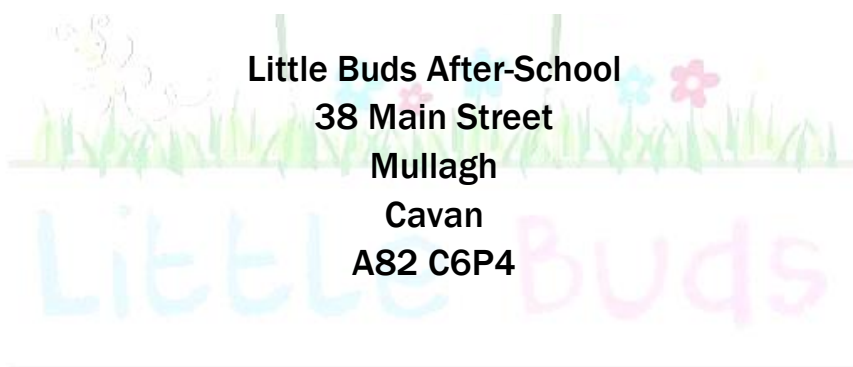


# Policies, Procedures and Statements



In compliance with: Part II, Article 5(4) Child Care Act 1991 (Early Years Services) (Registration of School Age Services) Regulations 2018

## Policy, Procedure and Statement Review Table School Age Childcare

#	Policy	Complete with Forms	Created	Reviewed
i	Statement of Purpose			
ii	Child Safeguarding Statement			
1(a)	Complaints Policy	Complaints Form for Parents and Staff	August 2019	
1(b)	Comments and Complaints Policy (Child Friendly Version)	Complaints Form ( <b>Child Friendly Version</b> )	August 2019	
2.	Dropping-Off and Collection of School Age Children	Nominated Collection Person Form	August 2019	
3.	Fire Safety Policy	<b>Child Friendly Evacuation Procedure</b>	August 2019	
4.	Medication Management Includes self-administration of medication for afterschool child	<ul style="list-style-type: none"> <li>- Medication Consent Form (including self-medication for afterschool children)</li> <li>- Medication Administration Record</li> </ul>	August 2019	
5.	Policy on Behaviour Management – Including Managing Challenging Behaviour, Cyberbullying and information links	Template for Recording Bullying Behaviour reported	August 2019	
6.	Policy on Infection Control	DAY/WEEK/MONTH Cleaning Routine	August 2019	

For the purpose of electronic upload to the Tusla website, all policies are reviewed. Signed hard copies will be retained in the service for inspection with any locational details added as appropriate.

Signatures:

	Name and position	Signature
Approved by		
Approved by		

**IMPORTANT:** The following guidance applies to ALL Policies, Procedures and Statements of Little Buds After-School. When sample policies are requested during Tusla Inspection, this introduction section should be provided to accompany all individual policies.

## Responsibilities under the Law and the Regulations

At **Little Buds After-School**, we understand that our service is operating in an increasingly professionalised sector. We understand that there are many responsibilities, legal requirements and challenges to plan and be prepared for.

These policies and Procedures have been developed as outlined in the Tusla SAC Policies Registration Checklist to meet the core requirements for the policies, procedures and statements in compliance with: **Part II, Article 5(4) Child Care Act 1991 (Early Years Services) (Registration of School Age Services) Regulations 2018**

## Other Legislative and Regulatory Requirements

We are aware that there are other important requirements in law and other regulations that we must apply. These include:

- » Child safeguarding;
- » Employment and human resources;
- » Health and safety;
- » Food hygiene;
- » Data protection;
- » Building; Planning and environment;
- » Finance;
- » Management and governance; and
- » Equality.

We are aware that commencing on 18<sup>th</sup> February 2019, [The Child Care Act 1991 \(Early Years Services\) \(Registration of School Age Services\) Regulations 2018](#) allows for the registration of **School Aged Childcare Services** with Tusla. We understand we need to be registered by **18 August 2019**.

As a School Age Childcare service provider, we understand that it is our responsibility to keep up to date with all relevant legislation, regulation and quality and practice frameworks and guidelines. We undertake to reflect these accurately in your policies, procedures and statements as much as possible.

## Our Responsibilities to Operate a Quality School Age Childcare Service

We offer an essential service to children, young people and their families. Our service is provided in partnership with parents, families and children. We see our role to work alongside parents and school age children to meet the needs of children and families as much as possible.

In developing our policies and procedures, we have considered the broader context in which we operate and have consulted a range of national support resources including:

### School Age Childcare: A Guide to Good Practice (2009)

<http://www.childcareonline.ie/index.php/publications/childcare-providers/42-school-age-childcare-a-guide-to-good-practice/file>

### School Age Childcare Explanatory Guide

<https://www.dcyu.gov.ie/documents/legislation/20190114SACRegGuide14Jan2019.pdf>

### Parents & Afterschool Service Providers – A Useful look at play for 8 to 12 year olds!

<https://www.playscotland.org/wp-content/uploads/Play-Scotland-Parents-Play-Pack-2.pdf>

The following guidance applies to all Policies, Procedures and Statements of Little Buds After-School

## Access to our Policies, Procedures and Statements

### 1. Policy Communication Plan for Parents/Guardians, Staff and School Age Children

All school age children are to be informed of the policies and procedures on enrolment. **Copies of policies and procedures and any accompanying child friendly versions will be made available on the service noticeboard where school age children can access a copy.** Staff members will check with children that they understand procedures as appropriate and provide any assistance needed.

Policies and Procedures will be reviewed with staff at induction and annual staff training. A copy of all policies will be available during all hours of operation to staff members, parents /guardians and school aged children in the Policy Folder located in **THE SIGN IN AREA IN THE ENTRANCE HALL.**

Parents/guardians/school age children may receive a copy of the policy at any time upon request.

Parents/guardians/school aged children and the staff team will receive written notification of any updates.

## **2. Who must observe Policies and Procedures?**

The Manager is responsible for the implementation of policies and procedures where applicable to their role. Management, staff, students, volunteers and parents should observe all policy and procedural practices. Child Friendly versions of policies are available to school age children as appropriate.

## **3. Actions to be followed if Policies and Procedures are not followed**

Purposeful non-observation of Policies and Procedures of the service will be addressed by the Manager. In the case of staff, this may be in the context of the Disciplinary Policy of the service.



# SAC Policy #1(a): Comments and Complaints Policy

This policy sets out the procedure for both making and dealing with complaints about any aspect of **Little Buds After-School**.

Complaints can be made by **Parents/Guardians, staff or volunteers**. This service also facilitates **children to make complaints themselves**. This process is available in our 'Complaints Policy for School Age Children' attached.

## Legislation and Regulatory Requirements

Part II, Article 5(4) Child Care Act 1991 (Early Years Services) (Registration of School Age Services) Regulations 2018

### 1. Policy Statement

We welcome children's and families' views of the service. We understand that from time to time that children/families will have a concern or feedback about the service and we are dedicated to giving careful attention and a courteous timely response to all suggestions, comments or complaints.

Our complaints and comments policy exists to provide a better service, ensuring that our service meets the needs of children and families.

The service is committed to resolving complaints as quickly as possible. All complaints will be dealt with seriously, sensitively and appropriately to ensure that the standard of service provided is maintained at a high level. The quality of the service provided to any child and family will never be adversely affected because a complaint has been made.

### 2. Recording, Information Sharing and Retention

All information relating to any complaint will be treated as confidential and shared only on a need to know basis. In the case of a Child Protection concern the Child Protection Policy/Safeguarding Statement will apply. All records of complaints will be kept in full compliance with the Child Care Act 1991 (Early Years Services) Regulations 2016, Data Protection Act 2018 and Freedom of Information Act 2014. The Complaints Records File will be available to those authorised to inspect it, including the Tusla Early Years Inspector.

The evaluation of the outcome of the complaint will form part of the considerations for future policy and practice and risk management procedures.

A record of all complaints will be kept for **2 years from the date that a complaint was dealt with (completed)**.

### 3. Comments Procedure

- All comments are welcome and can be shared with any member of staff or placed in the Suggestion Box which is located at the entrance. The Suggestion Box is read and emptied weekly.
- Children's comments can be recorded by the Educator or parent and placed in the Suggestion Box or discussed at circle time.

- A comment can be made verbally to a member of staff and in the event of an unsatisfactory result the comment should be made in writing to the **Manager**.
- The Manager will make a note of these in the Comments Book, along with any action taken.
- The complaints procedure should be availed of if a satisfactory response is not received within 2 weeks.

#### 4. Complaints Procedure

##### How to make a complaint

You can bring a complaint to the attention of the service in a number of different ways:

- Contact the Manager or a staff member by phone or in person – you can do this in person, by letter or email or by sending a text message
- The complaint may be made to the person directly affected or by a person acting on their behalf
- All complaints are dealt with in a confidential manner.

##### To whom a complaint can be made

If a person has a complaint about some aspect of the service's activity, or about the conduct of an individual member of staff, it will often be possible to resolve the problem by simply speaking to the individual concerned and/or to the Manager.

The name of the person you should send your complaint to is: **Bernice Gardiner or Michelle Smith**.

Some complaints may fall more into the category of disagreements or differences of opinion, and may be resolved through discussion and compromise on the part of both the person making the complaint and the staff member concerned.

#### 5. How a Complaint will be Managed by our SAC Service

##### Stage One: Informal Process

In the first instance, those who wish to make a complaint are encouraged to speak directly to the relevant member of staff. If they do not want to do this, they can speak with the Manager, who will try to resolve the problem.

The details of the complaint and the response will be recorded by the Manager.

If the Manager has a direct or indirect involvement in the matter being complained of, the complaint will be passed to an intermediary party (or, if necessary, another person who has had no involvement in the matter).

If a satisfactory resolution cannot be found, then Stage Two of the procedure will formally come into operation.



## Stage Two: Formal Process

If informal discussions of a complaint or problem have not produced a satisfactory resolution to the situation, those making the complaint should be encouraged to put their complaint in writing to the Manager using the form attached to this policy [See Appendix 1]. Relevant names, dates and any other important information on the nature of the complaint should be included.

### Keep a copy of your complaint

The Manager will acknowledge receipt of the complaint in writing as soon as possible – usually within **5 working days** – and fully investigate the matter within **14 working days**. If there is any delay, those who made the complaint will be advised of this and offered an explanation. The Manager will be responsible for sending a full and formal written response to the complainant.

**The Manager, with the assistance of appropriate staff members, will carry out a full investigation. This may involve:**

- Interviews with all relevant individuals
- Minute taking of all meetings
- Individuals being informed that they may have an appropriate individual present with them during the investigation.

Where no grounds for the complaint are found, the person making the complaint will be notified and information detailing the next stage will be provided.

Where the Manager (or other appropriate person) investigating, finds grounds for the complaint, they will ensure that all of the required details are available from the person making the complaint (using the Complaints Form, see Appendix 1).

Staff members must participate and support the investigation of any complaint, where requested. Any staff member involved in the complaint will be supported throughout the process by external parties if necessary.

### Appealing a Decision

If it is found that there were no grounds for a complaint, the person who complained will have the right to appeal the decision. For the appeals process, someone else will be appointed to review the complaint who was not involved with the initial stage. An appeal will be heard within 14 days of the preliminary outcome.

## How complaints will be managed beyond the scope of the service

**Complaints that are beyond the scope of the service to investigate, will be referred appropriately. For example:**

- If the Manager has good reason to believe that the situation has Child Protection implications, they must inform the designated Child Protection Officer and ensure that the local **Tusla Duty Social Worker** is contacted, according to the procedure set out in the Child Protection Policy.
- If any person involved in the complaint has good reason to believe that a criminal offence has been committed they should contact **An Garda Síochána**.
- Where a complaint relates to Health and Safety it may be appropriate to notify the **Health and Safety Authority**.



## 6. Recording and Communicating the Response/Outcome

The formal response to the complaint will be sent from service to the person who made the complaint and copied to all relevant members of staff if appropriate. The response will include **recommendations for dealing with the complaint and any necessary amendments to the service's policies and/or procedures and/or risk management procedures**, arising from the investigation.

The Manager may arrange a time to meet the person who made the complaint and any other relevant individuals, such as members of staff, to discuss the complaint and the service's response to it. The Manager will judge if it is best for all parties to meet together or if separate meetings are more appropriate.

The person making the complaint will be notified of the progress of an investigation on an ongoing and regular basis by the Manager in writing, by email or letter.

The person making the complaint will be immediately informed of the outcome of the complaint once it has been completed.

### Role of Tusla

If a person making a complaint is dissatisfied with the service's response or feels for any reason that they cannot bring the concern directly to the Manager, they can contact Tusla's Early Years Inspectorate.

Tusla's Early Years Inspectorate does not investigate individual concerns or complaints. All information received is assessed to determine if any concerns relating to the health and welfare of children exists. The information determines the focus and timing of Tusla's inspections.

To contact Tusla regarding a concern about this or any early childhood service you can contact in the following ways:

- Email: [early.yearsui@tusla.ie](mailto:early.yearsui@tusla.ie)
- Or download a complaints form at: [www.tusla.ie/services/preschool-services/concerned-about-the-operation-of-a-eyis/](http://www.tusla.ie/services/preschool-services/concerned-about-the-operation-of-a-eyis/)

**Send it to:** Tusla Early Years Inspectorate, Unsolicited Information Office, 2<sup>nd</sup> Floor, Estuary House, Henry Street, Limerick.

## 7. Policy Communication Plan for Parents/Guardians, Staff and School Age Children

All parents/guardians are to be informed of the policy and procedures regarding Comments and Complaints on enrolment. Staff members will check with parents/guardians that they have read and understood the policy and provide any assistance needed. A summary of this policy will be included in the Parent/Guardian Handbook.

This policy will also be reviewed with staff at induction and annual staff training. When a complaint is received, the person making the complaint will be given a copy of this Policy and Procedures.

This policy (**and the child friendly version**) will also be made available to School Aged Children.

A copy of this policy will be available during all hours of operation to staff members, parents /guardians and school aged children in the Policy Folder located as specified on page 3.

Parents/guardians/school age children may receive a copy of the policy at any time upon request.

Parents/guardians/school aged children and the staff team will receive written notification of any updates.

### **8. Who must observe this Policy?**

The Manager and Room Leader/Supervisor are responsible for the implementation of policies and procedures where applicable to their role. Management, staff, students, volunteers, school age children and parents/guardians should observe all policy and procedural practices.

### **9. Actions to be followed if Policies and Procedures are not followed**

Purposeful non-observation of Policies and Procedures of the service will be addressed by Management. In the case of staff, this may be in the context of the Disciplinary Policy of the service.

### **10. Related Legislation/Supporting Documents**

- Tusla: Quality and Regulatory Framework
- Child Care Act 1991(Early Years Services) Regulations 2016
- Data Protection Act 2018
- Freedom of Information Act 2014

### **11. Signatures:**

	Name and position	Signature
Approved by		
Approved by		

**Appendix 1(a)**

**Complaints Form  
for Parents/Guardians and Staff**

**LITTLE BUDS AFTER-SCHOOL**

Name and address of person making the complaint:	
Status (staff, volunteer, parent, student, etc):	
Telephone numbers (inc mobile):	
Date and Time the complaint was first made (if a verbal complaint was made previously):	
Name of the person the complaint was first made to:	
Date and time of the incident:	

**Details of Complaint:**


Please continue on an additional sheet if required

Signature: ..... Date: .....

Please return to: ..... marked CONFIDENTIAL

Read by the Manager/Designated Person	Date received:
Signature:	Date read:

## Policy #1(b): Comments and Complaints Policy

### HAVE YOUR SAY!

#### (School Age Children Version)

This policy describes how to make a **comment** or **complaint** about something that you would like to bring to the attention of the person in charge or about something that has happened to you in the After School Service. Either an adult in the service, a parent or a family member can help you make your complaint so don't be afraid to ask for support.

#### 1. Policy Statement

This After School Service welcomes all children's views, comments or complaints about the service. This help us to provide a better service and to meet your needs as best as possible.

We will try to resolve your complaint as quickly as possible. We will take your complaint seriously, and you will not get into trouble for making a complaint. Only the people who have to know about your complaint will find out. A record of your complaint will be kept for **2 years from the date that your complaint was dealt with.**

#### 2. TELL US WHAT YOU THINK!

**We would like to hear your comments about our Afterschool Service!**

- All comments are welcome and can be shared with any member of staff or placed in the suggestion box which is located on the shelf next to the door at the entrance. **Just write down or draw a picture of what you think of the Afterschool service or what you like or don't like.**
- You can also ask a parent or member of staff write something for you
- If you think your comment has not been listened to, you can tell the person in charge
- The person in charge will make a note of these in the Comments Book, along with what should happen.
- If you are still not happy, you can make a complaint – the information below tells you how to do this



#### 3. How do you make a complaint?

**You can bring a complaint to the attention of the Afterschool service in a number of different ways:**

- Ask to speak to the Manager or a staff member – you can do this during the Afterschool Session, by text, phone call or written message.

- The name of the person you should send a complaint to is **Bernice Gardiner or Michelle Smith**.
- If you want to send a text or a voice message, the mobile number is \_\_\_\_\_

## What Happens Next?

**Stage 1:** If you are happy to, you may like to speak with the member of staff your complaint is about. You can do this with another adult or a parent with you if you wish. If they do not want to do this, you can speak with the Manager, who will try to resolve your issue.

The details of your complaint and the response for the person you are complaining about will be recorded in writing by the Manager.

If the Manager is the person you are complaining about, your complaint will be dealt with by someone else who is not involved in the matter.

If you are not happy with the outcome, then you can move to **Stage Two**.

### 4. What Happens in Stage Two?

If talking has not solved your problem, then you will be asked to write down your complaint. You can ask an adult to help you with this if you want. You can use the form attached to this sheet to write down your complaint. You will have to know name and dates as best you can.

**Keep a copy of your complaint** – you can take a picture with a mobile phone or make a photocopy.

The Manager will confirm that she has got your complaint in writing as soon as possible – usually within **5 days** – and investigate your complaint within **14 days**. The Manager be the person who send you a full written response to your complaint.

**The Manager, with the assistance of appropriate staff members, will carry out a full investigation. This may involve:**

- Interviews with all people involved
- Taking notes of what people say
- You will be kept informed about how things are progressing

If it is found that there were no grounds for your complaint, you will be told about this. You will be told about the next stage if you are not happy about this. This is called an **appeal** and someone else will be appointed to deal with your complaint at this stage. Your appeal will be heard within 14 days of the outcome.

## It may be necessary to refer your complaints to another organisation

### For example:

- If the Manager has good reason to believe that the situation is a Child Protection issue, that is someone may have harmed you in some way, they must inform the designated Child Protection Officer and ensure that the local **Tusla Duty Social Worker** is contacted, according to the procedure set out in the Child Protection Policy.
- If any person involved in the complaint has good reason to believe that a criminal offence has been committed they should contact **An Garda Síochána**.
- Where a complaint relates to Health and Safety it may be appropriate to notify the **Health and Safety Authority**.

## 5. How do I know what the result of my complaint is?

The response to your complaint will be sent from *the Afterschool service* to you and copied to all members of staff that are involved. This will include recommendations for dealing with your complaint and anything that the afterschool service has to do.

This may involve a talk with you and the other people involved if this is suitable. You will be accompanied by a parent or adult in this case.

You will be immediately informed in writing of the outcome of the complaint once it has been completed. If you do not understand this, your supporting adult will help you.

## 6. Who are 'Tusla'?

Tusla are an organisation who help children and families and make sure that children are safe and happy. They also check Afterschool services to make sure they are a safe place for you to spend time.

If you are not happy with how the Afterschool service has dealt with your complaint or if you feel for any reason that you cannot bring the concern directly to the person in charge, you can contact Tusla. **They will decide if there are any concerns relating to your health and welfare.**

To contact Tusla regarding a concern about this or any early childhood service you can contact in the following ways:

- Email: [early.yearsui@tusla.ie](mailto:early.yearsui@tusla.ie)
- Or download a complaints form at:  
[www.tusla.ie/services/preschool-services/concerned-about-the-operation-of-a-eyes/](http://www.tusla.ie/services/preschool-services/concerned-about-the-operation-of-a-eyes/)

**Send it to:** Tusla Early Years Inspectorate, Unsolicited Information Office, 2<sup>nd</sup> Floor, Estuary House, Henry Street, Limerick.

You can also use this link to find a Social Worker near where you live:

<https://www.tusla.ie/children-first/contact-a-social-worker3/>

**Ask an adult to help you with this.**

## 7. Policy Communication Plan for Parents/Guardians, Staff and School Age Children

All school age children are to be informed of the policy and procedures regarding Comments and Complaints on enrolment. **Copies of this policy and the accompanying child friendly complaints form will be made available on the service noticeboard where school age children can access a copy.** Staff members will check with children that they understand what the policy is for and provide any assistance needed.

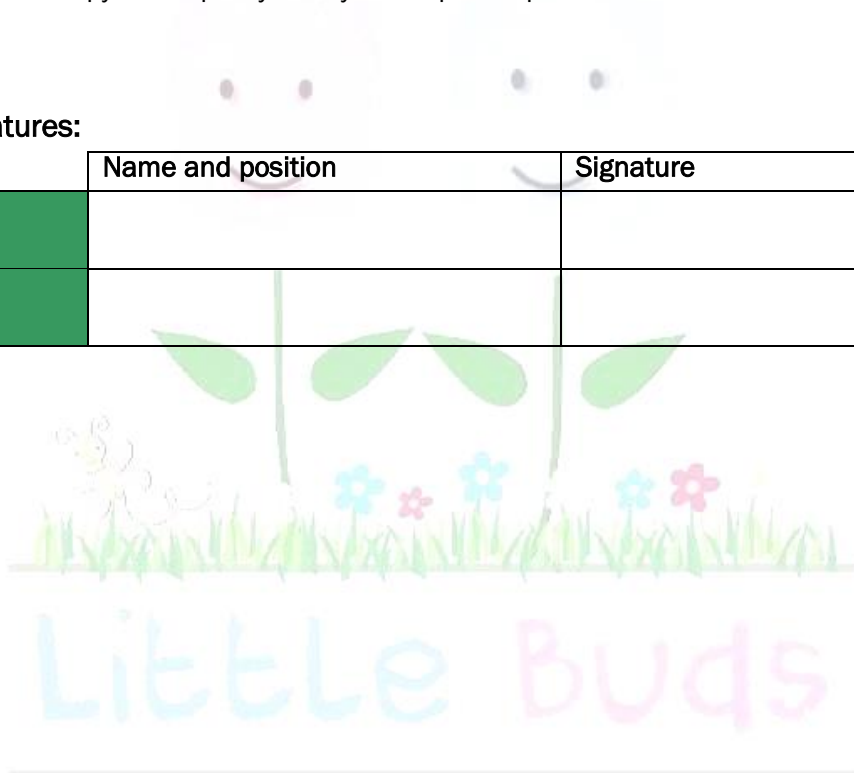
This policy will also be reviewed with staff at induction and annual staff training. When a complaint is received, the person making the complaint will be given a copy of this Policy and Procedures.

A copy of all policies will be available during all hours of operation to staff members, parents /guardians and school aged children in the Policy Folder located as specified on page 3.

You can receive a copy of the policy at any time upon request.

## 8. Signatures:

	Name and position	Signature
Approved by		
Approved by		





Appendix 1(b)

Complaints Form for School Age Child

Remember! You can ask for the help of an adult either from your family or from the service to help you complete this form if required.

LITTLE BUDS AFTER-SCHOOL

Your Name	
Your Address	
Your Age	
Your mobile or home telephone number:	
Did you speak to someone about this complaint before? When was this?	
Name of the person who you spoke to or complained to:	
Date and time of the incident that you are complaining about:	

Details of Complaint: Write here as much as you can about the complaint you are making. Ask for the help of an adult or person you trust if you need to:


Sign Your Name here: \_\_\_\_\_

Date: \_\_\_\_\_

Please return to: \_\_\_\_\_ marked CONFIDENTIAL

Read by the Manager/Designated Person	Date received:
Signature:	Date read:

## SAC Policy #2: School Age Childcare: Dropping Off and Collections of School Age Children

The Policy on Authorisation to Drop off and Collect Children regarding **Little Buds After-School**, specifies the rules of the School Age Childcare Service in relation to dropping off and collecting children attending the service.

### 1. Rationale and Policy Considerations

This policy aims to ensure that:

- Children are returned safely into the care of their parents/guardians or their nominated carers.
- In cases where a parent/guardian/carer does not arrive on time for their child at the end of their session/closing time, to ensure that the child is cared for safely by at least one competent staff member who is known to the child.
- Staff members are supported in handling challenging or exceptional circumstances related to school age children leaving the setting daily.

### Legislation and Regulatory Requirements

Part II, Article 5(4) Child Care Act 1991 (Early Years Services) (Registration of School Age Services) Regulations 2018.

### Definitions

<b>Legal Guardian in Ireland</b>	A person who has a <b>duty</b> to maintain and properly care for a child and has a right to make decisions about the child's religious and secular education, health requirements and general welfare. Legal guardianship and custody can be held jointly between parents or solely by one. Legal guardianship can also be held by persons other than parents in certain circumstances. In addition, all rights to custody of a child can be changed by a Court Order.
<b>Custody</b>	Custody is the right of a parent to exercise physical care and control in respect of the upbringing of his or her child on a day-to-day basis. The married parents of a child are automatically joint guardians and custodians of their child.

### 2. Policy Statement

**The safety and welfare of the children will always be our first consideration.** This includes where parents/guardians or their nominated carers fail to come for their child on time, or arrive for a child in what appears to be an unfit state. All appropriate measures will be taken to protect children in keeping with our Child Safeguarding Statement and Policy and we will do our best to support parents.

### 3. Transportation of Children from the School to the School Age Childcare Service

\*i.e. by Car, by Bus, by Taxi, Walking or other. Include details for each separate Transport Provider including adequate insurance details and the Garda Vetting of those with unsupervised access to children during the transportation of children.

Children will be transported from the school/schools as follows:

Route: From-To	
Mode of Transport	
Name of Transport Provider	
Contact telephone number	
Insurance Company of Transport Provider	
Garda Vetting	

Route: From-To	
Mode of Transport	
Name of Transport Provider	
Contact telephone number	
Insurance Company of Transport Provider	
Garda Vetting	

Route: From-To	
Mode of Transport	
Name of Transport Provider	
Contact telephone number	
Insurance Company of Transport Provider	
Garda Vetting	

Route: From-To	
Mode of Transport	
Name of Transport Provider	
Contact telephone number	
Insurance Company of Transport Provider	
Garda Vetting	

#### 4. Procedures and Practices

Children are supervised during drop off and collection times when entering and leaving the school age childcare service. Parents/guardians/authorised carers are to present to an appropriate staff member when arriving to take their child/ren from the service.

##### Routine for 'Drop Off' and 'Pick Up' at the School Age Service

On daily arrival at the service, parents/guardians/carers/transport provider must ensure that they make direct contact with an appropriate member of staff. This is for the child's safety to ensure that we can record the child's presence.

At collection time, it is also important that the person collecting the child makes themselves known to an adult to ensure that a child's departure from the building with an authorised person is acknowledged.

**Close supervision levels during drop off and collection times by competent staff is important.**

#### **Authorised persons to collect a child**

Parents must provide information on who the child's legal guardians are and provide their contact details on enrolment.

Parents must inform the service directly if the child will not be attending and also when they expect that their child will be returning. The staff member who receives this notification is to record it in the register.

Parents/guardians must notify the service personally (either verbally or in writing) if any person other than those already authorised, is to collect their child/ren on any given day. Any such person is required to produce photo identification on arrival or the agreed password/code.

Details about any changes to persons collecting child/ren for any given day must be recorded.

If there is no written record by a staff member or a parent/guardian as to alternative arrangements for the child leaving the service, **nobody but the parent/guardian or a previously authorised person known to the service** will be given access to the child.

Parents/guardians must have stated on the *Registration/Enrolment Form* the names of persons (over the age of 16 years) who they authorise to come to the service for their child/ren. [As an additional security you may also consider requiring that a photograph of those authorised by parents be provided.]

#### **Supervision during collection times and drop off**

During collection and drop off times, each child is under the direct supervision of a competent staff member, until it is ensured that the child leaves the premises in the care of their parent/guardian or a person nominated by their parent/guardian.

#### **When a non-authorised person arrives to collect**

If a discrepancy arises about who the child is to leave the service with, a staff member (*usually the Key Person*) must consult the Manager and contact a parent/guardian. In these situations, all children must remain on the premises until parents/guardians have been notified.

#### **GUIDANCE: Custody and Unauthorised Persons**

Where we become aware that a Custody or Restraining Order exists, we will require the parent/guardian to provide the Manager with a solicitor's letter confirming the existence of the Order. This will be kept confidential in a locked filing cabinet and be referred to only by the Manager in the case of a dispute. All information must be compliant with the requirements of GDPR.

In situations where parents are in disagreement about who should collect a child, the appropriate action depends on whether there is a court order relating to custody. A parent who is a guardian can only be denied access to their child by a court.

### **Procedure if an unauthorised or unknown person attempts to remove a child from the School Age Childcare Service:**

- If an unauthorised or unknown person tries to take a child from the service, stay calm, and ask for the person's identification with a photograph.
- Emphasise the rules and procedures you are obliged to follow whenever you allow a child to leave the service.
- If possible, give the person a copy of your policies to show that these rules apply to everyone, including grandparents, siblings, other relatives, neighbours and family friends.
- Explain that because you are legally bound to follow the instructions of the person with legal guardianship and you cannot allow the child to leave unless you have that person's personal or written authorisation.
- If a person (even a child's parent or parent's partner) is **not** a guardian and does **not** have legal custody and is **not otherwise authorised** by the person who has legal custody, a child should not be released to the unauthorised person.
- If the unauthorised or unknown person insists, telephone the parent/guardian who has legal custody and inform them of the situation.
- If you feel that the situation is getting out of control or if the person threatens you or the children in your care in any way, do not hesitate to call An Garda Síochána.

**Guidance Procedure: When the person who is to take the child out of the service does not arrive**  
Parents/guardians are informed that if they are not able to collect their child as planned, they must inform the appropriate staff member. Parents are provided with our contact number to phone.

Parents/guardians are informed of our procedures so that, if they or their nominated carer are unavoidably delayed, they will be reassured that their child will be properly cared for.

#### **Where the service has not been contacted before the assigned time by a parent/guardian:**

- A staff member will contact a parent/guardian as soon as possible.
- The Manager will be notified.
- Staff members will ensure that the child is cared for appropriately until the situation is resolved.

**In a situation where a parent or carer has not arrived for the child at close to normal time, the following is the procedure:**

1. Two staff members are to remain at service with the child/ren until the situation has been resolved. *[In the case of a childminder or sole provider the same requirements as during the normal day would apply.]*
2. A parent/guardian is to be contacted via information on the *enrolment* form to establish a time for them to get to the service.
3. If unsuccessful in contacting a parent/guardian, notify the Manager.
4. After (30 minutes), staff members are to choose the best-suited option:
  - o Remain at the Service– continuing to try to contact a parent/guardian.
  - o Ring secondary nominated contact person and after consultation with them, arrange for the child/ren to become the responsibility of the nominated person.
  - o Do **not** allow the child to leave with any person not nominated by parent/guardian except the nominated person.

Under no circumstances are staff members to go to look for the parent/guardian or to take the child home with them.

A full written report of the incident is to be recorded. Also, depending on circumstances, you might decide to state here that the service reserves the right to charge parents for the additional hours worked by staff.

### **When parents/carers arrive late**

Ensure that the parents are aware of session ending times and ask them for their co-operation. Remind parents that a late fee is charged to parents/carers arriving for children more than 30 minutes late. Staff members who stay late are to document overtime to the Manager, for time off in lieu (TOIL) at a convenient stage.

### **Habitual lateness in arriving for a child/children**

Ensure that the child's parents/guardians are clear about session ending times and ask them for their co-operation. **If the problem continues:**

- Discuss with the parents/guardians whether they are experiencing particular difficulties in arriving on time.
- Enforce the €..... per ten minutes Late Fee (effective from 30 minutes after the agreed time), to help cover cost of staff cover and to encourage parents/guardians to come for their children on time.

### **Parents/guardians/carers who arrive for children in an 'unfit state'**

It may happen that a person arrives for a child in an 'unfit state' due to illness, drugs or alcohol. Where the condition is severe, it may be quite distressing for staff members who have concerns for the child's safety and/or wellbeing.

The [Children First Act 2015](#), Article 10 requires that a provider of a relevant service shall ensure, as far as practicable, that each child availing of the service from the provider is safe from harm while availing of that service. In this regard **we will always act in the child's best interests**. In the case of a nominated carer who is not a guardian, the parent/guardian should be contacted immediately.

**In the case of a parent/guardian being in an unfit state, the following measures may be adopted where appropriate:**

1. Attempt to get the parent/guardian to take some time before they leave with the child, for example invite them to sit down for a cup of tea/coffee and talk with a staff member.
2. Offer to contact a family member or friend, or the person(s) listed as the child's nominated contact person.
3. Offer to call a taxi.

If the parent/guardian rejects the above suggestions and insists on taking the child, the service will follow their Child Safeguarding Procedures by contacting An Garda Síochána where there is a perceived risk to the child for example through negligent driving or the person's inability to appropriately supervise the child on the way home.



### Record Keeping

All records relating to arrangements for collecting children will be kept for **two years** following the date that the child leaves the service for good.

## 5. Policy Communication Plan for Parents/Guardians, Staff and School Age Children

All school age children are to be informed of this policy/procedures on enrolment. **Copies of this policy will be made available on the service noticeboard where school age children can access a copy.** Staff members will check with children that they understand what the policy is for, clearly explain procedures and provide any assistance needed.

This policy will also be reviewed with staff at induction and annual staff training.

A copy of this policy will be available during all hours of operation to staff members, parents /guardians and school aged children located as specified on page 3.

Parents/guardians/school age children may receive a copy of the policy at any time upon request.

Parents/guardians/school aged children and the staff team will receive written notification of any updates.

## 6. Who must observe this Policy?

The Manager and Room Leaders/Supervisor are responsible for the implementation of policies and procedures where applicable to their role. Management, staff, students, volunteers, school age children and parents/guardians should observe all policy and procedural practices.

## 7. Actions to be followed if Policies and Procedures are not followed

Purposeful non-observation of Policies and Procedures of the service will be addressed by Management. In the case of staff, this may be in the context of the Disciplinary Policy of the service.

## 8. Signatures:

	Name and position	Signature
Approved by		
Approved by		



## Appendix A

### Nominated Collection Person Form

#### Little Buds After-School

#### Persons Nominated by a Parent/Guardian to take Child from the Service in Exceptional Circumstances or Emergencies

In the interests of safety, children can only be taken from the service by a person authorised in writing by a parent or a guardian and for whom the service has seen photographic identification (such as Driver Licence or Passport). Please supply contact information for these persons when enrolling your child. In the case of short notice changes, the use of a password provided by the parent/guardian may be used in place of photo ID and until this can be provided.

**Agreed parent/guardian password:** \_\_\_\_\_

Please nominate two local people who can come for your child in an emergency if you are not able to come – they will need to be able reach us within one hour – and give their contact details below.

Please note: we will require photograph identification from each emergency contact person to ensure we are transferring care of your child into safe hands. Children will only be given into the care of a responsible adult over 16 years' old who is authorised by the child's parent/guardian.

*Please also specify a password for each of your authorised emergency contacts:*

1 <sup>st</sup> emergency contact	Name and address:	Relationship to child:
	Password:	
	Mobile Number:	
	Home Number:	
2 <sup>nd</sup> emergency contact	Name and address:	Relationship to child:
	Password:	
	Mobile Number:	
	Home Number:	

**\*Important\*** Please inform us of any court order which disallows any person to have contact with your child as the service does not have the right to refuse access to a child by a parent who is a legal guardian or any other person who is a legal guardian, without evidence of such an order.

If there is such an order, please give us the name of the person who is currently disallowed by a court to have contact with your child: \_\_\_\_\_

*It is essential to also enclose a signed, headed letter from your solicitor confirming the existence of the court order.*

## Policy #3: Fire Safety Policy (with Guidance)

### 1. Rationale and Policy Considerations

**Little Buds After-School** take all reasonable measures to guard against the outbreak of fire and in the event of a fire occurring ensure, as is reasonably practicable, the safety of the staff and children on the premises. The purpose of this policy is to meet the legislative and regulatory requirements that are in place to ensure that the service is fully prepared for in terms of fire safety.

#### Legislation and Regulatory Requirements

Part II, Article 5(4) Child Care Act 1991 (Early Years Services) (Registration of School Age Services) Regulations 2018

Under the [Child Care Act 1991 \(Early Years Services\) Regulations 2016](#), Regulation 10 requires a Fire Safety Policy. In adherence to this regulation, our policy specifies:

- The frequency and timing of fire drills to be carried out in the service; and
- The way in which the record in writing referred to in Regulation 26 Fire Safety Measures is to be maintained.

Compliant with Articles 18 and 19 of the **Fire Services Act 1981**.

**We ensure that all employees, unpaid workers and contractors are:**

- Aware of and trained in the procedures to be followed in case of fire in the service
- Have a sound awareness of the layout of the premises and the ages of all children in attendance
- Familiar with the location of any firefighting equipment and trained in the use of such equipment
- Trained in Fire Safety every 2 years
- Take part in monthly Fire Drills.

### 2. Policy Statement

We do everything necessary to ensure that all reasonable measures for fire prevention and fire safety are taken. We have a nominated **Fire Safety Officer** \_\_\_\_\_.

**Fire Safety Procedures** are displayed on our noticeboard and directly above Fire Safety Equipment.

**Our Fire Assembly Points are:**

- **Rear: at the rear of the building, beyond our back garden perimeter.**
- **Front: next to San Rena Restaurant.**

Our Fire Safety Officer is appropriately trained. All staff members are trained in fire prevention and fire safety procedures and practices. Each individual staff member understands their role and responsibilities in relation to the fire safety measures in the service and takes part in monthly fire drills.

All of the children who are old enough are educated about fire, fire safety and the evacuation procedures and are supported to regularly practice how to evacuate calmly and safely from the building. **Fire Drills are carried out every month at different times of the day and details are recorded on the Fire Drill Record including the time, date, number of children present and the outcome.** We vary the time of the day and day of the week that fire drills take place.

Appropriate fire detection and control equipment (for example, fire alarms, smoke detectors, fire blankets and fire extinguishers) are in place and we ensure that they are properly maintained and in proper working order. **Firefighting equipment is checked and maintained annually and smoke detectors are tested weekly.**

Fire exits are clearly identifiable. All fire doors are kept free from obstruction and are easily opened from the inside.

### 3. Procedures and Practices

#### **Procedure for preparing the children for fire drill/evacuation**

We outline and demonstrate to the children clearly why and how fire drills are to be carried out, the frequency and timing of fire drills and that fire drills will be practised by the setting off of the fire alarm. This is communicated in a clear, non-frightening manner to children supported with stories and resources as appropriate to the children's age and level of understanding.

#### **Procedure in the event of fire**

Staff know how to respond correctly in the event of fire. A plan is prepared outlining the exact procedures to be followed in the event of fire. This plan can be broken down as follows:

- Raising the alarm
- Calling the fire brigade
- A clear evacuation procedure
- An assembly point and roll call procedure
- Fighting the fire (if safe to do so)
- Assisting the fire brigade.

#### **Raising the alarm**

All occupants are aware of how to raise the alarm. Alarm sounders are different and distinct from any other signal used in the building.

#### **Calling the Fire Brigade**

The Fire Brigade should be called immediately in the event of fire, however small. When calling the Fire Brigade give clear information including:

- Name of the building, Address of the building, Eircode
- Directions to the building
- Type of fire situation (if available), for example, fire location, fire size, materials involved, persons missing.

### **Initiate the Emergency Evacuation Procedure**

Should a fire or emergency occur on your premises, all occupants must be able to evacuate the building safely and quickly.

- On hearing the fire alarm, children must be instructed to leave the building in single file and in a calm, orderly manner.
- The person in charge of each room must indicate the exit route to be used and everyone must be directed to a predetermined assembly point.
- The assembly point must be far enough away from the premises to afford protection from the heat and smoke in a fire situation.
- The assembly point must be in a position that does not put children or adults at risk from emergency vehicles responding to the incident.
- Attendance registers and visitors book should be held at a central point and must be brought to the assembly point when the alarm sounds.
- One person should be nominated to have overall responsibility to ensure that a roll call is conducted in the event of evacuation of the premises.
- When all have assembled at the assembly point, a roll or count must be made immediately to ascertain that no one has remained in the premises.
- Any visitors or contractors in the premises at that time must be included.
- The count at the assembly point must be checked using the attendance registers and visitors book to verify that everyone is out of the building.
- Each room leader must report to the nominated person in charge of the evacuation procedure to verify that everyone in their charge is accounted for or to inform him/her of any persons missing.
- The person in charge of the roll call must identify themselves to the Fire Brigade on their arrival. In doing so, vital information can be relayed to the Fire Safety Officer, which will dictate the necessary actions to be carried out by the Fire Brigade.
- A personal emergency evacuation procedure is prepared for every person who has a disability which may affect their ability to recognise that an emergency is taking place or to evacuate a building unaided. This procedure will be specific to the individual's needs and abilities.

### **An assembly point and roll call procedure**

**All building occupants should proceed to the assembly area on evacuation.** The assembly area should be clear of access points for the Fire Brigade. A roll call should be taken at the assembly point to ensure all occupants are accounted for. The Fire Brigade will be notified about any missing persons when they arrive at the scene.

### **A procedure for fighting the fire**

It may be possible, by the use of firefighting equipment such as a fire extinguisher or fire blanket (where it is safe to do so), to control or extinguish a very small fire incident, but any such intervention should not delay evacuation or calling the fire brigade.

### **Assisting the Fire Brigade**

When the Fire Brigade arrives they need to be given as much information as possible in order to take the best course of action. The type of information required includes:

- The location of the fire; materials involved; details of missing persons; location of nearest fire hydrants; location of all access doors to the building; location of any special risks.
- Keys for access into any locked areas.

### **Fire Evacuation Drills**

Drills are carried out on a **monthly basis** to test the effectiveness of the predetermined arrangements. The aims of a fire evacuation drill are:

- To ensure safe, orderly and efficient evacuation of all occupants of the building to use all exit facilities available in order that occupants are familiar with them.
- To test all aspects of the emergency procedures.
- To achieve an attitude of mind that helps everyone to respond appropriately in the event of a fire or other emergency situation.

Fire Drills are held at monthly intervals. These drills are undertaken at different times of the day and on different days of the week. A fire drill is initiated by activating the fire alarm and all stages of the drill is observed, reviewed and documented. Any deficiencies are noted and remedied.

### **4. Record Keeping Requirements**

We record and retain all activities relating to fire prevention and fire safety within the service. We maintain and store the following records which are accessible to the Inspectorate bodies, Fire Safety Officer and parents as required. Records will be retained in the service for 5 years after the record has been created as follows:

- Fire Drill Logs
- The number, type and maintenance records of fire-fighting equipment and smoke alarms
- Staff Training in Fire Safety
- Risk Assessments.

### **5. Fire Risk Assessment/Safety Statement**

Under the [Safety, Health and Welfare at Work Act 2005](#), a Fire Risk Assessment is carried out regularly to identify any hazards present, assess the risks arising from such hazards and identify the steps to be taken to deal with any risks.

The Fire Risk Assessment and Safety Statement can be viewed in **Section 1 of this folder; Governance.**

### **6. Related Policies, Procedures and Forms required to support this policy**

- Risk Management Policy
- Staff Training Policy
- Policy on Accidents and Incidents
- Fire Drill Log

### **7. References/Supporting Documents/Related Legislation**

[Safety Health and Welfare at Work Acts 2005 and 2010](#) and the [Safety, Health and Welfare at Work \(General Application\) Regulations 2007](#)

[Fire Safety in Pre-Schools](#) Department of the Environment, Heritage and Local Government, 1999

[Fire Safety Information](#) from The Health and Safety Authority

## 8. Communication Plan for Parents/Guardians, Staff and School Age Children

All school age children are to be informed of this policy/procedures on enrolment. **Copies of this policy will be made available on the service noticeboard where school age children can access a copy.** Staff members will check with children that they understand what the policy is for, clearly explain procedures and provide any assistance needed.

This policy will also be reviewed with staff at induction and annual staff training.

A copy of this policy will be available during all hours of operation to staff members, parents /guardians and school aged children located as specified on page 3.

Parents/guardians/school age children may receive a copy of the policy at any time upon request.

Parents/guardians/school aged children and the staff team will receive written notification of any updates.

## 9. Who must observe this Policy?

The Manager and Room Leaders/Supervisor are responsible for the implementation of policies and procedures where applicable to their role. Management, staff, students, volunteers, school age children and parents/guardians should observe all policy and procedural practices.

## 10. Actions to be followed if Policies and Procedures are not followed

Purposeful non-observation of Policies and Procedures of the service will be addressed by Management. In the case of staff, this may be in the context of the Disciplinary Policy of the service.

## 11. Signatures:

	Name and position	Signature
Approved by		
Approved by		



## WHAT YOU SHOULD DO IF YOU HEAR THE FIRE ALARM!



### Child Friendly Emergency Evacuation Procedure

1. Keep Calm
2. Listen carefully to the instructions of the person in charge
3. Leave the building in a calm manner – do not push or run
4. Do not take anything with you
5. The person in charge will tell you how to get out of the building – look for green exit signs

We will all move to the ASSEMBLY Point which is **outside the fence in the car park at the front of the building.**

**ADD A PHOTO HERE**

6. The person in charge will have a roll book and will call out your name and make a list to make sure everyone is out of the building
7. We will return to the building when it is safe or go home.



## Fire Drill Log



Month	Alarm or Drill	Day, Date and Time	Number of Children	Number of Adults	Response Time	Comments	Sig.
January							
February							
March							
April							
May							
June							
July							
August							
September							
October							
November							
December							

### Tips for practice Fire Drills with Children

Prior to the very first drill, discuss this with children. Make sure all the children are familiar with the sound of the fire alarm, the fire escape procedure and the assembly point. The fire drill should not be a scary experience for the children. Don't hold fire drills at the same time of day on the same day each month. Anytime is a good time to schedule one: mealtime, activity time, etc. Ensure children with a disability have a designated adult partner when carrying out fire drills and evacuation procedures.

# SAC Policy #4: Policy on Administration of Medication

## (with Guidance and Record Templates)

### 1. Rationale and Policy Considerations

**Little Buds After-School** take appropriate actions to ensure the health, safety and welfare of children in our care, including the safe storage and administration of medication where required, especially in an emergency situation. This policy sets out the procedures to ensure that the administration of medication is carried out in a safe way, and that a child's care is not compromised, or if they have to leave the service if the administration of medication is refused or delayed. **Parent/Guardian consent is required to administer medication.**

**The purpose of this policy is to ensure:**

- The provision of a clear, structured procedure for staff members to help deal with any need to administer medication to a child
- That any medications required are administered safely and appropriately to children
- That medications are stored appropriately
- That the appropriate procedure is followed by parents/guardians and by staff members
- That there is thorough documentation and recording of any medication administered.

### Legislation and Regulatory Requirements

- Part II, Article 5(4) Child Care Act 1991 (Early Years Services) (Registration of School Age Services) Regulations 2018
- Regulation 10 of the Child Care Act 1991 (Early Years Services) Regulations 2016.
- Parent/guardian consent for the administration of medication is required under Regulation 16 (1) (j) of the Child Care Act 1991 (Early Years Services) Regulations 2016.
- Under the Safety Health and Welfare at Work Acts 2005 and 2010 and the [Safety, Health and Welfare at Work \(General Application\) Regulations 2007](#), employers have a duty to ensure the employees' safety, health and welfare at work as far as is reasonably practicable and to carry out risk assessments and provide safety statements.

### Definitions:

<b>Medication (or medicine)</b>	A medication is a substance that is taken into or placed on the body to cure or treat a disease or condition, to relieve symptoms of an illness or to prevent diseases.
<b>Anti-febrile Medication</b>	Medication used to reduce a raised body temperature. The most common anti-febrile medications used are Paracetamol and Ibuprofen.
<b>Health Care Professional</b>	Can include the child's general practitioner (GP), dentist, Public Health Nurse (PHN) or an allied health professional such as a pharmacist.

## 2. Policy Statement

Parents have the prime responsibility for their child's health and should provide the service with information about their child's medical needs including information on medicines their child needs as well as contact information for their child's GP. In general, we advise parents/guardians to ensure medicines are administered to children before arrival at the centre and after they have left.

The service Manager will discuss and agree with the parents/guardians on what is to be the service's role in relation to meeting the child's medication needs, in accordance with this policy.

In some cases, an **Individual Care Plan** may have been developed and the service ensures that the medication required in the plan is given as detailed. The Individual Care Plan may be drawn up by the relevant health care professional in conjunction with the service if appropriate. Such a plan will include details of any chronic diseases or health issues the child is currently receiving treatment and care for, such as allergies or asthma. The plan documents current medications, medical treatments and other therapeutic interventions and specifies how the service will meet the child's needs.

### Location of Information and Medication

Any medications on site are stored in the kitchen area out of reach/not accessible to children on a high shelf.

We store our FIRST AID KIT in the kitchen area of preschool and the kitchen area of the Afterschool.

The location of **information** regarding the **child's medical complaint** including **parental/guardian consent** is in the child's personal file.

A list of those staff members authorised to administer medications **is kept with this information**.

## 3. The Self-Administration of Medication by a School Aged Child

- Parents must provide written details of medication that is being self-administered and kept by a school aged child
- A school age child will be supervised by an adult during the self-administration of medication as appropriate taking privacy into consideration
- Self-administration of medication by the School Age Child will be recorded in the same way as staff administered medication
- A risk assessment will be carried out by the School Age Childcare service prior to self-administration of medication being permitted.

## 4. Procedures and Practices

### Parents'/Guardians' role and responsibilities

- The parent/guardian must provide the following details on the child's enrolment to the service:
  - o Details of any medical condition

- Emergency contact numbers
- GP details – name, address and phone number
- Written details of any medication required (instructions on dosage and times and written consent for staff to administer the medication – see below for further details)
- Information on any allergies
- Special dietary needs
- Parents/guardians must make every possible effort to ensure that the child's medication needs are met before arriving at the service and after returning home.
- Parents/guardians must complete in full the Consent Form for Administration of Medication and provide all of the information the service will need to:
  - safely store medicines
  - administer the necessary medication to their child
  - deal with any issues or incidents arising relating to their child's condition or the administration of the medication
    - Medication must be provided by parents/guardians in its original labelled container as dispensed by a pharmacist including the child's full name, prescriber's instructions for administration, clear storage instructions, the date it was dispensed and the expiry date.
    - Medicines must never be transferred from their original container as dispensed by a pharmacist which includes the prescriber's instructions for administration.
    - Where a recipient needs two or more prescribed medicines, each should be in its own separate container and clearly labelled as above
    - Parents must sign the completed medication administration form to acknowledge notification for each day that medication is required.

### **Staff members' responsibilities**

Parents must be informed of the policy and procedures on the administration of medications in the service. **Parent/Guardian consent is required to administer medication.**

**Where informed consent has been obtained for the administration of medicines from at least one of the child's parents/guardians then the following will apply:**

- The child must have received the medication for at least 24 hours prior to it being given in the service.
- All medications will be administered by a staff member competent to do so.
 

***GUIDANCE:*** Staff members should receive training where required about the purpose, expected response, contra-indications and possible side effects of medications they are expected to administer. They must be made aware of how the medication reacts with food, fluids or other medications, e.g. some medications cannot be given with milk, or when taking another medication. They need to know what adverse reactions are possible and what to do should they occur. Training must also be provided on the proper use of equipment such as inhalers or nebulisers.
- All medications will be stored safely away from children's reach and according to manufacturer's instructions.
- Staff members can only administer medication to a child that has been prescribed for that particular child.

## Administering Prescription and Non-Prescription Medication

- Only staff members authorised by the Manager to do so, and appropriately trained for the specific medications, are to administer medication.
- **Medication must not be added to the child's bottle or food unless the registered prescriber has directed that this is how it should be administered.**
- The staff members may administer non-prescription medicines (including non-prescription ointments for rashes) according to the written directions but only with prior written informed parental/guardian consent, and supply of the medication.
- No anti-febrile medications are given without the daily approval and notification of the child's parent/guardian unless not doing so would put the child's health at risk.
- When a child's body temperature rises beyond a safe limit it is important that an anti-febrile agent is administered quickly. (See Appendix C for Guidance on the use of Anti-febrile Medication.) Staff members involved must keep records each time they administer medication using the Record of Medication Administration Form – see Appendix B.
- Prescription ointments for nappy rash are not applied unless for specific treatment purposes and where a health care professional has directed their use for the child on whom they are being used. The ointment must be supplied by the parent.
- Instructions which state that a prescribed medication may be used whenever needed must be reviewed with the parent at least at the beginning of each term.
- 'As needed' medications for example an inhaler must be labelled with the child's name and in their original container labelled with the required information (see below for Storage of Medications). Prescription or non-prescription medications are accepted for use only when they are within date.
- Medication must not be used beyond the date of expiration on the container or beyond any expiration of the instructions provided by the health care professional.
- All staff members should follow hygiene procedures for example hand washing and drying.

### Before administration of medication

A second staff member must be present when medications are administered (unless a sole operator such as a Childminder)

### Both staff members must confirm:

- That appropriate consent has been given
- That the child's identification is in accordance with the medication to be administered
- The date and time the medication was last given
- Recipient's name
- Prescribed dose
- Expiry date
- Written instructions provided by the prescriber on the label/container as dispensed by the pharmacist
- Any possible side effects

If there is any doubt about any of the procedures, the authorised member of staff should check with parents/guardians and/or a health professional before taking further action.

It must be checked that the medicine has previously been administered without adverse effect to the child and that parents have confirmed this is the case – a note to this effect should be recorded in the written parental agreement for the setting to administer medicine.



**On administration of medication, both staff members must confirm:**

- The correct medication
- Medication is given to the correct child.
- The medication is given at the correct time and date.
- The correct dose is given.
- The correct route of administration.
- Appropriate equipment is used to administer the medication dose – for liquids the correct measuring tool provided with the medication.
- The dignity and privacy of the child is ensured as appropriate – for example when medication is required to be administered by a route other than the oral route.

**After administration of medication**

- Observe child for any possible side effects.
- Where appropriate observe their response to medication – for example where an anti-febrile agent is administered.
- Medication returned to appropriate storage.
- Appropriate management or disposal of any equipment used in administration.

**Accidents and Incidents Involving Medications**

- Where a child refuses to take the medication prescribed for them, they must not be forced to do so but parents/guardians must be informed as a matter of urgency. If the child not taking the medication leads to an emergency situation, the emergency services and the parents must be called.
- Failure to administer medication at the time prescribed as requested by a health care professional or parent/guardian should be noted on the Medication Administration Form (Appendix B) with a written explanation of why the medication was not given.
- If a child is mistakenly given another child's medication, a doctor must be called immediately and the advice given must be followed. The parents of the child who mistakenly received the medication must be called as soon as possible.
- The poisons information line number, GP, Pharmacist and other emergency numbers must be readily available at all times.

**Dealing with Medication Emergencies**

- Where medication is administered in the case of an anaphylaxis or asthma emergency, both the emergency services and the child's parents/guardians will be notified as soon as possible.
- All relevant staff members need to know where to obtain First Aid and how to summon the emergency services.
- Where a child is taken to hospital by ambulance they must be accompanied by a member of staff who is to remain with them until a parent/guardian arrives (See Accidents and Incidents Policy and Procedures).
- All required information is shared with the emergency services and the child's parents/guardians.
- Staff support is essential following any such incident.

**Medication Records**

Staff members involved must keep records each time they administer medication using the Record of Medication Administration Form – see *below*.

**An accurate and detailed medication record** must be created and kept for each child to whom medication is, or is to be, administered. This **must be kept for 2 years** from the date the complaint has been dealt with. The record for both prescription and non-prescription medications must include:

- The name of the child
- Medication condition/complaint
- Dosage
- Time
- A consent signed by the parent(s)/guardian(s) to administer each medication

**A medication administration log detailing the checks completed prior to administration of medication to the child will be maintained including:**

- Check of the child's identification
- Whether consent was received
- When the medication was last administered (either at home or in the service)
- Check of the administration instructions, including the name of the medication, the method and times for administration and the required dose
- Check to ensure the medication is within expiry date
- The time and date the medication was administered
- The route and dose of medication administered
- The signature of the person who administered the medication and the signature of the witness
- The time and date, or the circumstances under which, the medication is scheduled to be next administered
- Any side-effects noted after the medication was given or if the dose was not retained because of the child vomiting or spitting out the medication.
- The number of attempts to give medications that were refused by the child is also documented

### **Storage of Medication**

- All medications brought into the setting are stored according to the manufacturers' instructions paying particular note to temperature, sources of moisture, light and sources of contamination and safely out of the reach of children. **Medication should not be stored in the First Aid box.**
- Medicines are stored safely in a secure container, accessible to authorised persons.
  - o Emergency medication such as asthma inhalers and adrenaline pens, must be readily accessible to authorised staff members in case of an emergency when time is of the essence. A copy of the consent form for administration of medication and clear, precise details of the action to be taken should be immediately accessible.
  - o Sunscreen, special soaps, lotion and nappy creams do not need to be in a locked container but must not be accessible to children.
- Medications requiring refrigeration should be clearly marked and separated from food in an airtight container marked 'Medications'. Access to the fridge should be restricted.
- Medications that are applied to skin should be kept separate from medications that are injected into the body or taken by mouth.



- Medicines must never be transferred from their original container as dispensed by a pharmacist which includes the prescriber's instructions for administration.
- Non-prescription medications should be labelled with the child's full name and the expiry date must be visible and monitored.

Staff members should only bring their own medication to work when it is absolutely necessary (either prescribed or over the counter). They must ensure that these medications are stored securely so that others (including children and adult service users) do not have access to these medications. This includes for example medications held on the person, held at desks, in their bags, coats or in vehicles.

### Disposal of Medications

Medication should be returned to the child's parents/chemist whenever:

- The course of treatment is complete
- Labels become detached or unreadable
- Instructions are changed by a health care professional
- The expiry date has been reached
- When the child ceases to attend in the service
- To ensure a complete record all medication returned, even empty bottles, should be recorded.

### Sunscreen Application

The time and frequency of application of sunscreen is to be recorded.

Written consent is not required to apply sun protection creams **supplied by the parent/guardians** for their own child as the supplying of the sunscreen gives implied consent for that specific cream. School Age Children can self-apply sunscreen as age appropriate and agreed by parents.

Written consent is required from parents/guardians to apply sun protection creams **supplied by the service** in order that the parent can advise if a previous adverse reaction may have occurred with the cream supplied by the service.

### GUIDANCE: Outings

As part of the planning process and risk assessment for outings (see Outings Policy and Risk Assessment), the medication needs of children are taken into account. Specific measures may be necessary to support those who need to take medication and to ensure sufficient medical supplies are available.

All staff members participating in the outing must be aware of the medication needs of the children and any agreed medical emergency procedures. A member of staff who has been trained to administer the required medication must be present. All staff must know their role in the event of a medical emergency. A copy of any individual care plans should be taken on outings as the information may be needed in the event of an emergency.

## 5. Related Policies, Procedures and Forms required to support this policy:

- Policy on Accidents and Incidents
- Policy on Infection Control
- Child Safeguarding Statement
- Inclusion Policy

## 6. Communication Plan for Parents/Guardians, Staff and School Age Children

All school age children are to be informed of this policy/procedures on enrolment. **Copies of this policy will be made available on the service noticeboard where school age children can access a copy.** Staff members will check with children that they understand what the policy is for, clearly explain procedures and provide any assistance needed. This policy will also be reviewed with staff at induction and annual staff training.

A copy of this policy will be available during all hours of operation to staff members, parents /guardians and school aged children located as specified on page 3.

Parents/guardians/school age children may receive a copy of the policy at any time upon request.

Parents/guardians/school aged children and the staff team will receive written notification of any updates.

## 7. Who must observe this Policy?

The Manager and Room Leaders/Supervisor are responsible for the implementation of policies and procedures where applicable to their role. Management, staff, students, volunteers, school age children and parents/guardians should observe all policy and procedural practices.

## 8. Actions to be followed if Policies and Procedures are not followed

Purposeful non-observation of Policies and Procedures of the service will be addressed by Management. In the case of staff, this may be in the context of the Disciplinary Policy of the service.

## 9. Signatures:

	Name and position	Signature
Approved by		
Approved by		

## Appendix A

### MEDICATION CONSENT FORM

#### Little Buds After-School

Child's Full Name:	
Child's Address:	
Date of Birth:	
Details of Medical Condition	
Name of Medicine:	
Name and contact details of prescriber:	
Dosage of Medicine:	
Route for administration of medicine (circle correct one)	<div> Oral (by mouth)      Topical (rub in)      Inhale  Injection              Rectal </div>
Frequency of dosage or times to be given:	
Effective from:	Date:
Effective to:	Date:
Do you give your permission for your child to self-administer medication under adult supervision?	
Have you received a copy, read and understand our 'Administration of Medication Policy'?	
Any other information e.g. side effects, potential adverse reaction or special precautions:	
How the medication is to be stored (as on directions given on medication label)	
Printed name of parent:	
**Signature of parent or guardian authorising medicine:	
**Date:	

**Outcome record**

(for temperature rechecks / whether tolerated / adverse or allergic reactions, or other )

**Full Name of Child:**

Date:	Time	Comment	Any action taken	Signature of person



## Appendix B

### Medication Administration Record

#### Little Buds After-School

Staff members are required to record medication administered. This includes for children who can self-administer their own medication:

#### MEDICATION ADMINISTRATION and SELF-ADMINISTRATION RECORD

**\*\*Each time medication is to be administered, you must first:**

- Confirm the child's identity
- Check that parent's/guardian's written consent has been given – including consent to self-administer medication
- Check when medicine was last given
- Check the administration instructions, including the name of the medication, the method and times for administration and the required dose
- Check whether medication is within date

Child's Name:

Date	Time	Name of Medication (state whether prescribed or non-prescribed)	Dose given/taken	Route of administration*	Signature of person administering State if self-administered by child.	Signature of witness	Comments

\*Route of administration: by mouth, topical (rub in), inhale, injection, rectal.

## SAC Policy #5: Policy on Managing Behaviour (with Guidance)

This policy supports positive behaviour by children attending Little Buds After-School and sets our approaches for managing challenging behaviour by a child attending the service, which helps them to manage their behaviour in a way that is appropriate to their age and stage of development. The policy also supports staff to provide a framework of techniques and strategies for promoting positive behaviour and dealing with challenging behaviour.

### 1. Rationale and Policy Considerations

We ensure that the emotional, social and general wellbeing of all of the children attending the service is positively supported in a happy, safe, well-planned and controlled environment.

We believe that it is very important for children to be able to: relate well to other children and adults; make friends and get on with others; feel secure and valued; explore and learn confidently and feel good about themselves.

If child abuse or neglect is suspected, it is managed in line with the services Child Protection and Welfare Policy (**as recommended at Children First Training Programme**).

Staff are offered opportunities to take part in **training and supports on behaviour management** and supporting children's emotional needs as part of our ongoing commitment to training and continuing professional development. Team meetings are also used to discuss and share positive behaviour management techniques and a consistent approach across the staff team.

### Legislation and Regulatory Requirements

Part II, Article 5(4) Child Care Act 1991 (Early Years Services) (Registration of School Age Services) Regulations 2018

### 2. Policy Statement

We inform parents/guardians about this policy on enrolment and seek information from families about the behaviour guidance strategies they use at home.

Our approach to supporting children with their social, emotional and behaviour skills is to ensure as far as possible that children are kept comfortable, relaxed, happy and engaged in play and other activities while the adults model positive ways of relating to them and each other.

We recognise the need to understand children's behaviour as a form of communication and to consider what might be triggering the behaviour and what the child is communicating. Children will be supported to learn how to express their feelings in appropriate ways and helped to learn how to deal positively with conflict.

Staff interactions with children are aimed at promoting their well-being and development. The methods of dealing with challenging, unsafe or disruptive behaviour in this service will be only those that help children to develop self-regulation and are developmentally appropriate.



Corporal punishment is prohibited as are any practices or the threat of any practices that are disrespectful, degrading, exploitative, intimidating, emotionally or physically harmful or neglectful. Children are never humiliated, segregated or have food withheld.

While staff are aware of and respect individual children's and families' backgrounds and beliefs, it may sometimes be necessary to balance these with our knowledge of developmentally appropriate practices and current best practice recommendations from recognised appropriate authorities, in the best interests of the child.

### **3. Procedures and Practices (with Guidance)**

#### **The role of the adult**

Adults who are loving, patient, and firm help children to learn that it makes sense to act in certain ways. Behaviour guidance based on trust, respect, love and consistency helps children to build self-esteem and self-discipline and prevent bullying behaviours. Adults can help children to avoid inappropriate behaviour by helping them to understand rules and guidelines. When a child does something inappropriate, adults can help them look at the consequences of their actions and think about what they can do to make things better. Adults always need to consider whether a child may have some unmet need that is leading to the inappropriate behaviour or is experiencing some distress, and look at ways to address this in addition to helping the child with managing their behaviour.

#### **In daily interactions with School Age Children:**

- Staff interact frequently with the children in a calm, friendly, positive, respectful manner.
- Staff are available and responsive to the children.
- All children regardless of race, religion, family background, culture, gender or ability are treated with respect and consideration.
- Children's efforts, achievements and feelings are acknowledged and given sincere encouragement leading to growth in self-esteem and self-regulation.
- Children are generally kept happy and involved in age appropriate recreational activities after school.
- Pro-social behaviours among children are recognised and encouraged.
- Staff expectations for children's social behaviour are developmentally appropriate – children's level of understanding and maturity are taken into account.
- Children are encouraged to verbalise feelings, ideas and interests.
- Children are distracted from unwanted behaviour.
- When behaviour is unacceptable, staff explain to the child/children why it is unacceptable in a way they can understand.
- Comfortable, quiet spaces are provided for children to withdraw comfortably when they are feeling tired or overwhelmed or just want to be alone.

#### **Other Age Appropriate Strategies include:**

- Anticipating conflict and supporting children in resolving it, coming to the assistance of frustrated children and helping them find solutions.

- Modelling social behaviour when interacting with adults and children, thus helping children to learn from others' social skills
- Encouraging children to discuss bullying behaviours and its harmful consequences on others
- Helping children respect difference and individuality
- Encouraging and acknowledging spontaneous co-operative efforts made by children.
- Encouraging children to play co-operative games with rules.
- Interacting with (play and converse with) children rather than managing (giving instructions and warnings).

### **Boundary/limit setting and rules**

- Any limits are clearly related to the safety, welfare and protection of the child themselves and others around them.
- Limits are communicated in a way that is respectful of all.
- Rules are as few as possible, consistently upheld and within the children's understanding.
- Staff consult with the children in an age appropriate way, regarding the codes of behaviour and rules.
- Clear, reasonable boundaries on behaviour are provided and explained suitable to the age/ stage of development of the child.
- Children are allowed enough time to respond to requests for them to behave within the rules or codes of behaviour, according to their needs and understanding.
- Negative behaviour is ignored when it is judged safe and appropriate to do so.
- Encouragement is demonstrated by adults participating with children in their activities, at the children's invitation, taking care not to 'take over'.

### **The physical environment**

- The way in which physical space is arranged and used can either encourage or discourage desired behaviour. Space is aesthetically pleasing, planned and well organised to diminish the potential for problems.
- Space is sufficient so children can play and work creatively in a relaxed setting. Providing, or allowing for, insufficient space for an activity will limit and is likely to influence children's behaviour negatively.
- The outdoor space provides opportunities for children to move more freely, be louder without restrictions and become calmer.
- Active, loud and energetic play spaces are balanced with soft, passive, quiet and peaceful areas both indoors and outdoors.

### **GUIDANCE: Recognising challenging behaviour**

We recognise that some of the ways children tell us they are stressed and overwhelmed are when they show the following behaviours on a regular basis. For example, if they:

- are overactive
- have difficulty focusing on or completing a task
- become easily frustrated
- have difficulty making decisions
- have difficulty following directions

- solve problems by hitting, biting, grabbing or pushing
- have tantrums
- cling to adults
- avoid new tasks
- do not play with other children
- cry frequently and cannot be soothed easily
- do not eat

**Adults always respond supportively to children's distress.**

#### **GUIDANCE for conflict management and resolving an incident with school age children**

- Approach the situation calmly, stopping any hurtful actions.
- Remain neutral rather than taking sides.
- Focus on the behaviour, rather than the child.
- Acknowledge the children's feelings with open statements, e.g. 'You seem upset...' 'what is the problem here' ..
- Ask for ideas for solutions and decide on them together, e.g. 'What can we do to solve this problem?' Encourage the children to think of a solution and check to make sure that the solution is acceptable to the children involved and realistically achievable.
- Stay near the child/children so that you are prepared to give follow up support and clarification.
- Follow through with your decisions but be prepared to change them if they prove inappropriate for the individual needs of the child/children.
- Explain the reasons behind why something cannot happen or why some behaviour is inappropriate.

#### **Losing control**

- When a child becomes so angry, anxious or frustrated to the extent that they themselves and others have been unsettled, it is important that staff remain calm and settles the situation for this child and the others around.
- Staff will stop a child's aggressive or destructive behaviour such as biting, kicking or hitting and give a reason for their action such as 'biting must stop, biting hurts'.
- Staff model positive behaviour to the child and will never mirror the child's behaviour by raising their tone of voice or acting inappropriately.
- When the situation has been diffused, it is important that staff offer support, time and further discussion with the child, to reflect on what happened and to plan an alternative coping strategy in case a similar issue arises again.
- A positive approach that the child may use in the future is reinforced such as walking away and playing elsewhere or by stating clearly that they don't like what is happening and/or it hurts.

#### **Physical Intervention - holding or restraining a child to prevent harm**

Physical holding as an intervention is only used as a last resort. This will only be used **when a member of staff who has been trained and certified in an evidence based method.** For example:

- To prevent an accident such as a child running across a road
- To prevent injury to the child or others, e.g. if a child is having a temper tantrum.

- No matter what age the child is, physical restraint must only ever be used for immediate safety reasons, with the minimum force and for the minimum amount of time. The purpose of this intervention can only be to prevent injury to the child, another child or to an adult, or to prevent serious damage to property.
- Where a child is expressing feelings of anger, anxiety or frustration, in a way which is unsafe for themselves and others and where reasoning has not stopped the behaviour, a staff member may assist the child in re-establishing control by holding them, to contain their feelings safely, as a last resort and for the minimum length of time. This intervention will only be used in an age appropriate way
- No pain should be inflicted on the child
- Great care will be taken when holding a child with particular attention paid to their individual needs.
- The intent of this action is to keep the child and others safe until their self-control is regained and they feel contained, but it will only be used in exceptional and rare circumstances.
- A calm and caring attitude on the part of the adult is critical in ensuring that this is supportive and in no way a punishment
- Parents/Guardians should be informed following an incident and it should be recorded in the incident book.

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

#### **Time to one side with support of an adult**

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

#### **Staff behaviour**

- Staff are aware of and understand that their own dispositions, values, attitudes, temperaments, expertise, reactions and responses to children impact on the behaviours that the children learn.
- Staff acknowledge that the emotions experienced by children are significant, especially in older children in front of peers
- Staff attitudes and practice demonstrate an understanding and empathy towards children who display behaviours that are not always consistent with their level of development and/or general disposition.
- Staff are committed to nurturing and supporting children by suggesting alternative ways of responding and where possible giving children choice, rather than telling them how to behave.

- An atmosphere which fosters trust, security and comfort is created by giving children time and attention to enable them to talk and express their feelings to an adult.
- Staff model appropriate behaviour, so that children can see what to do and learn from positive examples, rather than simply instructing them to do things. An example of this is joining in and encouraging children to clear up toys or paints after a session and making this fun, ending the session in a positive way
- Explaining to children the 'why' of behaviour guidance and the limits which help them to internalise and learn the rules of positive social interaction.
- Minor incidents are best ignored. As long as their behaviour is not impacting negatively on others, adults sometimes need to step back, take a breath and decide not to speak or intervene.
- Staff listen to children and respond in a fair and supportive way, this gives them a greater sense of comfort and trust and encourages them to use the adult as a reliable source of advice by demonstrating that what they say is valued.

### **Prohibited Practices**

It is important to note the following as prohibited practices in this service:

- Bullying in any form
- Children are never ignored, spoken to sarcastically, humiliated, segregated, or have food withheld.
- Corporal punishment - Any physical force which is used with intent to cause some degree of pain or discomfort, such as hitting, spanking (refers to striking a child with an open hand on the buttocks or extremities with the intention of modifying behaviour without causing physical injury), shaking, slapping, twisting, pulling, pinching, squeezing, or biting is prohibited.
- Practices or the threat of any practices that are disrespectful, degrading, exploitative, intimidating, emotionally or physically harmful or neglectful to the child will not be carried out
- Restraint of children by unapproved methods.

### **Serious Behaviour Issues**

Serious behaviour issues may include:

- Any repeated pattern of behaviour that interferes with the child's learning or engagement in social interactions with peers and adults such as withdrawal
- Behaviours that are not responsive to the guidance procedures/approaches described above
- Prolonged physical and verbal aggression, disruptive behaviour (e.g. screaming, property destruction, self-injury, persistent non-compliance).

Recurring problems are dealt with in an inclusive manner following observations and involving the child's parents/guardians and, where necessary, other appropriate adults (with parents'/guardians' consent).

Discussing a child's behaviour with staff or parents/guardians in front of the child or other children is to be avoided.



Parents/guardians are encouraged to maintain on-going communication with staff on the approaches being implemented.

When all reasonable attempts to support the child whose challenging behaviour is causing the difficulties have failed, it may be necessary to suggest to parents/guardians to seek professional advice, such as a psychologist or play therapist. The parent/guardian may then seek the advice or request referral to other professionals.

In partnership with parents, any programme designed for a child by an appropriately qualified specialist will be fully implemented as far as the resources of the service allow.

In exceptional circumstances and following specialised advice and guidance, it may be considered necessary for the child to leave the service to move to a service that can better meet their particular needs.

All staff team members will be provided with support to deal with stressful situations arising from dealing with challenging behaviour. (See Staff Supervision Policy.)

#### **Procedure if an Afterschool Child Leaves the Service Unaccompanied or without Authorisation**

- All children must be accompanied from the Afterschool Service by a responsible adult.
- Parents/Guardians will be notified immediately if a child leaves the service unaccompanied or without authorisation.
- This will be recorded in the service incident log including appropriate details.

#### **Recording Incidents**

Records are kept of significant incidents to include:

- a) The child's name
- b) Time and location of the incident
- c) Events leading up to the incident
- d) The nature of the incident
- e) Others involved
- f) Witnesses
- g) How the situation was handled
- h) Whether restraint was used, what form of restraint and the reason for it
- i) Consequences
- j) Parents/guardians signature/s.

## **4. Bullying and Cyberbullying**

We believe that the best way to address bullying and cyberbullying is to prevent it happening in the first place and, where it does occur, to detect it as early as possible and to provide the target/s with timely and appropriate support and the perpetrators, where identified, with a response that ensures they do not continue to bully.

We define **Bullying** as

‘repeated aggression, verbal, psychological or physical conduct by an individual or group against others’.



We define **Cyberbullying** as

*'to a situation where anyone is repeatedly tormented, threatened, harassed, humiliated, embarrassed or otherwise targeted by another person using text messaging, email, instant messaging or any other type of digital technology'.*

Bullying and cyberbullying is always wrong and is unacceptable behaviour which is never be overlooked or ignored in the afterschool service. The prevention of bullying and cyberbullying is an integral part of our Code of Behaviour in the context of the afterschool being a community of which mutual respect, co-operation and natural justice. We take an active preventative role in the management of cyberbullying by informing children of what cyberbullying looks like and the hurtful impact it has on others.

We work in partnership with parents to distribute information regarding cyberbullying and provide practical advice to parents when necessary.

Allegations of bullying or cyber bullying will be dealt with through the complaints procedure as outlined in the Complaints Policy.

The information contained on these sites is equally useful to teachers, students and parents:

- [A Guide to Cyberbullying](#) Published by the Office for Internet Safety, this guide is clear, comprehensive and easy to understand.
- <http://www.internetsafety.ie/> The Office for Internet Safety has been established by the Irish Government to take a lead responsibility for internet safety in Ireland, particularly as it relates to children.
- <http://www.webwise.ie> An excellent resource that covers much of what schools, teachers and parents need to know in order to deal effectively with cyberbullying. This site is managed by the NCTE.

## 5. Related Policies, Procedures and Forms required to support this policy:

- Settling-In Policy
- Policy on Accidents and Incidents
- Child Protection Policy (ref: Children First Training)
- Complaints Policy
- Supervision Policy

## 6. Communication Plan for Parents/Guardians, Staff and School Age Children

All school age children are to be informed of this policy/procedures on enrolment. **Copies of this policy will be made available on the service noticeboard where school age children can access a copy.** Staff members will check with children that they understand what the policy is for, clearly explain procedures and provide any assistance needed.

This policy will also be reviewed with staff at induction and annual staff training.

A copy of this policy will be available during all hours of operation to staff members, parents /guardians and school aged children located as specified on page 3.

Parents/guardians/school age children may receive a copy of the policy at any time upon request.

Parents/guardians/school aged children and the staff team will receive written notification of any updates.

### **7. Who must observe this Policy?**

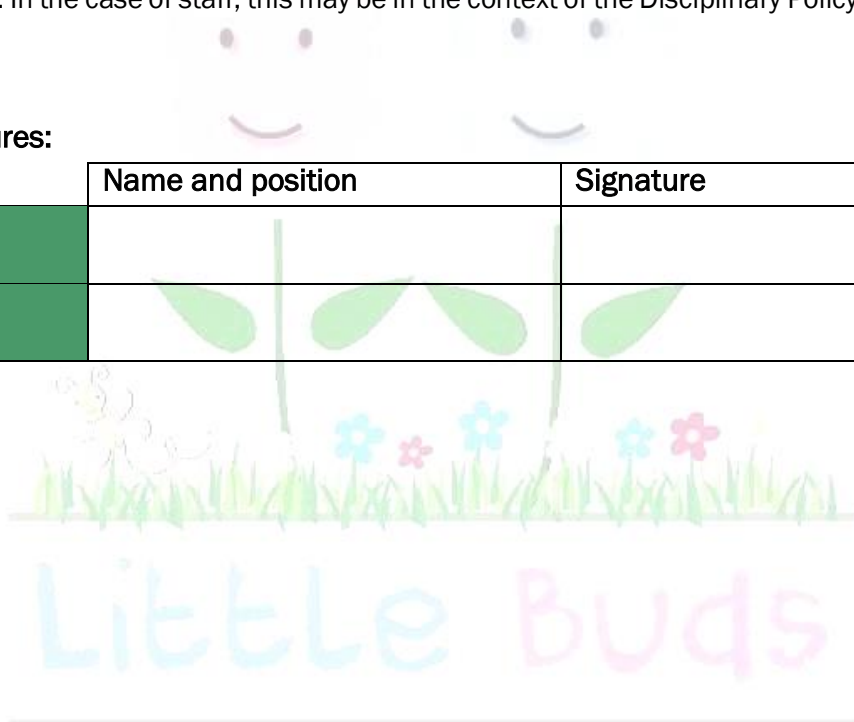
The Manager and Room Leaders/Supervisor are responsible for the implementation of policies and procedures where applicable to their role. Management, staff, students, volunteers, school age children and parents/guardians should observe all policy and procedural practices.

### **8. Actions to be followed if Policies and Procedures are not followed**

Purposeful non-observation of Policies and Procedures of the service will be addressed by Management. In the case of staff, this may be in the context of the Disciplinary Policy of the service.

### **9. Signatures:**

	Name and position	Signature
Approved by		
Approved by		



## Appendix 1:

### Record of Bullying Behaviour

#### Little Buds After-School

1. Name of child \_\_\_\_\_

2. Name(s) of those identified as being engaged in bullying behaviour:

Source of bullying concern/report (tick relevant box(es))*		Location of incidents (tick relevant box(es))*	
Pupil concerned		Outdoors	
Parent		Activity Room	
Staff Member		Hallway	
Friend		Toilets	
Other		Bus	
		Other	

5. Name of person(s) who reported the bullying concern

\_\_\_\_\_

6. Type of Bullying Behaviour (tick relevant box(es)) \*

Physical Aggression		Cyber-bullying	
Damage to Property		Intimidation	
Isolation/Exclusion		Malicious Gossip	
Name Calling		Other (specify)	

7. Where behaviour is regarded as identity-based bullying, indicate the relevant category:

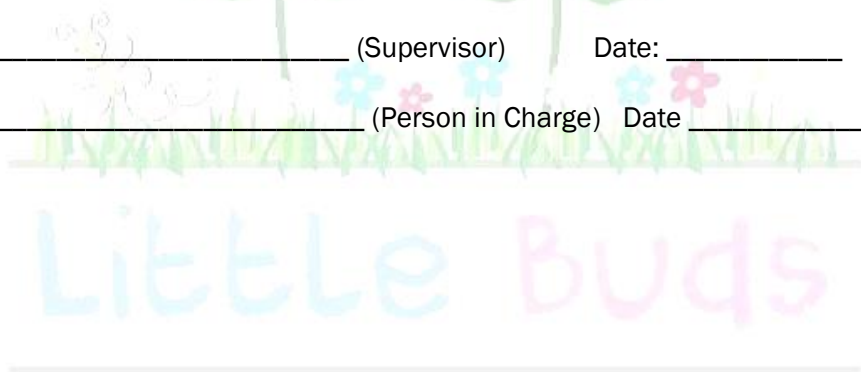
Homophobic	Disability/SEN related	Racist	Membership of Traveller community	Other (specify)

**8. Brief Description of bullying behaviour and its impact**

**9. Details of actions taken**

Signed \_\_\_\_\_ (Supervisor)      Date: \_\_\_\_\_

Signed \_\_\_\_\_ (Person in Charge)      Date \_\_\_\_\_



## SAC Policy #6: Policy on Infection Control (with Guidance)

The policy on Infection Control for Little Buds After-School specifies the procedures to be followed in the School Age Childcare Service to protect staff (paid and unpaid) and children attending the service from the transmission of infections.

### 1. Rationale and Policy Considerations

This policy on Infection Control specifies the procedures to be followed in the service to protect staff, volunteers and children attending the service from the transmission of infections.

Adults too need to be protected, as far as possible, from the spread of any infection and the service has a duty of care to all of the children and adults who use the service as well as to all members of the staff team.

**The overall aims of this policy are:**

- To promote and protect the health of all of the children and adults in the service and reduce the risk of infection.
- To provide guidelines to parents/guardians/carers as users of the service about the attendance of sick children and to keep the incidence of infectious disease to a minimum.
- To help differentiate between minor (can attend the service) and more significant (should not remain in the service) infections and to give guidance on the prevention and management of infectious disease

### Legislation and Regulatory Requirements

- Part II, Article 5(4) Child Care Act 1991 (Early Years Services) (Registration of School Age Services) Regulations 2018
- Regulation 10 of the Child Care Act 1991 (Early Years Services) Regulations 2016, requires a Policy on Infection Control that specifies the procedures to be followed in the service to protect staff members (paid and unpaid) and children attending the service from the transmission of infections.
- Regulation 23: Safeguarding Health, Safety and Welfare of Child requires that the Infection Control Policy is implemented; staff know their roles and responsibilities and have received training on the policy.
- Regulation 31: Notification of Incidents requires that where there is a diagnosis of a notifiable illness as defined in the Infectious Diseases Regulations 1981(SI No 390 of 1981) of any child attending the service or any staff members this must be notified to the Tusla Early Years Inspectorate.

### 2. Policy Statement

The aim of this policy is to ensure an environment is provided in which children and adults are kept safe and staff members may safely carry out their roles.

**We understand that:**

- To protect staff and children from the spread of infections, staff understand how diseases are spread and which measures interrupt their spread.

- The spread of germs can be greatly reduced if standard precautions are used consistently and regularly.
- It is vital that staff receive training in the use of Standard Precautions. This is particularly important because some diseases are contagious before symptoms appear and because the disease status of a child may not be known.
- The single most important way to prevent the spread of germs is by handwashing.
- Maintaining a good standard of environmental hygiene, coupled with appropriate cleaning of toys, personal care items, utensils and bed linen as well as appropriate disposal of items soiled with body fluids are other important precautions.

### 3. Procedures and Practices

#### Prevention of Spread of Infection

##### *Handwashing*

- Posters of correct hand washing procedures are available at wash hand basins for adults and children.
- Warm running water is available for hand washing at a temperature no greater than 43°C at children's wash hand basins.
- A cleaning agent such as soap is used when hand washing.
- Hand drying facilities are available (state here what hand drying facilities are used e.g. disposable paper towels, single use cloth towels).
- Children's hand washing and hand drying is supervised in the case of younger children.
- Hands are washed and dried after using the toilet, after handling animals, after sneezing, blowing nose, coughing, or touching a cut or sore and before eating or handling food.

##### *Respiratory hygiene (coughing and sneezing)*

- All adults and children cover their mouths and nose with a tissue when coughing or sneezing.
- All adults and children are asked to wash and dry hands after sneezing, blowing nose or coughing
- A box of tissues is always readily available to all children and adults.

As required, we will notify the **Tusla Early Years Inspectorate** when the department of Public Health has confirmed to us that there is a diagnosis of a child attending the service, an employee, unpaid worker, contractor or other person working in the service as suffering from an infectious disease within the meaning of [The Infectious Diseases Regulations 1981](#) (SI No 390 of 1981) and amendments. [www.hpsc.ie/NotifiableDiseases/ListofNotifiableDiseases/](http://www.hpsc.ie/NotifiableDiseases/ListofNotifiableDiseases/)

#### **GUIDANCE: When to contact the local Department of Public Health:**

- If we have a concern about a communicable disease or infection, or if we need advice on infection control.
- If we are concerned that the number of children who have developed similar symptoms is higher than normal / if we think that we may have an outbreak of infectious disease in the service.
- If we are not sure whether to exclude a child or member of staff.



- Before sending letters to parents/guardians about an infectious disease
- A Risk Assessment will be carried out (**See Risk Management Policy**).

## **GUIDANCE: Other Standard Precautions**

### ***Cleaning the environment***

- A cleaning programme is in place (see Appendix 1)
- Detergents and disinfectants are used correctly
- Detergents and disinfectants are used according to the manufacturers' instructions
- Resources and other play/activity materials are not allowed in the toilet area.

### ***Personal protective clothing***

Protective clothing is used when required (gloves and aprons).

### ***Blood and body fluid spillages***

Standard Precautions as outlined in [Management of Infectious Disease in Childcare Facilities and Other Childcare Settings](#) (2012) are used when any member of staff has contact with:

- Blood
- All body fluids, secretions (nasal secretions) and excretions (urine, faeces, vomit) except sweat, regardless of whether or not they contain visible blood
- Non-intact skin (broken skin, sores)
- Mucous membranes (eyes and mouth)

Spillages of blood, faeces, urine and vomit are cleaned immediately using disposable cloths and disposed of in closed bin. Mops are never used for cleaning blood, urine, vomit or faeces.

Extreme care must be taken in cleaning up bodily fluids using Standard Precautions.

It should be assumed that blood is infectious, regardless of its source.

First Aid should not be withheld if gloves are not available. While due care and caution is important in handling potentially infectious fluids, fear of infection should never prevent First Aid being given.

Avoid direct contact with blood or bloody fluids. Should blood come in contact with skin the likelihood of transmission of infection through intact skin is very remote. DO NOT PANIC. Wash the area with soap and water. If blood splashes into the eye or mouth, rinse with water.

### ***Laundry***

- Soiled linen is washed separately at the hottest wash the fabric will tolerate.
- Detergents are used according to the manufacturers' instructions
- Gloves and aprons are used when handling soiled linen.
- Children's soiled clothing is placed in a plastic bag sealed and sent home with parents/guardians.

### ***Waste***

- Waste is recycled in accordance with local authority policy where possible.
- Nappies are stored in a leak proof airtight container which is easy to clean.
- Foot operated pedal bins are used to dispose of gloves, aprons and soiled dressings.
- External bins are stored away from children's access.

### ***Animals, pets including poultry and fish***

- Handwashing and drying procedures are adhered to before and after handling animals, pets, poultry and fish.
- All animals, pets, poultry and fish are managed in accordance with required and appropriate instructions for their care.
- Children are not allowed unsupervised access to animals, pets, poultry and fish.
- Animal, pet, poultry vaccination and health care are in accordance with veterinary advice.

*Prior to going on outings where children may be in contact with animals or fish, a Risk Assessment is carried out and if the outing goes ahead, infection control procedures are put in place as specified in the Outings Policy (See Outings Policy and Risk Management Policy).*

### **Perishable food**

- All perishable food is kept in a refrigerator at temperatures of 0° – 5° C.
- Perishable food is not left at room temperature for more than two hours.
- Perishable food left at room temperature for two hours or longer is discarded.

### **Illness**

When a child is unwell, parents/guardians are asked to keep them at home if they are unable to participate in all of the activities of the day and/or if there may be a risk of passing the illness to another child or adult in the service. **This is likely if the child has any of the following symptoms:**

- Diarrhoea and vomiting
- A temperature of 101°F / 38°C or above
- Eye discharge
- Rash or skin disorder
- Strep throat
- An earache or a bad cough.

If a child is ill or becomes ill in the service, we will expect the parent/guardian or a nominated carer to come for their child within 30 minutes.

We will do our best to keep a sick child separate from well children.

If all attempts at contacting a parent/guardian/carers or authorised person are unsuccessful, the next action may have to be to transfer the child to hospital by ambulance.

**Any child ill with fever, headache and vomiting must be sent home as soon as their parents/guardians can be contacted.** Parents will be advised to contact their doctor immediately.

If there is any significant delay in contacting parents/guardians of the child with fever, headache and vomiting, **CALL AN AMBULANCE** and then continue to try to contact the child's parents/guardians. A child with fever, headache and vomiting must not be allowed to wait indefinitely in the service.

In addition to these symptoms, children with meningococcal infection often develop a rash that starts as red spots but will progress to purple freckles and blotches, and even bruising (see Appendix C). If this occurs **CALL AN AMBULANCE, GET MEDICAL ATTENTION** first and then contact the parents/guardians.

### **Exclusion periods for infectious illnesses**

Ill children and staff should only return to the service when they have recovered. We follow and stipulate recommended timeframe as highlighted in the exclusion notes for the different diseases outlined in Chapter 9 of [Management of Infectious Disease in Childcare Facilities and Other Childcare Settings](#) (2012) page 33. This is communicated to parents and staff following an infectious illness.

### **Managing an Outbreak of an Infectious Disease**

We will notify the local Department of Public Health to get specific guidance in the following circumstances:

- If there is a concern about a communicable disease or infection, or advice is needed on controlling them.
- If there is a concern that the number of children who have developed similar symptoms is higher than normal.
- If there is an outbreak of infectious disease in the service.
- To check whether to exclude a child or member of staff
- Before sending letters to parents/guardians about an infectious disease.

## **4. Immunisation**

**On enrolment, parents/guardians are asked for their child's immunisation record. Full information on the schedule of immunisation is available at:**

*National Primary Childhood Immunisation Schedule*

[www.hse.ie/eng/health/immunisation/pubinfo/pcischedule/immschedule/](http://www.hse.ie/eng/health/immunisation/pubinfo/pcischedule/immschedule/)

*Health Service Executive: Immunisation Guidelines for Ireland*

[www.hse.ie/eng/health/immunisation/hcpinfo/guidelines](http://www.hse.ie/eng/health/immunisation/hcpinfo/guidelines)

Parents/guardians of children who are **not** immunised are made aware of the dangers of infectious diseases. Parents are encouraged to keep to up to date with current vaccination requirements and to ensure that the service is kept informed and the child's record updated when required.

Parents/guardians are not required to have their children immunised to gain admission to the service but where a child's immunisation record is not up-to-date parents/guardians are encouraged to have their child vaccinated.

If a child is not immunised, parents/guardians must be advised that their children will be excluded from the service during outbreaks of some vaccine preventable diseases such as Measles, Whooping Cough etc., even if their child is well. This is to protect their non-immunised child.

***We understand some reasons why a child may not be immunised:***

- *The child's young age*
- *Medical contra-indications*
- *Conscientious or religious objection*
- *Natural immunity*
- *The appropriate vaccine is currently unavailable.*

## **5. Other Guidance Documents**

- [Management of Infectious Disease in Childcare Facilities and Other Childcare Settings](#)

- [A Guide to Risk Assessments and Safety Statements](#) (updated 2016) Health and Safety Authority

## 6. Related Policies, Procedures and Forms required to support this policy

- Policy on Administration of Medication
- Risk Management Policy
- Outings Policy

## 7. Communication Plan for Parents/Guardians, Staff and School Age Children

All school age children are to be informed of this policy/procedures on enrolment. **Copies of this policy will be made available on the service noticeboard where school age children can access a copy.** Staff members will check with children that they understand what the policy is for, clearly explain procedures and provide any assistance needed.

This policy will also be reviewed with staff at induction and annual staff training.

A copy of this policy will be available during all hours of operation to staff members, parents /guardians and school aged children located as specified on page 3.

Parents/guardians/school age children may receive a copy of the policy at any time upon request.

Parents/guardians/school aged children and the staff team will receive written notification of any updates.

## 8. Who must observe this Policy?

The Manager and Room Leaders/Supervisor are responsible for the implementation of policies and procedures where applicable to their role. Management, staff, students, volunteers, school age children and parents/guardians should observe all policy and procedural practices.

## 9. Actions to be followed if Policies and Procedures are not followed

Purposeful non-observation of Policies and Procedures of the service will be addressed by Management. In the case of staff, this may be in the context of the Disciplinary Policy of the service.

## 10. Signatures:

	Name and position	Signature
Approved by		
Approved by		

# Cleaning Programme

## Daily, Weekly and Monthly

### Little Buds After-School

#### 1. DAILY CLEANING PROGRAMME

Tidy equipment, books and resources	Remove soiled items for cleaning or disposal
Wipe tables, chairs and door handles	Anti-bacterial spray
Wipe all work and play surfaces where children have had contact	
Dining Tables	Clean with neutral detergent, warm water and clean cloth and dry with disposable paper towels
Vacuum all carpet areas	Carpets cleaned and dried if soiled
Clean food preparation areas and change domestic cloths	Reusable domestic cloths must be laundered daily on a hot wash cycle (at least 60°C) in a washing machine and then dried
Toilet areas	<p>Wash hand basins, taps, surrounding counters, soap dispensers.</p> <p>Disinfect both sides of toilet seat, toilet handles, door knobs or cubicle handles.</p> <p>Disinfect toilet bowls and potties. Use toilet cleaner and detergent as per manufacturer's instructions.</p>
Mop floors	<p>Colour coded mops for bathroom, kitchen and play areas</p> <p>Mop heads should be washed in warm water and detergent, rinsed and air dried</p>
Empty all rubbish bins	Clean with neutral detergent and warm water

## 2. WEEKLY CLEANING PROGRAMME

Resources and Equipment	Clean with warm water and detergent, rinsed and dried thoroughly.
Shelves and Sills	Clean with warm water and detergent, rinsed and dried thoroughly.
Fridge	Clean with warm water and detergent, rinsed and dried thoroughly.
Windows	
Small rugs or cushion covers	Launder as per manufacturer's instructions

## 3. MONTHLY CLEANING PROGRAMME

Soft Furnishings	Wash as per manufacturer's instructions
Units and cupboards emptied and cleaned	Clean with detergent and warm water, rinse and dry.
Skirting Boards	Clean with detergent and warm water
Doors	Clean with detergent and warm water
Rugs and mats	Launder
Large Plastic/Wooden Equipment	Clean with detergent and warm water
Radiators and covers	Clean with detergent and warm water.

