsibilities

All staff read and understand NHS advice on Sudden Infant Death Syndrome (SIDS). Safer sleep guidance forms part of staff induction and ongoing safeguarding training. Any concerns about a child's sleep or wellbeing are reported immediately in line with safeguarding procedures.

Partnership with Parents

Parents are consulted about their child's normal sleep routines. Any medical or cultural sleep practices are only followed where they do not conflict with safer sleep guidance. Written medical advice is required for alternative sleeping arrangements.

Supervision

Children are supervised effectively at all times. Staff deployment ensures all areas can be seen or heard. Statutory adult-to-child ratios are always met. Headcounts are carried out, especially during transitions. Children requiring additional support receive closer supervision. Bathroom, sleep and outdoor areas are monitored to ensure children remain safe while promoting independence.

Staff deployment is adjusted accordingly through clear, effective communication and flexible teamwork to ensure children remain safe at all times. Staff are expected to communicate promptly with one another to share information, request support, and coordinate actions, enabling individuals to move quickly to where they are most needed. Where a member of staff needs to leave an area, this is communicated clearly to ensure appropriate cover is put in place and supervision, visibility and statutory adult-to-child ratios are maintained. The most senior or appropriate member of staff oversees the response, reallocating staff as required.

Emergency procedures are practised regularly so staff understand their roles and can respond quickly, confidently and effectively.

Environment and Equipment Safety (also see health and safety policy)

Daily risk assessments are completed for indoor and outdoor environments. Hazards are identified, recorded and addressed promptly. Furniture, toys and equipment are age-appropriate, safe and well maintained. Resources are stored safely and used as intended. Repairs or replacements are actioned immediately if safety is compromised.

Hygiene and Infection Control

We will follow local and national guidance on the use of control measures (TAKEN FROM HEALTH AND SAFETY POLICY)

Following good hygiene practices

We will encourage all staff and children to regularly wash their hands with soap and water or hand sanitiser and follow recommended practices for respiratory hygiene. Where required, we will provide appropriate personal protective equipment (PPE)

Implementing an appropriate cleaning regime

We will regularly clean equipment and rooms, and ensure surfaces that are frequently touched are cleaned once a day

Keeping rooms well ventilated

We will use risk assessments to identify rooms or areas with poor ventilation and put measures in place to improve airflow, including opening external windows, opening internal doors and mechanical ventilation

Children vulnerable to infection

Some medical conditions make children vulnerable to infections that would rarely be serious in most children. The nursery school will normally have been made aware of such vulnerable children. These children are particularly vulnerable to chickenpox, measles or slapped cheek disease (parvovirus B19) and, if exposed to any of these, the parent/carer will be informed promptly and further medical advice sought. We will advise these children to have additional immunisations, for example for pneumococcal and influenza.

Exclusion periods for infectious diseases

The nursery school will follow recommended exclusion periods outlined by the UK Health Security Agency and other government guidance, summarised in [Public health exclusion periods in children and young people's settings - GOV.UK](#)

In the event of an epidemic/pandemic, we will follow advice from the UK Health Security Agency about the appropriate course of action.

Temperatures

If a child has a high temperature, they must remain off nursery until they have been free from a temperature for a full 24 hours without the use of medication such as paracetamol or ibuprofen. This is because temperatures can settle and then rise again, and this recovery period helps ensure your child is well enough to return and reduces the risk of spreading illness.

Personal Care

Dignity and Privacy

Children's dignity, privacy and wellbeing are respected at all times. Nappies are changed using the appropriate nappy changing area and door to the nappy changing area will be kept fully open whenever a member of staff is changing a child or where there is a stable door in place, the top section of the door will remain open at all times during the changing process. When a child requires a change of clothing, underwear should be changed in a designated changing area or toilet cubicle. This ensures that staff remain visible to colleagues while maintaining the child's privacy and dignity.

Nappy Changing

Nappy changing is carried out in a designated, clean changing area that is easily cleaned and appropriately equipped.

Staff wear disposable gloves and aprons for each nappy change.
Changing mats are cleaned and disinfected after each use.
Used nappies are disposed of safely in a lidded, designated nappy bin.
Children's hands and staff hands are washed thoroughly after every nappy change.
Individual wipes, creams, and nappies are used where provided.

Caring Practice and Safeguarding

Children are spoken to throughout the nappy change to reassure and involve them.
Staff respect children's privacy and dignity at all times.
Physical contact is appropriate, necessary, and kept to a minimum.
Where possible, nappy changing takes place in areas that are within sight or hearing of other staff, in line with safeguarding guidance.

Use of Creams and Medication

We are able to apply nappy creams or barrier creams but all other creams and medication will be administered in line with the nursery's medication policy including teething products.
Staff record any concerns such as rashes or soreness and inform parents promptly.

Infection Control

Nappy changing procedures support the nursery's infection control measures and help reduce the spread of illness.

Children who show signs of illness during a nappy change (e.g. diarrhoea, rash, fever) will be monitored and parents informed in line with the illness exclusion policy.

Heatwave and Sun Safety

This nursery recognises its duty of care to protect children, staff and visitors from the risks associated with hot weather and sun exposure. We are committed to promoting sun safety through effective heatwave management and by actively embedding the **Slap Slop Campaign** as part of our daily practice during warm weather.

This policy supports children's health, wellbeing and learning while ensuring safe outdoor play and experiences.

This is implemented when:

- A **Met Office Heat Health Alert** is issued
- Temperatures are forecast to reach **25°C or above**
- Indoor or outdoor conditions become uncomfortably hot
- When UV index is 3 or above

The Slap Slop Campaign

The nursery actively promotes the **Slap Slop Campaign** as a core sun-safety strategy:

Slap on a Hat

- Children must wear a **wide-brimmed or legionnaire-style sun hat** outdoors
- Hats should be named and supplied by parents
- A "**no hat, play in the shade**" approach will be followed

Slop on Sunscreen

- Parents are asked to apply sunscreen before arrival
- Nursery staff will reapply sunscreen at lunchtime
- Written parental consent is required prior to application
- Allergy and skin sensitivity information will be checked and followed

We are happy to apply nursery sunscreen to children and we now use Altruist Dermatologist Sunscreen, which is free from microplastics. However, there is no requirement for your child to use the sunscreen provided by nursery. If you prefer, you are very welcome to provide your child's own sunscreen, clearly labelled with their name. This may be a product suitable for sensitive skin, or a mineral or natural sunscreen that you have chosen and feel is most appropriate for your child.

Additional sun-safe practices:

- **Slip** on protective clothing where appropriate
- **Seek** shade during peak UV hours (11am–3pm)

Environmental Controls

The nursery will:

- Ensure some **shaded areas** are available outdoors
- Limit outdoor play to **early morning and late afternoon** during extreme heat
- Keep rooms cool by:
 - Closing blinds/curtains
 - Safe ventilation
 - Using fans safely and appropriately
- Provide cool, quiet rest areas indoors

Hydration and Nutrition

- Fresh drinking water is accessible **at all times**
- Staff actively encourage children to drink throughout the day
- Additional water breaks are incorporated during hot weather
- Water-rich snacks (e.g. fruit) may be offered

Staff Responsibilities

Staff will:

- Monitor children for signs of heat-related illness, including:
 - Excessive tiredness
 - Headache
 - Dizziness
 - Flushed or clammy skin
- Act immediately if a child shows symptoms:
 - Move them to a cool area
 - Offer water

- Inform the manager and parents if concerns persist

All staff are responsible for role-modelling sun-safe behaviours.

Partnership with Parents and Carers

Parents and carers are asked to:

- Provide a named sun hat
- Apply sunscreen before nursery sessions
- Dress children in suitable lightweight, loose-fitting clothing that allows children to move comfortably and helps prevent overheating. Lightweight long-sleeved tops and lightweight trousers are encouraged for outdoor play,

The nursery will:

- Share guidance via newsletters, emails and noticeboards
- Notify families during heatwaves or changes to routine

If you have any concerns or objections about your child wearing sun cream, please speak to a member of staff directly. This will allow us to discuss your concerns with you and agree how best to keep your child safe from the sun while they are in our care.

Outdoor Play and Visits

Outdoor learning is an essential part of our provision. Outdoor areas are checked daily and equipment is used safely. Children are supervised closely. Risk assessments are completed for all outings and visits. Parental consent is obtained where required. Weather-appropriate clothing, sun protection and hydration are ensured. Emergency contact details and first aid equipment are taken on visits.

Behaviour Management (refer to restrictive intervention policy)

We use positive behaviour management strategies to promote self-esteem and emotional regulation. Clear boundaries, consistent routines and age-appropriate expectations support children's behaviour. Physical punishment is never used. Physical intervention is only considered to prevent harm and is recorded and shared with parents. Staff support children to understand emotions and resolve conflicts appropriately.

Staff Practice and Conduct

All staff adhere to the nursery's Code of Conduct and are required to maintain clear professional boundaries at all times. Staff understand that their behaviour, language, and interactions with children, parents, and colleagues must consistently reflect the values of the setting and uphold high standards of professionalism.

Staff act as positive role models, using appropriate language, tone, and behaviour. This includes communicating respectfully with children, managing behaviour calmly and consistently, and promoting positive relationships through kindness, patience, and fairness. Shouting, inappropriate language, or behaviour that could be misinterpreted is not acceptable under any circumstances.

Safeguarding procedures are followed at all times, and all staff have a responsibility to remain vigilant to signs of harm, abuse, neglect, or changes in a child's behaviour or wellbeing. Staff must follow the nursery's safeguarding and whistleblowing procedures and understand their duty to act in the best interests of the child at all times.

Babysitting for Parents of Children that Attend the Nursery

To maintain professional boundaries and safeguard both children and staff, employees of the nursery are not permitted to babysit for children who attend the setting during their employment. Allowing private childcare arrangements can blur professional relationships, create conflicts of interest, and increase the risk of misunderstandings, allegations, or safeguarding concerns. This policy helps ensure that all interactions between staff, children, and families remain transparent, appropriate, and in line with safer working practice expectations, thereby protecting children, staff, and the reputation of the nursery.

Monitoring and Review

This policy is reviewed annually or sooner if legislation or guidance changes. Staff receive regular training and supervision to ensure safe practice. The policy is shared with parents and carers and forms part of our commitment to continuous improvement.

Appendix 1



Early years choking hazards food safety advice

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For babies and young children, food can be a choking hazard, especially when they do not chew their food well or they try to swallow it whole.

Choking can happen with any foods, but 'firm foods', bones and small round foods that can easily get stuck in the throat present a higher risk. Therefore, care givers should follow these five essential steps:

- 1** Make sure food is **suitably prepared and served** for babies and children under 5 years old. For suitable foods, see <https://www.nhs.uk/start4life/weaning/>. Introduce babies to solid foods from around 6 months of age.
- 2** **Think about size, shape and texture of food.** Cut food into narrow batons, avoid round shapes and firm foods. Firm fruit & vegetables can be softened by cooking.
- 3** Ensure that babies and young children are **alert and seated safely upright** in a highchair or appropriately sized low chair whilst eating.
- 4** **Babies and young children should be supervised at all times** while eating. You will be able to identify the early signs of choking and prevent harm.
- 5** **Encourage babies and young children to chew food well.** Teach children how to chew and swallow food properly, and ensure they take their time during meals. This will reduce their risk of choking.

Care givers and parents should be familiar with how to respond to a choking incident in line with guidance on first aid for children:

How to stop a child from choking: <https://www.nhs.uk/conditions/baby/first-aid-and-safety/first-aid/how-to-stop-a-child-from-choking/>

How to resuscitate a child: <https://www.nhs.uk/conditions/baby/first-aid-and-safety/first-aid/how-to-resuscitate-a-child/>

Early years food choking hazards



Below is a table of advice on key foods for care givers who are involved with preparing and serving food for babies and young children (under 5 years old)

Vegetable and fruits	Advice
Pips or stones in fruit	Always check beforehand and remove hard pips or stones from fruit.
Small fruits	Cut small round fruits like grapes, cherries, berries, strawberries and cherry tomatoes, into small pieces: cut lengthways and then again cut them in halves (quarters).
Large fruits and firm fruits	Cut large fruits like melon and firm fruits like apple into slices instead of small chunks. For very young children, consider grating or mashing firm fruits, or softening them up by steaming or simmering.
Vegetables	Cut vegetables like carrots, cucumber and celery into narrow batons. For very young children consider grating or mashing firm vegetables and legumes like butter beans, chickpeas and tofu, or softening them up by steaming or simmering.
Skin on fruit and vegetables	Consider removing the skin from fruit and vegetables, especially for very young children. Peeled fruit and vegetables can be swallowed more easily.
Cooking fruit and vegetables	Consider softening firm fruit and vegetables (such as carrots, broccoli, yam and apples) by steaming or simmering until soft. Serve cut into slices or narrow batons.
Meat and fish	Advice
Sausages and hot dogs	Cut sausages and hot dogs into short strips. Cut them in half and then lengthways or as thinly as possible. Peeling the skin off the sausages helps them to be swallowed more easily.
Meat or fish	Remove bones from meat or fish. Cut meat into strips as thinly as possible. Remove skin and fat from meat and fish, it will help the food pass smoothly down the throat.
Cheese	Advice
Grate or cut cheese	Grate or cut cheese into short strips. Cut lumps of cheese as narrow as possible.
Nuts and seeds	Advice
Chop or flake whole nuts	Chop or flake whole nuts, peanuts and seeds. Whole nuts should not be given to children under five years old.
Bread	Advice
White bread and other breads	White bread can form a ball shape with a dough-like texture at the back of a child's throat, if not chewed properly. Brown bread or toasted white bread are good alternatives. Cut bread, chapatis, naan bread and other breads into narrow strips.
Snacks and other foods	Advice
Popcorn	Do not give babies and young children popcorn.
Chewing gum and marshmallows	Do not give babies and young children chewing gum or marshmallows.
Peanut butter	Do not give babies and young children peanut butter on its own, only use as a spread.
Jelly cubes	Do not give babies and young children raw jelly cubes.
Boiled sweets and ice cubes	Do not give babies and young children boiled, hard, gooey, sticky or cough sweets, or ice cubes.
Raisins and other dried fruits	Do not give babies under the age of 1 whole raisins or dried fruits. Cut them into small pieces.

Make sure food is prepared appropriately for children under 5 years old, see: <https://www.nhs.uk/start4life/weaning/>

It is also advisable that care givers are familiar with how to respond to a choking incident, see: How to stop a child from choking: <https://www.nhs.uk/conditions/baby/first-aid-and-safety/first-aid/how-to-stop-a-child-from-choking/> and How to resuscitate a child: <https://www.nhs.uk/conditions/baby/first-aid-and-safety/first-aid/how-to-resuscitate-a-child/>

Suitable Finger Foods

Finger foods should be easy for babies to grip, so a good guide is to make them about the size of an adult index finger, in a stick or chip like shape. To begin with, finger foods should be soft, so it's a good idea to check they're "squishable" between your thumb and forefinger

Take a look at the images below for examples of suitable and unsuitable ways to serve finger foods



Unsuitable Suitable



Unsuitable Suitable



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Appendix 2

Sterilising

How to make a baby's bottle.

1. Sterilise the bottle you wish to use
2. Sterilise the area you are making the bottle on
3. Wash your hands
4. Ensure the kettle has fresh water before boiling
5. Boil the kettle
6. Collect formula
7. Take the bottle from the steriliser
8. Add the correct amount of water once the kettle has boiled
9. Now add the amount of scoops so for 8oz you would add 8 scoops and fill the bottle with water to 8oz. Some children may have pre measured tubs so ensure you know the amount before adding the water to the bottle
10. Put the lid on the bottle and swirl or shake, mixing the formula into the water
11. Place in a jug of cold water and release the lid to allow some of the heat out.
12. Check the bottle pouring a little of the milk onto your wrist, if it is still too warm, replace the water in the jug for fresh cold water to aid the cooling process and re check in a few minutes. The milk should feel warm on your wrist but never hot, if it feels hot on your wrist it needs further cooling.

Sterilising baby bottles



It's important to sterilise all your baby's feeding equipment, including bottles and teats, until they are at least 12 months old.

This will protect your baby against infections, in particular [diarrhoea and vomiting](#).

Before sterilising, you need to:

- Set a timer so you do not forget to turn the heat off.
- Remember that teats tend to get damaged faster with this method. Regularly check that teats and bottles are not torn, cracked or damaged.

After you've finished sterilising

- It's best to leave bottles and teats in the steriliser or pan until you need them.
- If you do take them out, put the teats and lids on the bottles straightaway.
- Wash and dry your hands before handling sterilised equipment. Better still, use some sterile tongs.
- Assemble the bottles on a clean, disinfected surface or the upturned lid of the steriliser. Find out more about [expressing breast milk](#) and [how to make up formula feeds](#).

We have a steam steriliser, place items into the steriliser that you wish to use, add the amount of water required (200ml) and then place in the microwave for two minutes.

What if I need to transport a made-up feed?

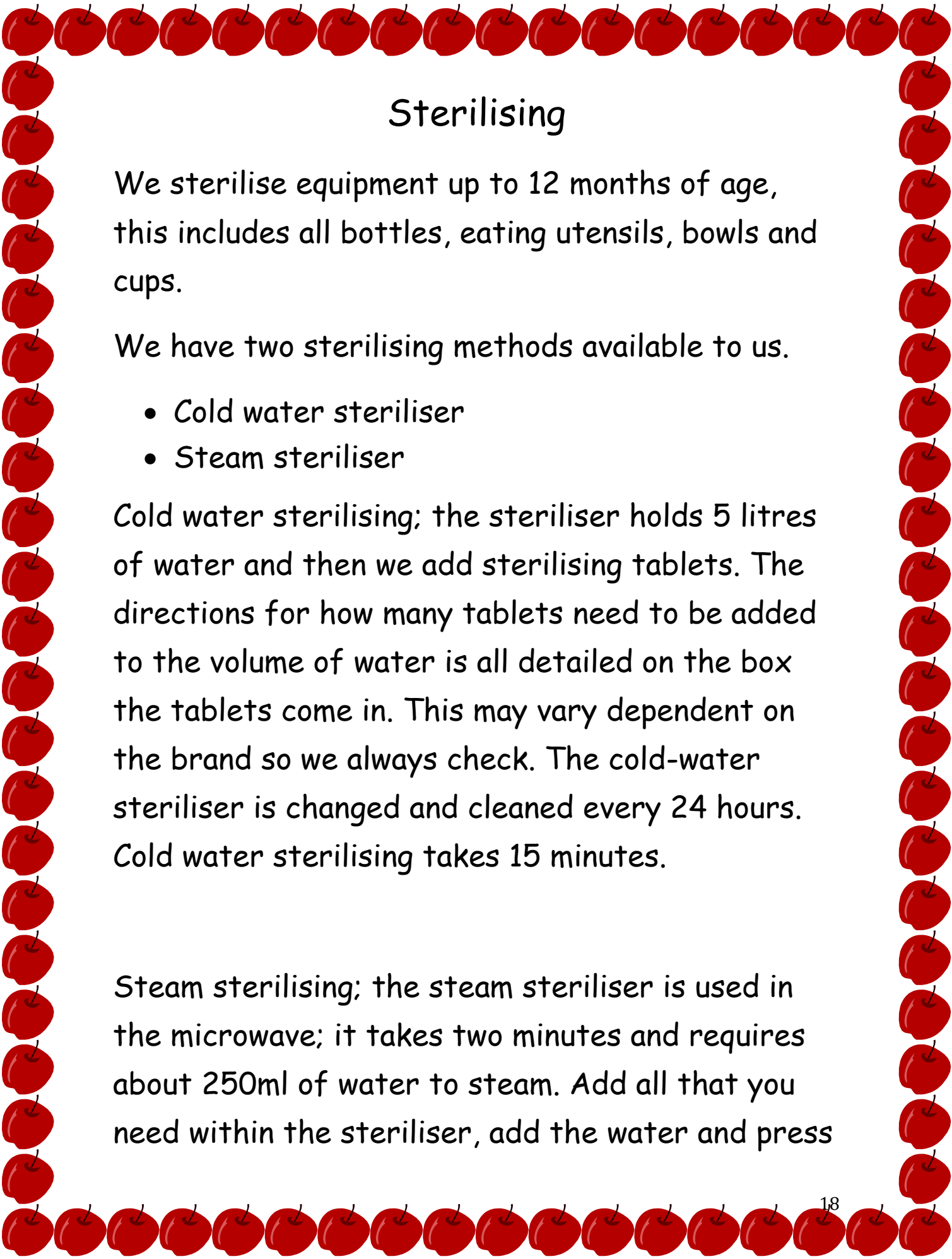
If it is not possible to follow the advice above, or if you need to transport a feed (for example, to a nursery), prepare the feed at home, cool under a running tap or in a bowl of cold water, and cool it for at least 1 hour in the back of the fridge.

Take it out of the fridge just before you leave and carry it in a cool bag with an ice pack, and use it within 4 hours. If you do not have an ice pack, or access to a fridge, the made-up infant formula must be used within 2 hours.

If made-up formula is stored:

- in a fridge – use within 24 hours
- in a cool bag with an ice pack – use within 4 hours
- at room temperature – use within 2 hours

I have once started to drink from bottle.



Sterilising

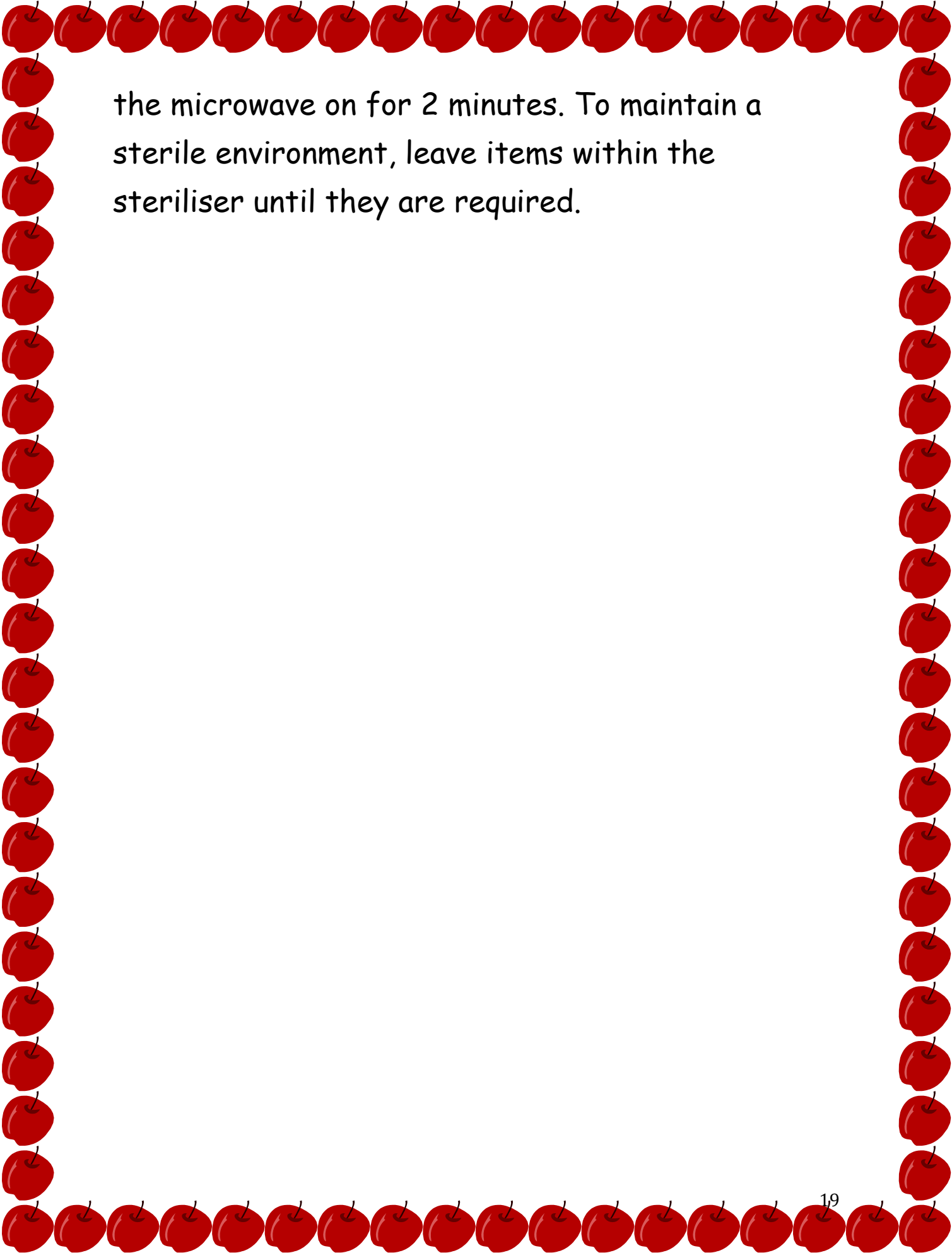
We sterilise equipment up to 12 months of age, this includes all bottles, eating utensils, bowls and cups.

We have two sterilising methods available to us.

- Cold water steriliser
- Steam steriliser

Cold water sterilising; the steriliser holds 5 litres of water and then we add sterilising tablets. The directions for how many tablets need to be added to the volume of water is all detailed on the box the tablets come in. This may vary dependent on the brand so we always check. The cold-water steriliser is changed and cleaned every 24 hours. Cold water sterilising takes 15 minutes.

Steam sterilising; the steam steriliser is used in the microwave; it takes two minutes and requires about 250ml of water to steam. Add all that you need within the steriliser, add the water and press



the microwave on for 2 minutes. To maintain a sterile environment, leave items within the steriliser until they are required.