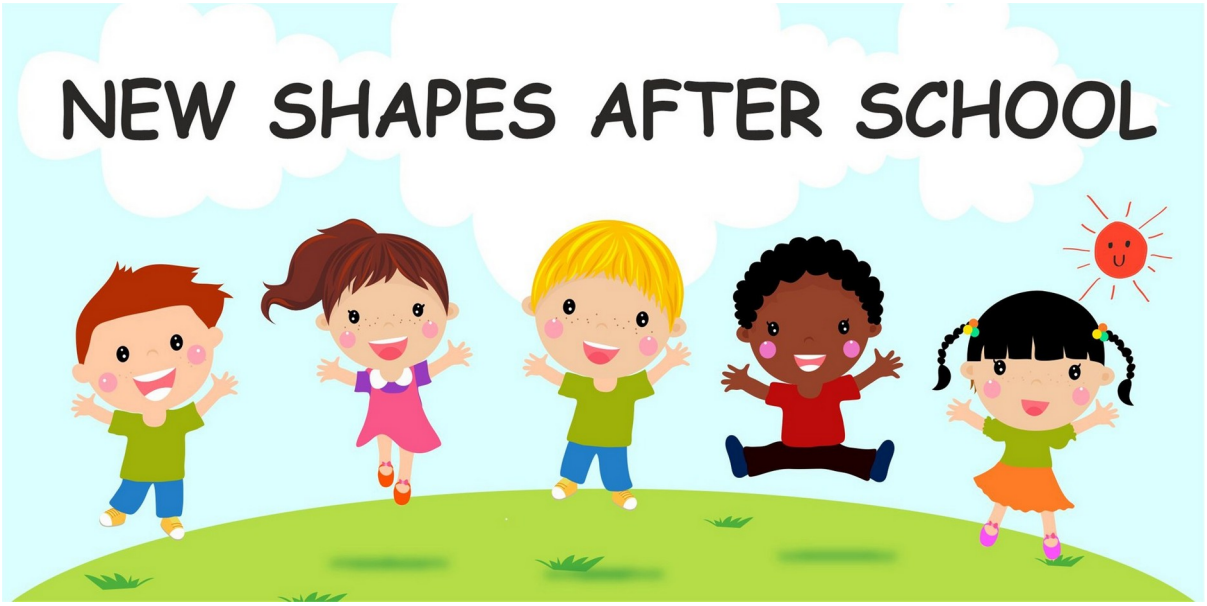


New shapes afterschool Policies & Procedures Handbook 2026

This handbook contains the following policies,

1. Statement of purpose & Function policy
2. Child safeguarding Statement policy
3. Child safeguarding policy & procedures policy
4. Critical incident & Evacuation plan policy
5. Missing child policy
6. Garda vetting policy
7. Accident & incident policy
8. Behaviour management policy
9. Dropping off & collection of children policy
10. Checking in & out record of attendance policy
11. Fire safety policy
12. Medication management policy
13. Infection control policy
14. Complaints policy
15. Insurance policy
16. Inclusion policy
17. Supervision of children indoor & outdoor policy
18. Outdoor play policy
19. Sun safety policy
20. Internet, smart watch, tablet & device use policy

Welcome & Policy Statement

Welcome to the *New Shapes Afterschool Policy Handbook 2026*.

Our policies and procedures are a vital part of how we ensure a safe, supportive, and inclusive environment for all children in our care. They guide our daily practice, support staff in their roles, and provide clarity and reassurance to parents and guardians.

This handbook has been developed in accordance with the *Child Care Act 1991 (Early Years Services) (Registration of School Age Services) Regulations 2018*.

We encourage all staff and parents to take the time to read this handbook carefully and become familiar with its contents. A shared understanding of these policies helps us work together to provide the highest standard of care and support for every child.

We are committed to regularly reviewing and improving our policies to reflect best practice and current regulations. We welcome feedback and input as part of this process. If you would like to contribute to the review of our policies, please contact our Manager, Georgina Barry.

Thank you for your cooperation and continued support.

Contact Information

Name: Georgina Barry

Position: Owner/Manager

Email: newshapesdublin@hotmail.com

Phone: 085-1757680

This handbook is regularly reviewed and will be updated as needed to reflect any changes in legislation, regulations, or service requirements. Copies of these policies are available in each care room and in the main hallway. Staff can also access them through the Bright HR portal

STATEMENT OF PURPOSE AND FUNCTION

Purpose and Function:

The purpose of these Polices is to set out the Service's policies and procedures.

Mission Statement and Ethos:

At New shapes afterschool we are committed to:

- Providing the highest quality childcare for all our families.
- Continually striving to help nurture, challenge and foster independence in all the children in our care.
- Providing a safe, warm, stimulating age-appropriate environment, where all children are encouraged to learn, grow and actively explore.
- Developing strong partnerships with our parents, committing to working together to build a foundation that nurtures each child’s self-esteem and confidence.

Ethos:

It is the ethos and approach of New Shapes Afterschool to celebrate the religious and non-religious beliefs, customs, and traditions of all children and their families and community.

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

For additional information, please see our Inclusion Policy.

KEY INFORMATION:

Opening Hours:	1:00pm - 6:00pm School Term 9:00am - 2:00pm Non-school Term
No of Weeks per year opened:	49 weeks
Capacity:	50
No. of Children attending the Service:	42
Age Range:	4 years - 13 years
Ratios:	1:11
Activities for School Age Service:	Outdoor play, baking, arts and crafts, and sensory experiences such as slime, gloop, and playdough
Address:	Unit 7&8 Aces Enterprise Centre Neilstown, Clondalkin
Phone Number:	085-1757680
Email:	newshsapesdublin@hotmail.com

Key Personnel: In-House

Manager (Person in charge):	Georgina Barry
Deputy in the absence of Manager:	
Health and Safety Officer:	Michael Clarke
Deputy Health and Safety Officer:	Georgina Barry
Fire Officer:	Georgina Barry
Deputy Fire Officer:	Michael Clarke
First Aid Co-Ordinator:	Georgina Barry
Deputy First Aid Co-Ordinator	Annie Claddingboel
First Aid Responder:	Georgina Barry,
Deputy First Aid Responder:	Annie Claddingboel
Designated Liaison Person:	Georgina Barry
Deputy Designated Liaison Person:	TBC
Garda Vetting Officer:	Georgina Barry
Critical Incident Officer:	Georgina Barry
Deputy Critical Incident Officer:	Michael Clarke
Data Controller:	Georgina Barry

Key Personnel: External

TUSLA Early Years Inspection Team:	
TUSLA Social Work Department:	
Garda:	
Doctor:	
Pharmacist:	
Hospital:	
Fire Brigade:	999 / 112
Fire Maintenance:	Logic Fire & Security (01)6234768
Pest Control:	Aces Enterprise Centre
Garda Vetting:	Early Childhood Ireland 01 4057100
Water Leaks:	1850 278778
Electricity Emergency:	1850 372999 (24-hours)
Gas Emergency:	1850 205050 (24-hours)

Type/ Class of Service:

The purpose of this Service is to provide a School Age Service for children aged 4 years -15 years. We open 49 weeks per year and daily from,

School Term – 1pm-6pm (Monday to Friday).

Non-school term 9am – 2pm (Monday to Friday).

We have capacity to cater for 50 children at any one time, and our ratios are listed on page 4. We currently cater for 43 children.

The aim of New Shapes After-school is to provide a safe, engaging, and inclusive environment for school-age children through a variety of structured and unstructured after-school activities. These activities include outdoor play, baking, arts and crafts, and sensory experiences such as slime, gloop, and playdough. All activities are designed to support

children's social, emotional, and creative development while encouraging fun and participation

New Shapes After-school is registered with Tusla under Certificate No. TU2024DR0035SA

Our certificate of registration for our School Age Service is displayed in a prominent position within the Service where it is visible to parents and members of the public.

This Service is privately owned by Georgina Barry/Michael Clarke

Range of Services and Facilities:

Our Service:

- We are open 49 weeks per year
- We will close 1 week in August & 2 weeks at Christmas; dates are available on our calendar.
- We are offering the following funding schemes:
  1. NCS
  2. NCS sponsorship

Our Facilities include:

- Large fully fenced, well-equipped outdoor.
- 2 Large, bright, spacious rooms.
- 1 Dining room
- Trained and qualified staff.

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

Homework Policy:

It is the policy of New Shapes After-school to provide a period each day should a child choose to complete their homework. This session will be scheduled to take place directly after children arrive from school.

- Each child will be provided with an appropriate amount of time to do their homework.
- Staff will work to help provide a quiet relaxed atmosphere during homework sessions and encourage children to do the same. Staff will be on hand to assist children with their homework.

- New Shapes After-school recognises the importance of the parent's role in homework support and encourages them to check work completed, hear reading again etc. and play an active role in the homework supervision and support of their child.

Fees:

The Fee Schedule is on display in main hallway.

- Parents/guardians are required to sign a Parent Agreement regarding fee payment:
- Fees must be paid weekly, a monthly fee can be agreed with the manager
- Fees must be paid by Bank transferee or in cash
- Fees must be paid to the 'person in charge' by cash.
- A receipt will be issued upon request.

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

- Parents/guardians will be required to pay for any days/weeks that their child/children do not attend the Service.
- In the case of a long term, medically certified illness of a child, parents/guardians are advised to keep in contact with the Manager on a regular basis. Further arrangements will be discussed with the Parent/Guardian.
- There is no reduction in fees for Public/Bank Holidays.

Closure in Exceptional Circumstances:

In the event of the closure of the Service in exceptional circumstances, that is beyond the control of the Management e.g. adverse weather conditions full fees for the closure period will be payable unless the situation continues beyond a reasonable time.

Where the Service is required to close in exceptional circumstances, we will be guided by the Pobal Guidelines in relation to fees and force majeure leave

Ensuring Children are Safe and Comfortable When Playing Indoors in Colder Weather:

New Shapes Afterschool will ensure that indoor spaces are kept warm and comfortable during cold weather and that the heating system in place is operating properly with capacity to warm the rooms and areas used by children for play and learning to comfortable and safe levels. We use a reliable and accurate room thermometer to ensure that rooms are at the correct temperature. The required air temperature range in care rooms for children of all ages is from 18º C to 22ºC. We record and document room temperatures to ensure that children are being cared for within required limits. This is monitored through a app which allows us to control the temperature of the rooms.

Late Collection of Child/Children from the Early Years Service:

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

- Parents/guardians are advised to keep within their agreed time for collection of their child/children for the above reasons. We require that all children should be collected by the designated time in order that the Service may follow health and safety practices to ensure that the Service may close safely.
- Please see the Dropping Off and Collection of Children (Including Authorisation to Collect Children) Policy and Procedure.

Withdrawal of Children:

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

- Give notice, in writing, that the child/children are leaving the Service.
- Give one month's notice or pay one month of fees.
- Management also reserves the right to request that the Parent/Guardian withdraw their child/children from the Service if they are not 'settling in' or adapting to the environment. The Management agrees to give two weeks' notice of this to the Parent/Guardian so that they can make alternative arrangements.

Non-Payment of Fees:

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

CHILD SAFEGUARDING STATEMENT

Type of Service

New Shapes Afterschool is a school-aged service (in accordance with the Child Care Act 1991 (Early Years Services) (Registration of School Age services) Regulations 2018 registered with Tusla under Certificate No. (insert Certificate No. for AFS Service)

All staff in the School Age Childcare Service of New Shapes Afterschool are "mandated persons" within the meaning of The Children First Act 2015 and the Child Care (Amendment) Act 2024 ("the Acts").

Accordingly, reference to “mandated person” or “mandated persons” in this policy, within the meaning of The Children First Act 2015 and the Child Care (Amendment) Act 2024 ("the Acts") denotes all Owners, School Age Service staff of New Shapes Afterschool

This Service is privately owned and managed by Georgina Barry & Michael Clarke, the Registered Provider

This Statement is underpinned by the Children First Act 2015, the Child Care (Amendment) Act 2024 and the Childcare Act 1991 (Early Years Services) Regulations 2016 and in compliance with New Shapes Afterschool ’s Staff Disciplinary Procedure and code of conduct.

This Statement has been communicated to parents/guardians, staff, to the children in New Shapes Afterschool in the manner outlined in the opening table to this Statement and records retained of the communication.

Relevant staff know the requirements and have a clear understanding of their roles and responsibilities in relation to this Statement.

All staff have received training on this Statement.

All staff are certified in relation to this Statement.

All Mandated Persons in New Shapes Afterschool are aware that bystanding, failure to report, and/or fail to intervene when witnessing ill-treatment of any child or children in the care and control of New Shapes Afterschool is a serious breach of their professional and legal responsibility and will be treated as such.

All staff in New Shapes Afterschool are individually and collectively accountable for upholding the safety, dignity and rights of every child attending our Service. This duty supersedes all other operational considerations.

New Shapes Afterschool operates a “zero tolerance” policy in relation to any form of ill-treatment, abuse or inappropriate conduct towards any child or children in the care and control of our Service.

Any staff member found to have engaged in physical, emotional, psychological, verbal or sexual harm, rough handling, using threatening behaviour or any act that breaches a child’s

right to dignity and safety will be subject to immediate disciplinary action up to and including dismissal.

Commitment to Children and/or Young People In our Service:

New Shapes Afterschool is committed to:

- Safeguarding children in our Service and to providing a safe, respectful and nurturing environment where each child and/or young person can play, learn, relax and develop.
- Implementing safe, respectful, developmentally appropriate and child-centred strategies to manage and promote positive behaviour.
- Ensuring that clear expectations for all adults (to include staff) regarding appropriate interactions and respectful practices with children and/or young people are detailed and understood.

New Shapes Afterschool ’s Managing Behaviour and Supporting Positive Behaviour Policy is a core component of the Child Safeguarding Statement as required by Children First (2015).

New Shapes Afterschool supports and promotes positive social, emotional, and behavioural wellbeing reflecting up-to-date professional practice.

Please also see our Managing Behaviour and Supporting Positive Behaviour. Policy and Child Safeguarding Policy and Procedures.

Declaration of Guiding Principles:

At New Shapes Afterschool we provide the following services and activities to children/young people:

The aim of our School Age Service is to provide a safe, engaging, and inclusive environment for school-age children through a variety of structured and unstructured after-school activities. These activities include outdoor play, baking, arts and crafts, and sensory experiences such as slime, gloop, and playdough. All activities are designed to support children’s social, emotional, and creative development while encouraging fun and participation, also include walk from school

We believe the following:

1. Our priority to ensure the welfare and safety of every child and young person who attends our Service is paramount.

2. Our guiding principles and procedures to safeguard children and young people reflect national policy and legislation and we will review our guiding principles and child safeguarding procedures every two years.

3. All children and young people have an equal right to attend a service that respects them as individuals and encourages them to reach their potential, regardless of their background.

4. We are committed to upholding the rights of every child and young person who attends our service, including the rights to be kept safe and protected from harm, listened to, and heard.

5. Our guiding principles apply to everyone in our organisation.

6. Workers/volunteers must conduct themselves in a way that reflects the principles of our organisation.

Guiding Principles:

Our guiding principles are underpinned by Children First: National Guidance for the Protection and Welfare of Children, Tusla's Child Safeguarding: A Guide for Policy, Procedure and Practice, the United Nations Convention on the Rights of the Child and current legislation such as the Children First Act 2015, Child Care Act 1991, Protections for Persons Reporting Child Abuse Act 1998 and the National Vetting Bureau Act 2012. We understand fully that the safeguarding of children is every adult's responsibility and our guiding principles apply to everyone in our Service including all paid staff, on work placement within our Service.

All staff must sign up to and abide by these guiding principles and our child safeguarding procedures.

We are committed to upholding the rights of every child and young person who attends our Service, including the right to be kept safe and protected from harm, to be listened to and to be

heard. We understand that all children and young people have an equal right to attend a service that respects them as individuals and encourages them to reach their potential, regardless of their background. Therefore, we are committed to ensure that all children in New Shapes Afterschool are protected and kept safe from harm while they are in our care. New Shapes Afterschool committed to ensuring that all children attending our Service will be equally protected from harm regardless of race, ability, ethnicity or sexual orientation.

We do this by:

- Making sure that our staff are carefully selected, trained and supervised.
- Making sure that workers must conduct themselves in a way that reflects the principles of our Service.
- Having procedures readily in place to recognise, respond to and report concerns in relation to children's protection and welfare.
- Making sure all staff are Garda vetted and police checked where required prior to engagement.
- Having clear Codes of Behaviour for management, staff ts in the form of a Handbook.
- Having a procedure to respond to accidents and incidents.
- Giving parents/guardians, children and staff information about what we do and what to expect from us.
- Letting parents/guardians and children know how to voice their concerns or complain if there is something that they are not happy about. Having a procedure to respond to these complaints.
- Having a clear reporting procedure to be followed should a staff member have a concern about a child in line with the obligations of mandated persons outlined in Children First Act 2015 and The Children First Act 2015 (as amended by the Child Care (Amendment) Act 2024).
- Having a procedure to respond to allegations of abuse and neglect against staff members.
- Having a system where the policy and safeguarding statement is reviewed annually at least by the Management, or as regularly as is required following any changes or updates.

Principles and Procedures in Place in New Shapes Afterschool to keep Children safe:

New Shapes Afterschool has principes and procedures in place to ensure as far as practicable that a child, while availing of our service, is safe from harm. The Children

First Act 2015 Act lists a number of procedures which must be specified in your Child Safeguarding Statement

New Shapes Afterschool has the following procedures that are in place:

(a) To manage any risk identified.

(b) In respect of any member of staff who is the subject of any investigation (howsoever described) in respect of any act, omission or circumstance in respect of a child availing of the relevant service.

(c) For the selection or recruitment of any person as a member of staff of the Provider with regard to that person's suitability to work with children.

(d) For the provision of information and, where necessary, instruction and training, to members of staff of the Provider in relation to the identification of the occurrence of harm.

(e) For reporting to the Agency by the Provider or a member of staff of the provider in accordance with the Children First Act 2015, the Children First Act 2015 (as amended by the Child Care (Amendment) Act 2024 or the guidelines issued by the Minister for Children and Youth Affairs under section 6.

(f) For maintaining a list of the persons in the relevant service who are mandated persons within the meaning of The Children First Act (2015) and The Children First Act 2015 (as amended by the Child Care (Amendment) Act 2024.

All procedures listed are available upon request

Supports for Staff to respond positively children's and young people's behaviours:

Staff in New Shapes Afterschool are be provided with the supports required to respond positively to children and young people's behaviours including but not limited to information, training, staff meetings and/or support and supervision.

Our Service ensures that staff are supported to work in partnership with parents/guardians to ensure that children receive a consistent and shared approach to responding to behaviour.

New Shapes Afterschool in partnership and with the consent of parents, may seek external advice and/or support from relevant agencies in developing appropriate and effective strategies for the child.

Our Service will at all times maintain children's confidentiality and dignity in any communication with parents/guardians. Any communications will be carefully planned to be respectful to the child/young person.

Please see our Partnership with Parents Policy, Managing Behaviour and Promoting Positive Behaviour and our Child Safeguarding Policies and Procedures.

Risk Assessment

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

RISK IDENTIFIED	PROCEDURES IN PLACE TO MANAGE RISK	RESPONSIBILITY
1.Risk of harm (as defined by the Children First Act 2015) of bullying (Inc. online abuse/cyber-bullying) a child by a member of staff/volunteer/ peer *Examples of risk include, but are not limited to: Repeated acts of bullying (i.e. verbal or psychological) in the form of taunting, criticising, slagging,*	**Procedures in place:** Anti-bullying Policy including Internet, Photography and Recording Devices Policy. Parents are aware of Internet and Photographic and Recording Devices Policy and their responsibilities. School-Aged children aware of the policy regarding phones, tablets and other devices. Staff Training in Child Safeguarding and Online Safety Supervision of Children Policy (awareness of any area blind-spots and enhanced supervision of these)	Management, Staff, DLPs

humiliating, excluding etc. *Children using social media platforms to post derogatory or harmful threats or comments, or unauthorised photographs of other children. Unwanted texts or calls to a child's personal device.*	Discipline and Complaints Procedure. All reported potential incidents against staff will be investigated by the service under the disciplinary Policy. All safeguarding allegations will be reported to Tusla School-Aged children have access to complaints policy in child-friendly format	
2. Risk of harm(as defined by the Children First Act 2015) of sexual abuse or abuse of a child within the setting by a member of staff/student or peer/visitor/contractor *Examples of risk include, but are not limited to:* *Children placed at risk due to inadequate supervision.* *Children being harmed because of staff not reporting appropriate concerns.* *Children being harmed by inappropriate actions or interactions by staff. –* *An incident of sexual abuse by a staff member/ student/volunteer, for example, during nappy*	**Procedures in place:** Vetting in place to include Garda vetting, police checks, validated references. Our Garda Vetting Officer has completed training with ECI in respect of Garda Vetting. Supervision of Children Policy (awareness of any area blind-spots and enhanced supervision of these). Child Safeguarding Statement and Policy No unsupervised access by unauthorised personnel. Staff are trained to recognise signs and aware of mandated requirement to report. Staff trained in Child Protection and Safeguarding (Children First) and aware of types and signs. DLPs appointed. Parents/Guardians/Siblings not permitted into Toilet facilities. Mandated persons named and listed. Visitors or persons unknown to staff will not have unsupervised access and visiting times will, if possible, be arranged by appointment only and when children are not present. All reported potential incidents against staff will be investigated by the service under the disciplinary	Management, Staff, DLPs

changing or intimate care routines.	Policy. All safeguarding allegations will be reported to Tusla School-Aged children have access to complaints policy in child-friendly format	
3. Risk of harm (as defined by the Children First Act 2015) or physical / psychological/ emotional harm (as defined by the Children First Act 2015) of a child by a member of staff/volunteer/ Contractor *Examples of risk include, but are not limited to:* *Rough handling of children by staff in a way that causes harm to a child including but not limited to nappy changing and toileting.* *Staff/volunteers shouting at or chastising children to the extent that it causes harm to a child.*	**Procedures in place:** Vetting in place to include Garda vetting, police checks, validated references. Our Garda Vetting Officer has completed training with ECI in respect of Garda Vetting. No unsupervised access by unauthorised personnel. Staff are trained to recognise signs and aware of mandated requirement to report. Staff trained in Child Protection and Safeguarding (Children First). DLPs appointed. Supervision of Children Policy (awareness of any area blind-spots and enhanced supervision of these). Child Safeguarding Policy Managing Behaviour Policy in place. Positive Reinforcement Skills and Strategies only used. Staff trained in evidence-based behaviour management strategies, example, Trama Inform care Staff Supports available for managing specifically challenging behaviours. Mandated persons named and listed. Disciplinary Procedure. Visitors or persons unknown to staff will not have unsupervised access and visiting times will, if possible, be by appointment only and arranged when children are not present (out-of-hours)	Management, Staff, DLPs

	All reported potential incidents against staff will be investigated by the service under the disciplinary Policy. All safeguarding allegations will be reported to Tusla School-Aged children have access to complaints policy in child-friendly format	
4.Risk of harm (as defined by the Children First Act 2015) of a child from an unauthorised Visitor/ Contractor *Examples of risk include, but are not limited to:* *Children placed at risk due to inadequate supervision* *Risk of children absconding from services due to procedures for entering and exiting buildings not being adhered to, such as doors being closed etc.* *Risk of physical, sexual or emotional abuse to children from visitors*	Supervision of Children Procedure/Policy (no unsupervised access to children by visitors or contractors) Visitor Signing in Procedure/Policy Child Safeguarding Policy No unsupervised access by unauthorised personnel. Visitors or persons unknown to staff will not have unsupervised access and visiting times will, if possible, be arranged by appointment only and when children are not present. All reported potential incidents against staff will be investigated by the service under the disciplinary Policy. All safeguarding allegations will be reported to Tusla	Management, staff, DLPs
5. Lost child *Examples of risk include, but are not limited to:* *Risk of children absconding from services due to procedures for*	Fully secured Entrance and Exit points. Procedures in place to safeguard a school age child / child leaving and/or returning to the Service unaccompanied, with written parental written permission Risk Assessments and Safety Audits carried out.	Management, Staff, DLPs

entering and exiting buildings not being adhered to, such as doors being closed etc. *Risk of School Age Children Arriving At Or Leaving the Service unaccompanied* *Risk of physical, sexual or emotional abuse to children from strangers* *Children placed at risk of harm due to inadequate supervision*	Critical Incident Plan in place. DLPs appointed. CCTV in working use. Only authorised Persons allowed access to the service. All reported potential incidents against staff will be investigated by the service under the disciplinary Policy. All safeguarding allegations will be reported to Tusla	
6.Accidents Caused by Neglect *Examples of risk include, but are not limited to:* *Child tripping or falling due to unnoticed hazards.* *Accidentally ingestion of a hazardous substance due to poor storage and accessibility.* *Choking as a result of being left unattended while eating.*	**Procedures in place** Safety Policy and Statement in place and followed. Daily Risk Assessments (Manager's Morning Check and Care Room Risk Assessments) carried out. Monthly and annual Safety Audits carried out. Risk Assessments carried out following an accident and corrective action taken. Close Supervision during all mealtimes (and awareness of any area blind-spots and enhanced supervision of these). Accident and Incident Policy in place and followed. Correct storage procedures for all potentially hazardous substances (cleaning and medications). All reported potential incidents against staff will be investigated by the service under the disciplinary Policy. All safeguarding allegations will be reported to Tusla	Management, Staff, DLPs
7.Medical Neglect *Examples of risk*	**Procedures in place**	Management, staff, DLPs

include, but are not limited to: *Accidentally ingestion of a hazardous substance due to poor storage and accessibility.* *Failure to administer required medication to a child.* *Failure to follow care plans for a child.*	Medicines Policy in place and followed. Parental Consent Forms signed. Individual Child Care/Emergency Plans are in place and followed. Inaccessible safe storage and labelling of Medicines in place. All reported potential incidents against staff will be investigated by the service under the disciplinary Policy. All safeguarding allegations will be reported to Tusla	
8.Child not collected/ Unauthorised collection and Access Rights or Persons unfit to collect *Risk of physical, sexual or emotional abuse to children from strangers or unauthorised care persons.* *Children placed at risk of harm due to inadequate supervision or care capabilities of unauthorised persons.* *Risk of School Age Children Arriving At Or Leaving the Service unaccompanied*	**Procedures in place** Collections Policy in place and followed. Procedures in place to safeguard a school age child / child leaving and/or returning to the Service unaccompanied, with written parental written permission Authorised/Emergency Collectors available. Parental Agreements & Permissions in place. Photo Identification Requests in place for emergency collectors. Child Registration Form fully completed with emergency contacts and authorisations listed. Amendments made to Authorised Collection List as necessary. Children are not released to unauthorised persons. Where there is a dispute between parents, we will seek legal clarification regarding access and may require copies of a court order (Request in Child Reg Form). If we have never met a parent and a parent is not listed on the registration form, we may seek clarification of identity from parent/guardian before	Management, staff, DLPs

	engaging with the collector, and subsequently photographic identification once clarity is sought. Children will not be released to parents/guardians who are in an unfit state. Alternative Authorised person will be contacted, or Gardaí will be phoned. All reported potential incidents against staff will be investigated by the service under the disciplinary Policy. All safeguarding allegations will be reported to Tusla School-Aged children have access to complaints policy in child-friendly format	
9. Unvetted Staff or students that may lead to children being harmed (including not recognising or reporting signs of abuse) *Examples of risk include, but are not limited to:* *Children placed at risk due to inadequate supervision* *Children being harmed as a result of staff not reporting appropriate concerns* *Children being harmed by inappropriate actions or interactions by staff*	**Procedures in place** Recruitment and Selection Policy in place. Garda Vetting (Including Police Checks) Policy in place (Process to be fully completed before commencement of work). Our Garda Vetting Officer has completed training with ECI in respect of Garda Vetting. No unsupervised access to children by unvetted persons (or vetted students/visitors/contractors) Relevant validated References available for all staff. Child Safeguarding Policy in place. Risk Assessment of Disclosures on Garda Vetting forms completed if required. All reported potential incidents against staff will be investigated by the service under the disciplinary Policy. All safeguarding allegations will be reported to Tusla	Management, Staff, DLPs
10.Risk of abuse by staff / visitors not knowing correct	Staff Training Procedure/Policy Staff Supervision Procedure/Policy	Management, Staff, DLPs

procedures (such as not recognising or reporting signs of abuse) *Examples of risk include, but are not limited to:* *Children placed at risk due to inadequate supervision* *Children being harmed as a result of staff not reporting appropriate concerns* *Children being harmed by inappropriate actions or interactions by staff*	Reporting Procedure/Policy Child Safeguarding Procedure/Policy Allegations of Abuse against Staff/Students/Volunteers Procedure/Policy Complaints Procedure/Policy Code of Behaviour for staff and volunteers Procedures/Policy Procedure/Policy on Managing Behaviour No unsupervised access to children by students, volunteers, visitors or any unvetted personnel. All reported potential incidents against staff will be investigated by the service under the disciplinary Policy. All safeguarding allegations will be reported to Tusla	
11.Poor behaviour management strategies where the dignity of the child is undermined *Examples of risk include, but are not limited to:* *Rough handling of children by staff, students and/or volunteers in a way that causes harm to a child including but not limited to finger pointing; aggressive body language; looming over a child and not coming down to a child's level; corporal punishment,*	**Procedures in place** Managing Behaviour Policy in place and followed. Positive Reinforcement Skills and Strategies only used. No corporal punishment. No isolation or exemption used. Disciplinary procedures for staff; Professional assistance and support sought for very challenging behaviour Staff trained in evidence-based behaviour management strategies, example, Incredible Years. Management support provided to staff, in relation to very challenging behaviour All reported potential incidents against staff will be	Management, staff, DLPs

use of time out; shouting at or chastising children to the extent that it causes harm to a child; exemption, humiliation or isolation methods used to behaviour manage.	investigated by the service under the disciplinary Policy. All safeguarding allegations will be reported to Tusla	
12.Risk of harm (as defined in the Children First Act 2015) or abuse of a child when on outings by Staff Member/Student/ Peer *Examples of risk include, but are not limited to:* *Children placed at risk of harm due to inadequate supervision on outings* *A child going missing, or is unaccounted for, for any period of time*	**Procedures in place** Service does not go on outings.	Management, Staff, DLP
13. Risk of harm (as defined in the Children First Act 2015) of a child through social media / internet use *Examples of risk include, but are not limited to:* *Accidental exposure to children of inappropriate online material (violence/*	**Procedures in place:** Internet and Photographic and Recording Devices Policy. No use of mobile phones permitted by staff inside classrooms (Lockers provided for safe storage). Supervision of Children Policy. Staff Training in Online Safety. Parental Consent Forms completed. No images of children published externally or on	Management, staff, DLPs

pornography) *Unauthorised sharing of images and information about a child.* *Poor management of images or recordings of children, including those shared publicly or on social media.*	social media without parent/guardian consent. Identities protected. Images only published on social media with parental consent No child/adult phones permitted. See Smart watch, Tablets and Device Use policy Parents are aware of Internet and Photographic and Recording Devices Policy and their responsibilities. All reported potential incidents against staff will be investigated by the service under the disciplinary Policy. All safeguarding allegations will be reported to Tusla School-Aged children aware of the policy regarding phones, tablets and other devices	
14. Risk of harm (as defined in the Children First Act 2015) of a child from unauthorised Photography in the setting *Examples of risk include, but are not limited to:* *Unauthorised distribution of a photo of a child on social media or other platforms.* *Poor management of images or recordings of children, including those shared publicly or on*	**Procedures:** No use of mobile phones permitted by staff or School-aged children inside classrooms (safe storage is provided). Internet and Photographic and Recording Devices Policy. Staff Training in Online Safety. Parents are aware of Internet and Photographic and Recording Devices Policy and their responsibilities. Social Media Procedure/Policy Retention of Records Procedure/Policy All reported potential incidents against staff will be investigated by the service under the disciplinary Policy. All safeguarding allegations will be reported to Tusla	Management, staff, DLPs

social media		

Responsibility

The Manager, Staff and DLP is/are fully responsible for ensuring the above risks are managed.

Procedures

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

- The definition of 'harm' in all sections is identified according to Children First Act of 2015 in relation to a child as:

  (a*) assault, ill-treatment, or neglect of the child in a manner that seriously affects or is*

  likely to seriously affect the child's health, development or welfare, or

  (b) sexual abuse of the child,

  whether caused by a single act, omission or circumstance or a series or combination of acts, omissions or circumstances, or otherwise.

- Procedures to manage any risk identified.
- Procedure for reporting harm or abuse or allegations of these to TUSLA by the Registered provider of New Shapes Afterschool Georgina Barry
- Procedure for the management of allegations of abuse or misconduct against workers/volunteers of a child while attending our Service .
- Procedure for selection or recruitment of any person as a member of staff of the provider with regards to that person's suitability to work with children.
- Procedure for the provision of information and, where necessary, instruction and training to members of staff in relation to the occurrence of harm.
- Procedure for maintain a list of mandated people.

- Procedure for reporting harm or abuse or allegations of these to TUSLA by the Registered provider Georgina Barry of New Shapes Afterschool or member of staff.-

- Procedure for the management of allegations of abuse or misconduct against workers/volunteers of a child while attending our Service.

- Procedure for the safe recruitment and selection of workers and volunteers to work with children

- Procedure for provision of and access to child safeguarding training and information, including the identification of the occurrence of harm

- Procedure for the reporting of child protection or welfare concerns to Tusla

- Procedure for maintaining a list of the persons in the relevant service who are mandated persons

- Procedure for the appointment of a relevant person by the Registered Provider. For the purposes of this statement the relevant person is Georgina Barry

All procedures listed are available upon request

This Safeguarding Statement will be displayed in our main entrance hallway on our notice board.

Implementation

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

This Child Safeguarding Statement will be reviewed on _____April 2027 or when or as soon as practicable after there has been a material change in any matter to which the statement refers.

For queries and/or further information on this Statement please contact the named **Relevant Person** under the Children First Act 2015 appointed by the Registered Provider**:**

Relevant Person Name: Georgina Barry

Phone: phone: 0851757680 **Email: email: newshapesdublin@hotmail.com**

Additional Information:

Designated Liaison Officer: Georgina Barry

Phone: phone 0851757680 **Email: email: newshapesdublin@hotmail.com**

CHILD SAFEGUARDING POLICY AND PROCEDURES

All staff of New Shapes After-school are "mandated persons" within the meaning of The Children First Act 2015 and the Child Care (Amendment) Act 2024 ("the Acts").

Accordingly, reference to “mandated person” or “mandated persons” in this policy, within the meaning of The Children First Act 2015 and the Child Care (Amendment) Act 2024 ("the Acts") denotes Owners, School Age Service staff of New Shapes After-school

- This policy has been communicated to parents/guardians, staff, in New Shapes After-school as outlined in the opening table to this policy and records retained of the communication.
- All relevant staff are fully aware of Child Safeguarding requirements and have a clear understanding of their roles and responsibilities in relation to this policy and its procedures.
- All relevant staff have received training on this policy. Please refer to details of staff training.

Statement of Purpose

The purpose of this Service is to provide a School Age Service facility for children aged 4 years to 15 years.

We open 49 weeks per year daily from Monday to Friday. We have capacity to cater for a total of 50 children in our School Age Service.

Our adult-to-child ratios are 1:11

This Service is privately owned and managed by Georgina Barry, the Registered Provider

Our Service is located at: Unit 7& 8 Aces Enterprise Centre, Neilstown, Clondalkin, Dublin 22

New Shapes Afterschool has 6 mandated staff and 2 ancillary/additional staff.

New Shapes Afterschool provides the following services and activities for the children:

1. Outdoor play, baking, arts and crafts, and sensory experiences such as slime, gloop, and playdough
2. Walk-from -school supervision
3. Snacks included

Commitment to Children and/or Young People In our Service:

New Shapes Afterschool is committed to:

- Safeguarding children in our Service and to providing a safe, respectful and nurturing environment where each child and/or young person can play, learn, relax and develop.
- Implementing safe, respectful, developmentally appropriate and child-centred strategies to manage and promote positive behaviour.

- Ensuring that clear expectations for all adults to include staff, regarding appropriate interactions and respectful practices with children and/or young people are detailed and understood.

New Shapes Afterschool Managing Behaviour and Supporting Positive Behaviour Policy is a core component of the Child Safeguarding Statement as required by Children First (2015).

New Shapes Afterschool supports and promotes positive social, emotional, and behavioural wellbeing reflecting up-to-date professional practice.

Supports for Staff to respond positively children's and young people's behaviours:

Staff in New Shapes Afterschool are be provided with the supports required to respond positively to children and young people's behaviours including but not limited to information, training, staff meetings and/or support and supervision.

Our Service ensures that staff are supported to work in partnership with parents/guardians to ensure that children receive a consistent and shared approach to responding to behaviour.

New Shapes Afterschool in partnership and with the consent of parents, may seek external advice and/or support from relevant agencies in developing appropriate and effective strategies for the child.

Our Service will always maintain children's confidentiality and dignity in any communication with parents/guardians. Any communications will be carefully planned to be respectful to the child/young person.

Please see our Partnership with Parents Policy, Managing Behaviour and Promoting Positive Behaviour and our Child Safeguarding Statement.

Statement of Intent

Our priority is to ensure the welfare and safety of every child and young person who attends our service. Our Service believes that the best interests of children and young people attending our services are paramount. Our guiding principles are underpinned by Children First: National Guidance for the Protection and Welfare of Children, Tusla's Child Safeguarding: A Guide for Policy, Procedure and Practice, the United Nations Convention on the Rights of the Child and

current legislation such as the Children First Act 2015, Child Care Act 1991, Protections for Persons Reporting Child Abuse Act 1998 and the National Vetting Bureau Act 2012.

We will review our guiding principles and child safeguarding procedures every two years or sooner, if necessary, due to service issues or changes in legislation or national policy.

We understand fully that the safeguarding of children is every adult's responsibility and our guiding principles apply to everyone in our Service including all paid staff, within our Service.

All employees must conduct themselves in a way that reflects the principles of our Service.

All staff must sign up to and abide by these guiding principles and our child safeguarding procedures.

We are committed to upholding the rights of every child and young person who attends our Service, including the right to be kept safe and protected from harm, to be listened to and to be heard. We understand that all children and young people have an equal right to attend a service that respects them as individuals and encourages them to reach their potential, regardless of their background. Therefore, we are committed to ensure that all children in New Shapes Afterschool are protected and kept safe from harm while they are in our care. New Shapes Afterschool is committed to ensuring that all children attending our Service will be equally protected from harm regardless of race, ability, ethnicity or sexual orientation.

We do this by:

- Having a robust recruitment policy and procedure
- Making sure that our staff are carefully selected, trained and supervised.
- Making sure that workers must conduct themselves in a way that reflects the principles of our Service.
- Having procedures readily in place to recognise, respond to and report concerns in relation to children's protection and welfare.
- Making sure that all staff adhere to our Dropping Off and Collection of Children (to include Authorisation to Collect Children) and Risk Assessment Policies.
- Making sure all staff are Garda vetted and police checked where required prior to engagement.

- Making sure all references are scrutinised, validated, are on heading paper, signed and dates. Validation should include determining the individual's suitability to work with children
- Having clear Codes of Behaviour for management in the form of a Handbook.
- Having a procedure to respond to accidents and incidents.
- Giving parents/guardians, children and staff information about what we do and what to expect from us.
- Letting parents/guardians and children know how to voice their concerns or complain if there is something that they are not happy about. Having a procedure to respond to these complaints.
- Having a clear reporting procedure to be followed should a staff member have a concern about a child in line with the obligations of mandated persons outlined in *Children First (2015) and The Children First Act 2015 (as amended by the Child Care (Amendment) Act 2024).*
- Having a procedure to respond to allegations of abuse and neglect against staff members.
- Having a system where the policy and safeguarding statement is reviewed annually at least by the Management, or as regularly as is required following any changes or updates.

Principles and Procedures in Place in New Shapes Afterschool to keep Children safe:

New Shapes Afterschool has principes and procedures in place to ensure as far as practicable that a child, while availing of our Service, is safe from harm. New Shapes Afterschool has the following procedures that are in place:

(a) To manage any risk identified.

(b) In respect of any member of staff who is the subject of any investigation (howsoever described) in respect of any act, omission or circumstance in respect of a child availing of the relevant service.

(c) For the selection or recruitment of any person as a member of staff of the Provider regarding that person's suitability to work with children.

(d) For the provision of information and, where necessary, instruction and training, to members of staff of the Provider in relation to the identification of the occurrence of harm.

(e) For reporting to the Agency by the Provider or a member of staff of the provider in accordance with the Children First Act 2015, the Children First Act 2015 (as amended by the Child Care (Amendment) Act 2024 or the guidelines issued by the Minister for Children and Youth Affairs under section 6.

(f) For maintaining a list of the persons in the relevant service who are mandated persons within the meaning of The Children First Act (2015) and The Children First Act 2015 (as amended by the Child Care (Amendment) Act 2024.

(g) Procedure for reporting harm or abuse or allegations of these to TUSLA by the Registered provider Georgina Barry of New Shapes Afterschool or member of staff.-

(h) Procedure for the management of allegations of abuse or misconduct against workers of a child while attending our Service.

(i) Procedure for the safe recruitment and selection of workers and volunteers to work with children.

(j) Procedure for provision of and access to child safeguarding training and information, including the identification of the occurrence of harm.

(k) Procedure for the reporting of child protection or welfare concerns to Tusla

(l) Procedure for maintaining a list of the persons in the relevant service who are mandated persons

(m) Procedure for the appointment of a relevant person by the Registered Provider. For the purposes of this statement the relevant person is **Georgina Barry.**

All procedures listed are available upon request

If A nominated person arrives in an unfit state

Parents/guardians/Nominated Persons should be in a fit state to collect their children. If a parent arrives in an 'unfit' state, for example under the influence of alcohol or drugs, the senior member of staff on duty will contact the other parent or nominated person as listed on the

child's registration form (depending on authorisations and circumstances) or will contact the duty social worker or the Gardaí. The child's welfare and safety will always come first.

Please also see our Dropping Off and Collection of Children (Including Authorisation to Collect Children) and Child Safeguarding Policies.

Policy

Children First: National Guidance for the Protection and Welfare of Children was published by the Department of Child and Youth Affairs in 2017 and Our Duty to Care together form the basis of our Service's Child Safeguarding Policy and Procedures:

Children First Publication (2017) available at:https://assets.gov.ie/25844/b90aafa55804462f84d05f87f0ca2bf6.pdf

- This policy is always applicable when children are in the care of the Service.
- For this policy, a "child" means anyone who is under 18 years of age who is not or has not been married.
- All staff and persons who work within the Service, must read and understand this Child Safeguarding Policy and Procedures Document, as well as the accompanying Child Safeguarding Statement and it will be part of a new staff member's induction training.
- All staff must sign up to and abide by these guiding principles and our child safeguarding procedures.

Clarification on any point may be sought from our Designated Liaison Officer Georgina Barry in person or at the Service phone number 085-1757680 or Service email address newshapesdublin@hotmail.com .

Our Statutory Obligations

One of the main objectives of the Children First Act 2015 and Children First: National Guidance for the Protection and Welfare of Children 2017 is to ensure that our Service keeps children safe from harm while in our care. We will prevent, as far as is practicable and possible, deliberate harm or abuse to the children availing of our services. While it is not possible to remove all risk from our Service, we have put in place Child Safeguarding Policies and Procedures to manage and reduce risk to the greatest possible extent.

The Children First Act and National Guidance Document places specific obligations on us including the requirement to:

- Keep children **safe from harm** while they are using our Service.

- Carry out a **risk assessment** to identify whether a child or young person could be harmed while in our care.
- Develop a **Child Safeguarding Statement** that outlines the policies and procedures which are in place to manage the risks that have been identified. *See Child Safeguarding Statement*.
- Appoint a **Designated Person to** be the first point of contact in respect of our Child Safeguarding Statement.

As part of the policy, our Service will:

- Appoint a Designated Liaison Person (DLP) for dealing with child safeguarding concerns.
- Provide induction training on the Child Safeguarding Policy to all staff and students and ensure that they understand their obligations as a 'Mandated Person' under the Children First Act 2015.
- Maintain a list of persons in the Service who are Mandated Persons under the Children First Act 2015,
- Ensure that all staff attend child safeguarding training as appropriate.
- Provide supervision and support for staff and students in contact with children.
- Share information about the Child Safeguarding Policy with families.
- Ensure this policy will be shared with parents/guardians on enrolment to our Service and be available in hard copy on request at our Service.
- Work and co-operate with the relevant statutory agencies as required.

The Designated Liaison Person:

We will always have an appointed Designated Liaison Person. Our Designated Liaison Person Georgina Barry will undertake the new Children First E-Learning Training Programme developed by TUSLA, HSE and Department of Children, Equality Disability, Integration and Youth. Their certificates of successful completion will be on display in our Service.
We will endeavour to send the Designated Liaison Person(s) and the Deputy Liaison Person on any necessary or new training courses that become available in the future. We regularly consult with various trusted advisory bodies such as TUSLA, ECI, Department of Children, Equality Disability, Integration and Youth and/or NYCI around any new training programmes or information booklets that may become available and are of relevance to our staff training and induction on Child Safeguarding, including online safety and awareness information for staff working with School-Aged children.

TUSLA Child Protection and Welfare link:

https://www.TUSLA.ie/services/child-protection-welfare/

Early Childhood Ireland Training link:

https://www.earlychildhoodireland.ie/work/education-training/

Department of Children and Youth Affairs link:

https://www.gov.ie/en/organisation/department-of-children-and-youth-affairs/

National Youth Council of Ireland Training on Child Safeguarding link:

https://www.youth.ie/programmes/child-protection/

Be Safe Online Government Campaign Resource link:

https://www.gov.ie/en/campaigns/be-safe-online/

Barnardos Online Safety course:

https://www.barnardos.ie/learning-development/training/online-safety-programme

We have appointed a Designated Liaison Person. Their details and contact details are displayed on the Parents/Guardians' board.

The Role of the Designated Liaison Persons is to:

- Establish contact with the relevant bodies and/or Duty Social Worker responsible for child safeguarding in the Service's catchment area and ensure that the Service's Child Safeguarding Policy and Procedures are followed where **Criteria for: Definitions and Thresholds are reached, or Reasonable Grounds for Concern** exist about individual children.
- Be available to all staff.
- Ensure that they are knowledgeable about Child Safeguarding and that they undertake any training considered necessary to keep updated on new developments.
- Ensure the Child Safeguarding Policy and Procedures of the Service are followed.
- Be responsible, whether as a Mandated Person or not, for reporting concerns about the protection and welfare of children to TUSLA – Child and Family Agency or An Garda Síochána.

- Ensure the appropriate information is included in the report to the Child and Family Agency and that the report is submitted in writing (under confidential cover) using the Standard Reporting Form,.
- To liaise with TUSLA, the Child and Family Agency, An Garda Síochána and other agencies as appropriate A person who is mandated or not who has a concern and makes a report also has a responsibility to liaise with the agencies as required].
- To provide updated information and advice on child safeguarding and training within the Service.
- Keep relevant people within the Service informed of relevant issues, whilst maintaining confidentiality.
- Ensure that an individual case record is maintained to clearly include the actions taken by the Service, the liaison with other agencies and the outcome.
- Maintain a comprehensive log/record of all child safeguarding and welfare concerns within the Service.
- Ensure sufficient information is available at the time of referral and that the referral is confirmed, dated, and in writing under confidential cover.

Mandated Persons

Children First 2017: Chapter 3 and Appendix 2 refers:

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

The Children First Act 2015 (as amended by the Child Care Amendment) Act 2024, places a legal obligation on certain people to report child safeguarding concerns at or above a defined threshold to TUSLA - Child and Family Agency. These Mandated Persons must also assist TUSLA, on request, in its assessment of child safeguarding concerns about children who have been the subject of a mandated report.

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

Mandated Persons have <u>two</u> main legal obligations under the Children First Act 2015 (as amended by the Child Care (Amendment) Act 2024).

These are:

1. To report the harm of children **above a defined threshold** to TUSLA.

2. To assist TUSLA, if requested, in assessing a concern which has been the subject of a mandated report.

IMPORTANT NOTE:

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

While Mandated Persons have statutory obligations to report mandated concerns, they may make a report jointly with another person, whether the other person is a Mandated Person or not. In effect, this means that a Mandated Person can make a joint report with a Designated Liaison Person.

Criteria for Reporting: Definitions and Thresholds

Chapter 3 Page 20 Children First – National Guidance for the Protection and Welfare of Children (2017).
Mandated Persons within our setting are required to report any knowledge, belief or reasonable suspicion that a child has been harmed, is being harmed, or is at risk of being harmed. The Act defines harm as assault, ill-treatment, neglect or sexual abuse and covers single and multiple instances.

The four types of abuse are described in APPENDIX 2. The threshold of harm for each category of abuse at which Mandated Persons have a legal obligation to report concerns is outlined below.

1. **NEGLECT:** Neglect is defined as 'to deprive a child of adequate food, warmth, clothing, hygiene, supervision, safety or medical care'. The threshold of harm, which

must be reported to TUSLA under the Children First Act 2015, is reached when you know, believe or have reasonable grounds to suspect that a child's needs have been neglected, are being neglected, or are at risk of being neglected to the point where **the child's health, development or welfare have been or are being seriously affected, or are likely to be seriously affected.**

2. **EMOTIONAL ABUSE/ILL-TREATMENT:** Ill-treatment is defined as 'to abandon or cruelly treat the child, or to cause or procure or allow the child to be abandoned or cruelly treated'. Emotional abuse is covered in the definition of ill-treatment used in the Children First Act 2015. The threshold of harm, which must be reported to TUSLA under the Children First Act 2015, is reached when it is known, believed or there are reasonable grounds to suspect that a child has been, is being, or is at risk of being ill-treated to the point where **the child's health, development or welfare have been or are being seriously affected, or are likely to be seriously affected.** Emotional Abuse of children and young people may extend to online misuse, abuse and/or cyber-bullying. The use of electronic or digital means by an individual to deliberately harass, ridicule or emotionally hurt another person is an additional form of abuse that our Service is aware of.

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

4. **SEXUAL ABUSE:** A Mandated Person knows, believes or has reasonable grounds to suspect that a child has been, is being, or is at risk of being sexually abused or exploited, then this must report this to TUSLA under the Children First Act 2015. Sexual abuse to be reported under the Children First Act 2015 [as amended by section 55 of the Criminal Law (Sexual Offences) Act 2017] is defined as an offence against the child, as listed in Schedule 3 of the Children First Act 2015. A full list of relevant offences against the

child which are considered sexual abuse is set out in ***Appendix 3 of Children First (2017).***

As all sexual abuse falls within the category of **seriously affecting a child's health, welfare or development**, all concerns about sexual must abuse must be submitted as a mandated report to TUSLA. There is one exception, which deals with certain consensual sexual activity between teenagers, which is outlined on ***page 23 Children First (2017).***

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

Reasonable Grounds for Concern

Chapter 2, Page 06 Children First (2017)

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

Reasonable grounds for a child safeguarding or welfare concern include:

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

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

1. The safety and well-being of the child must take priority over concerns about adults against whom an allegation may be made.

2. Reports of concerns should be made without delay to TUSLA.

Recognising Concerns:

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

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

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

Disclosures of Abuse from a Child

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

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

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

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

On-going Support:

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

Staff should continue to offer support, particularly through:

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

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

A suspicion which <u>is not identified by Criteria for Reporting</u>: Definitions and Thresholds or Reasonable Grounds for Concern.

- In this case, the concern and any informal consultation will be documented and kept confidentially and securely.
- The DLP will inform the member of staff, volunteer or student who raised the concern that it is not being referred in writing, indicating the reasons. The DLP will advise the individual that they may make a report themselves (**see Mandated Persons and Making a Mandated Report)**.The provision of the *Protection for Persons Reporting Child Abuse Act, 1998* will apply.
- Persons reporting suspected child abuse or neglect should not interview the child or the child's parents/guardians in any detail about the alleged abuse. This will instead be carried out by the TUSLA Duty Social Worker or An Garda Síochána.
- If staff have any concerns these should be discussed immediately with the Designated Liaison Person.

Making a Mandated Report Chapter 3, Page 24 Children First (2017)

Section 14 of the Children First Act 2015 requires Mandated Persons to report a mandated concern to TUSLA 'as soon as practicable'.

Mandated Persons will:

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

NOTE

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

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

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

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

Informing the Family That a Report is Being Made

Chapter 3, Page 25 Children First (2017)

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

It is not necessary to inform the family that a report is being made if by doing so it is considered that the child will be placed at further risk, or it is considered that the family's knowledge of the report could impair TUSLA's ability to carry out a risk assessment. Also, the family do not need to be informed if it is considered that by doing so, staff in the Service may be placed at risk of harm from the family.

Consequences of non-reporting

Chapter 3, Page 2 Children First (2017)

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

All Staff/Mandated Persons in our Service have been made aware of the consequences in place for any failures to report welfare concerns to TUSLA. They have all been briefed on the Definitions and Thresholds or Reasonable Grounds for Concern. (See APPENDIX 6).

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

NOTE Failure to report a child safeguarding or welfare concern may invoke the Disciplinary Policy of this Service.

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

- A child tells or indicates that he/ she is being abused. This is called a disclosure.
- An admission or indication from alleged abuser.
- A concern about a potential risk to children posed by a specific person, even if the children are unidentifiable.
- Information from someone who witnessed the child being abused.
- Evidence of an injury or behaviour that is consistent with abuse and unlikely to be caused in any other way.
- Consistent indication over a measured duration of time that a child is suffering from physical or emotional neglect.
- An injury or behaviour which is consistent with abuse, but an innocent or unlikely explanation is given.
- Concern about the behaviour or practice of a colleague.

NOTE

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

The Reporting Procedure:

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

1. Mandated staff who have a concern should record in writing what the child has said, including as far as possible, the exact words utilised by the child.
2. The mandated staff must inform the Designated Liaison Person.
3. Details must be recorded by mandated staff on the TUSLA Standard Reporting Form, which is in the in the Office which must then be signed by the person making the report. *See Appendix 1*: Standard Reporting Form or http://www.TUSLA.ie/services/child-protection-welfare/publications-and-forms. **See Making a Mandated Report.**
4. Unless it would put the child at further risk to do so, the **Designated Liaison Person or Manager** will make every effort to contact the parents/guardians to discuss the concern made by the child. A written record will be kept of this meeting with the parents/guardians.
5. The Designated Liaison Person will examine the **Criteria for Reporting: Definitions and Thresholds** or determine if **Reasonable Grounds for Concern** are present. ***Remember, Mandated Persons should be aware that the legal obligations under the Children First Act 2015 to report mandated concerns rest with the Mandated Person and not with the Designated Liaison Person.***
6. Immediate action must be taken to protect the child in question and indeed any other children who may be considered at 'risk'.
7. A child will never be interviewed regarding the concern by any staff. However, all comments made by the child will be noted and filed as required under confidential cover.
8. Allegations against staff will be dealt with separately and the disciplinary procedure will be followed, as necessary.

9. In cases of emergency, where a child is deemed to be at immediate and serious risk and a Duty Social worker is unavailable, An Garda Síochána should be contacted. **Under no circumstances should a child be left in a dangerous situation pending TUSLA intervention.**

10. The Service will take care to ensure that actions taken by them do not undermine or frustrate any investigations being conducted by TUSLA or An Garda Síochána. Close liaisons will be maintained with these authorities to achieve this.

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

12. Once a report is submitted, the duty social worker may need to speak with the person who had the initial concern.

13. If the Designated Liaison Person makes a decision not to report to TUSLA, full details of the decision must be recorded including the reasons for not reporting plus any action taken. This report should be stored as confidential by the Designated Liaison Person in the child's records and kept by the service in a secure place. ***Remember, a Mandated Person should be aware that the legal obligations under the Children First Act 2015 to report mandated concerns rest with the Mandated Person and <u>not</u> with the Designated Liaison Person.***

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

<u>Dealing with a Retrospective Disclosure by an Adult of Abuse as a Child</u>:

Chapter 3, Page 23 Children First (2017)

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

The reporting requirements under the Children First Act (2015) apply only to information that Mandated Persons either received or became aware of since the Act came into force, in relation to whether the harm occurred before or after that point. However, if they have a reasonable concern about past abuse, where information came to their attention before the Act and there is

a possible continuing risk to children, they should report it to TUSLA under ***Children First (2017) Guidance***.

The Data Protection Acts of 1988-2018, and the 2016 General Data Protection Regulations (GDPR) do not prevent the sharing of information on a reasonable and proportionate basis for the purposes of child safeguarding. TUSLA has the authority to share information concerning a child who is the subject of a risk assessment with a Mandated Person who has been asked to provide assistance.

TUSLA must only share what is necessary and proportionate in the circumstances of each individual case. Information that TUSLA shares with the Mandated Person, if assisting it to carry out an assessment, must not be shared with a third party, unless TUSLA considers it appropriate and authorises in writing that the information may be shared.

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

Within our setting:

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

Allegations Against Staff:

Should an allegation arise against staff within the service, and the Manager is the Designated Liaison Person, a separate person will be assigned to deal with the HR investigation. It is a requirement to separate these issues and manage them independently. Therefore, the Manager will outsource this function to somebody with expertise from outside the service. This allows the Manager to deal with TUSLA and the child's family.

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

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

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

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

Response to allegations of abuse against employees, volunteers, students:

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

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

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

- The Manager will inform the member of staff that an allegation has been made against them. The disciplinary procedure for staff will be followed in this instance.

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

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

- At this point the Disciplinary Procedure will be invoked. This will be a separate process and will be overseen by the Manager, who may outsource this function, and **not** the Designated Liaison Person.
- Should a staff member, following the investigation, be re-instated with no disciplinary action, this will be taken as evidence that no blame/fault/suspicion attaches to them.
- Where the complaint is not upheld, management will ensure that the reputation and career prospects of the staff member concerned are not adversely affected by reason of the complaint having been brought against him/her. The staff member (who had the allegation made against them) will be offered counselling and any other supports considered necessary to restore his/her confidence and morale.
- The staff member who made the complaint will be reassured that management appreciates that the complaint was made in good faith. If required, Management will ensure that the staff member receives support, for example external counselling, if requested or warranted.

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

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

Record Keeping:

- The Service will conform to the provisions of the Data Protection Act 1988 -2018 plus any future amendments.
- We keep up to date records in relation to children, staff and service provision must be kept. The Early Years Inspectorate will have access to files for inspection purposes.
- Parents/guardians may have access to the files and records of their own children on request but may not have access to information about any other child.
- Only employees involved with a particular child should have access to confidential files and will be used to inform staff on how best to meet the needs of the child.
- Where there are child safeguarding or welfare concerns, observations/records will be kept on an on-going basis and information shared with TUSLA as appropriate.
- These will be stored securely.

- Procedures are in place for archiving records.
- All records are managed in line with our Data Protection Policy.
- We aim to ensure that all records are factual and written impartially.
- The Service will only share information with other professionals or agencies, with consent from parents/guardians or without their consent in terms of legal responsibility in relation to a Child Safeguarding issue.
- Records or reports should not be altered or adjusted; if there are new developments then a new record of this information should be completed and added to the existing relevant file.

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

Code of Behaviour for Staff:

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

- We recognise that children have an equal right to our service provision in line with the *Equal Status Act* and the *National Disability Strategy*.
- Staff are required to be sensitive to the risks involved in participating in contact sports or other activities.
- While physical contact can be an effective way of comforting, reassuring and showing concern for children, it should only take place when it is acceptable to all persons concerned (for example, by invitation to the child).
- Staff are not permitted to physically punish, humiliate, isolate, or be in any way verbally abusive to a child, nor should they tell jokes of a sexual or allusive nature in the presence of children.
- Staff are required to be sensitive to the possibility of developing favouritism or becoming over involved or spending a lot of time with any one child.
- Staff are required to be sensitive to the possibility of developing inappropriate aversions to any one child as a result of any behaviour challenges the child might pose to staff. Staff are always expected to understand that the child's behaviour is separate to the child and does not characterise or form part of a child's identity.
- Children will be encouraged to report cases of bullying to either a designated person, or a worker of their choice. Complaints must be brought to the attention of management.

- It is recommended that Child Care services develop a positive attitude amongst workers and children that respects the personal space, safety and privacy of individuals.
- Staff are not permitted to give lifts in their cars to individual children, especially for long journeys.

Visitors:

All Visitors to the Service must check in by signing all required information in the Visitors' book at the main entrance.

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

All Visitors [Including Inspectors, Contractors] should be equipped with Identification and will be asked to produce proof of identity before entering the service.

We are committed to:

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

Working in a safe environment – The Safeguarding of Children and Staff

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

- Follow toileting Policies *(For further information see Toileting Policies).*
- Any concerns expressed about unacceptable practice or behaviour of staff/colleagues are promptly followed up by management.
- Staff are supported when dealing with challenging behaviour of children and staff understand and follow positive behaviour management strategies.

(For further information see Managing Behaviour Policy).

Staff Ratios:

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

TABLE 1.1:

SERVICE:	AGE:	ADULT/CHILD RATIO:
School Age Service	4- 15 years	1:11
At least 2 adults are always on the premises.		

Note:

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

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

Recruitment and Selection Procedure:

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

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

Applicants will receive a clear job description and relevant information on the Service. Additional information, including a copy of the Service's Child Safeguarding Policy and Procedures should also be supplied to each applicant.

(For further information see our Recruitment Policy)

Personnel File:

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

- Proof of identity and that the person is over 18 years of age.
- Proof of satisfactory Garda Vetting and/or International Police Clearance.
- Two validated written references from reputable sources, including a reference from the most recent place of employment.
- Verification of qualifications.
- Investigation of any gaps of employment.

Induction:

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

Staff Supervision and Support:

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

Garda Vetting:

In accordance with the Child Care Act 1991 (Early Years Services) Regulations 2016 we will ensure that all staff members are Garda vetted and have a valid International Police Clearance Certificate where necessary (where a prospective staff member has resided in countries outside of Ireland or Northern Ireland for more than 6 consecutive months or more).

our policy is that the Garda vetting process will be fully completed **prior to starting work at the service for employees** working directly with children. Repeat Garda vetting may be completed at any time during a contract of employment and will be completed at three-year intervals and records will be held for 5 years.

(See the Garda Vetting (Including Police Checks) Policy for further information).

Partnership with Parents/Guardians:

The Service recognises the importance of working with parents/guardians. It has an "open door" policy where families are always welcome, but where the needs of all the children in our care are always the priority. We do however ask that appointments are kindly made ahead of the proposed visit date to management. This is to ensure that appropriate safety measures can be put in place to accommodate meetings. Parents/guardians will be made feel welcome and regular exchange of information with parents/guardians and staff will enable a two-way process of support on a continuous basis insofar as is possible and practical.

Parents/guardians will be made aware of any observations, records and notes kept by us about their children including patterns of behaviour, conversations and any injuries/bruising they may have upon arrival to the Service.

All records will be made available upon request and are kept confidentially and securely. All parents/guardians will be made aware of our policies and procedures.

(For further information see our Partnership with Parents/Guardians Policy.)

Complaints:

- Our children/staff/parents/guardians have the right to voice their opinions and concerns. It is our policy to welcome all suggestions, comments, and complaints in relation to our

Service. Any comments or suggestions can be made to any member of staff. We will give careful attention and prompt and courteous response to any suggestions, comments, or complaints.

(For further information see our Complaints Policy).

- If a complaint involves a child safeguarding concern, the reporting procedure will be followed in line with this Child Safeguarding Policy.

Accidents and Incidents:

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

It i our policy to promote the health, wellbeing and personal safety of all our children and staff through developing and regularly reviewing accident prevention procedures and fire safety. Although we adhere to all safety precautions and follow TUSLA guidelines, accidents can occur.

(For further information see our Accidents and Incidents Policy)

Social Media, Social Networking and Blogging:

- Personal blogs are required to have clear disclaimers that the views expressed by the author in the blog is the author's alone and do not represent the views of the Service. Blogs should be clear and written in first person. It is required to be made clear that the writer is speaking for themselves and not on behalf of the Service.
- Information published on blog(s) is to comply with our Confidentiality Policy. This also applies to comments posted on other blogs, forums, and social networking sites.
- Staff are expected to remain respectful to the Service, management, other employees, customers, partners, and competitors always while using social media.
- Staff may not use social networking sites to befriend parents/guardians whose children attend the Service or to exchange any information about the Service or children attending the Service.
- Social media activities are not to interfere with work commitments; Staff are not permitted to be active on social media during their rostered hours of work, excluding during their scheduled breaks times.
- A staff member must not publish any information regarding any child, family or colleague.

- Staff are expected to Respect copyright laws, and to reference or cite sources carefully and appropriately. Plagiarism applies online as well.
- Service logos and trademarks may not be used.

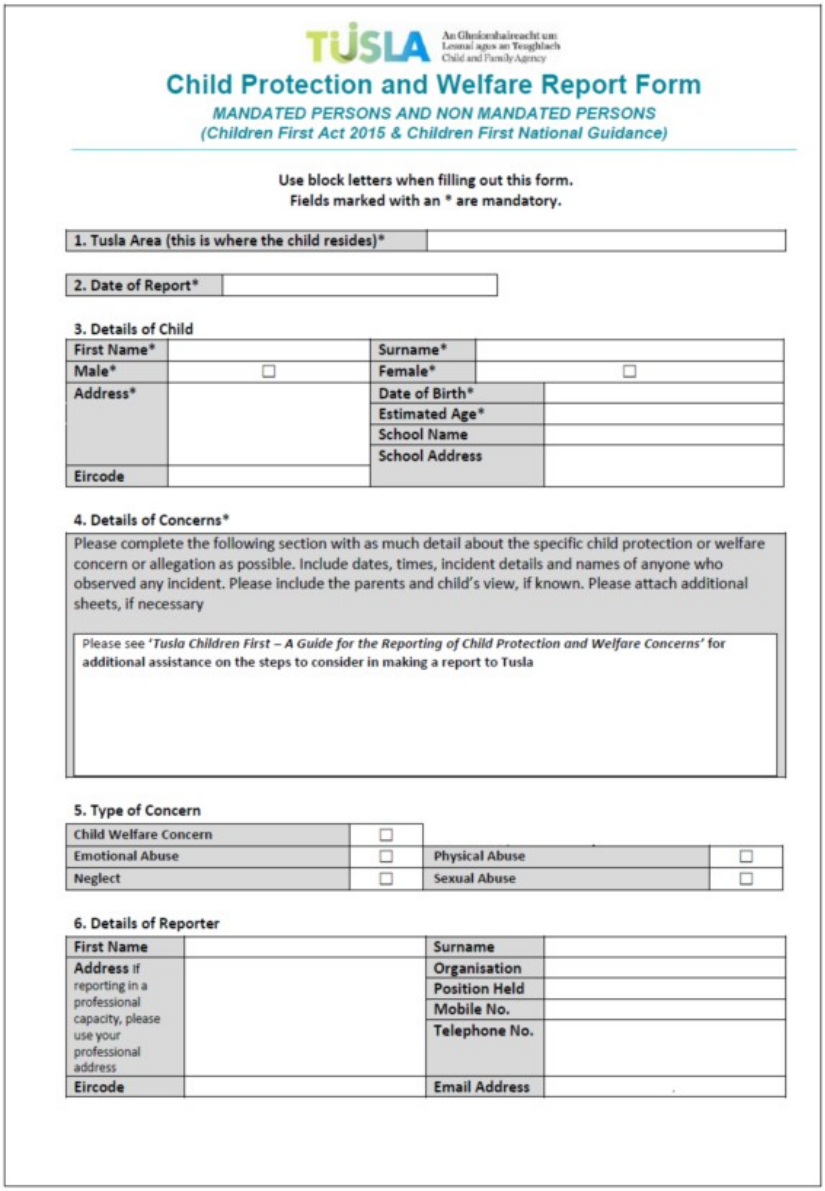
Note: Social Networking websites include a range of websites such as - Facebook, YouTube, and Twitter etc.

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

Any breach of this policy may invoke the disciplinary policy.

This Child Safeguarding Policy may be updated from time to time, or as regularly as deemed necessary either from within or in line with legislation.

APPENDIX 1: STANDARD REPORTING FORM



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

Child Protection and Welfare Report Form

MANDATED PERSONS AND NON MANDATED PERSONS
(Children First Act 2015 & Children First National Guidance)

Use block letters when filling out this form.
Fields marked with an * are mandatory.

1. Tusla Area (this is where the child resides)*	

2. Date of Report*	

3. Details of Child

First Name*		Surname*	
Male*	☐	Female*	☐
Address*		Date of Birth*	
		Estimated Age*	
		School Name	
		School Address	
Eircode			

4. Details of Concerns*

Please complete the following section with as much detail about the specific child protection or welfare concern or allegation as possible. Include dates, times, incident details and names of anyone who observed any incident. Please include the parents and child's view, if known. Please attach additional sheets, if necessary

Please see *'Tusla Children First – A Guide for the Reporting of Child Protection and Welfare Concerns'* for additional assistance on the steps to consider in making a report to Tusla

5. Type of Concern

Child Welfare Concern	☐		
Emotional Abuse	☐	Physical Abuse	☐
Neglect	☐	Sexual Abuse	☐

6. Details of Reporter

First Name		Surname	
Address If reporting in a professional capacity, please use your professional address		Organisation	
		Position Held	
		Mobile No.	
		Telephone No.	
Eircode		Email Address	

APPENDIX 2: TYPES OF CHILD ABUSE AND HOWTHEY MAY BE RECOGNISED

Chapter 2, Page 07 Children First (2017)

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

should be considered a child welfare and protection issue for both children and the child safeguarding procedures for both the victim and the alleged abuser should be followed.

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

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

Neglect

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

These factors include the extent, if any, of positive influence in the child's life as well as the age of the child and the frequency and consistency of neglect. Neglect is associated with poverty but not necessarily caused by it. It is strongly linked to parental substance misuse, domestic violence and parental mental illness and disability. A reasonable concern for the child's welfare would exist when neglect becomes typical of the relationship between the child and the parent or carer. This may become apparent where signs of neglect are observed consistently over a short duration of time of seeing the child, or the effects of neglect may be obvious based on having seen the child once.

The following are features of child neglect:

- Children being left alone without adequate care and supervision.
- Malnourishment, lacking food, unsuitable food or erratic feeding.
- Non-organic failure to thrive, i.e., a child not gaining weight due not only

to malnutrition but also emotional deprivation.

- Failure to provide adequate care for the child's medical and developmental needs, including intellectual stimulation.
- Inadequate living conditions – unhygienic conditions, environmental issues, including lack of adequate heating and furniture.
- Lack of adequate clothing.
- Inattention to basic hygiene.
- Lack of protection and exposure to danger, including moral danger or lack of supervision appropriate to the child's age.
- Persistent failure to attend school.
- Abandonment or desertion.

Emotional abuse

Emotional abuse is the systematic emotional or psychological ill-treatment of a child as part of the overall relationship between a caregiver and a child. Once-off and occasional difficulties between a parent/carer and child are not considered emotional abuse.

Abuse occurs when a child's basic need for attention, affection, approval, consistency and security are not met due to incapacity or indifference from their parent or caregiver. Emotional abuse can also occur when adults responsible for taking care of children are unaware of and unable (for a range of reasons) to meet their children's emotional and developmental needs. Emotional abuse is not easy to recognise because the effects are not easily seen. A reasonable concern for the child's welfare would exist when the behaviour, for example, becomes typical of the relationship between the child and the parent or carer.

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

- Rejection.
- Lack of comfort and love.
- Lack of attachment.
- Lack of proper stimulation (e.g. fun and play).
- Lack of continuity of care (e.g. frequent moves, particularly unplanned).
- Continuous lack of praise and encouragement.
- Persistent criticism, sarcasm, hostility or blaming of the child.
- Bullying, including cyber-bullying.

- Conditional parenting in which care, or affection of a child depends on his or her behaviours or actions.
- Extreme over protectiveness.
- Inappropriate non-physical punishment (e.g. locking child in bedroom).
- On-going family conflicts and family violence.
- Seriously inappropriate expectations of a child relative to his/her age and stage of development.

There may be no physical signs of emotional abuse unless it occurs with another type of abuse. A child may show signs of emotional abuse through their actions or emotions in several ways. These include insecure attachment, unhappiness, low self-esteem, educational and developmental underachievement, risk taking and aggressive behaviour.

It is important to note that no one single indicator is conclusive evidence of emotional abuse. Emotional abuse is more likely to impact negatively on a child where it is persistent over time and where there is a lack of other protective factors.

Physical abuse

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

Physical abuse can include the following:

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

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

Sexual abuse

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

Examples of child sexual abuse include the following:

- Any sexual act intentionally performed in the presence of a child.
- An invitation to sexual touching or intentional touching or molesting of a child's body whether by a person or object for the purpose of sexual arousal or gratification.
- Masturbation in the presence of a child or the involvement of a child in an act of masturbation.
- Sexual intercourse with a child, whether oral, vaginal or anal.
- Sexual exploitation of a child, which includes:

1. Inviting, inducing or coercing a child to engage in prostitution or the production of child pornography [for example, exhibition, modelling or posing for the purpose of sexual arousal, gratification or sexual act, including its recording (on film, videotape or other media) or the manipulation, for those purposes, of an image by computer or other means].
2. Inviting, coercing or inducing a child to participate in, or to observe, any sexual, indecent or obscene act.

3. Showing sexually explicit material to children, which is often a feature of the 'grooming' process by perpetrators of abuse.
4. Exposing a child to inappropriate or abusive material through information and communication technology.
5. The taking of any unauthorised photography of a child that is explicit or revealing in any way for the purpose of use on an unauthorised platform (such as any website).
6. Consensual sexual activity involving an adult and an underage person.

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

APPENDIX 3: THE U.N. CONVENTION ON THE RIGHTS OF THE CHILD (1989)

The Convention stipulates the following general principles:

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

The Convention stipulates the following substantive provisions:

Civil Rights and Freedom:

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

Family Environment and Parental Guidance:

- States must respect the responsibilities of parents/guardians and extended family members to provide guidance for children.
- The Convention gives parents/guardians a joint and primary responsibility for raising their children.
- Children should not be separated from their parents/guardians unless this is deemed to be in the child's best interests.
- Children and their parents/guardians have the right to leave any country and to enter their own for purposes of reunion.
- Children have the right to an adequate standard of living.
- The Convention obliges the State to provide special protection for children deprived of a family environment.
- The State has the obligation to prevent and remedy the kidnapping or retention of children abroad by a parent or third party.
- To protect children from all forms of abuse or neglect.
- It is the responsibility of the State to ensure – in cases of children victims of armed conflict, torture, neglect, maltreatment or exploitation – that they receive appropriate rehabilitative care and treatment to facilitate their recovery and social integration into society.
- A child placed by the State for reasons of care, protection or treatment is entitled to have that placement regularly evaluated.

Basic Health and Welfare of Children:

- Every child has the right to life.
- Parties shall ensure to the maximum extent the survival and development of the child.

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

Education, Leisure and Recreation:

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

SPECIAL PROTECTION MEASURES:

(a) Situations of armed conflict:

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

(a) In situations where children conflict with the law:

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

(a) In situations of exploitation:

- Children have the right to be protected from economic exploitation and from work that threatens their health.
- Children have the right to protection from the use of narcotic and psychotropic drugs as well as from being involved in their production and distribution.

- Children have the right to protection from sexual exploitation and abuse, including prostitution and pornography.
- It is the State's obligation to make every effort to prevent the sale, trafficking and abduction of children.

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

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

APPENDIX 4: DUTY SOCIAL WORKER AND LOCAL GARDA CONTACT INFORMATION

Child Protection AND Safeguarding Social Work Services:

Bridge House,
Cherry Orchard Hospital,
Cherry Orchard,
Dublin 10
01 6400665

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

Local Garda Station:

Ronanstown Garda Station
St Ronan's Avenue,
Clondalkin, Neillstown,
Dublin22
phone:01 666 7700

APPENDIX 5: MANDATED PERSONS RESPONSIBILITIES

(*Children First Act 2015)*

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

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

(a) has been harmed,

(b) is being harmed, or

(c) is at risk of being harmed,

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

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

'Where a child believes that he or she–

(a) has been harmed,

(b) is being harmed, or

(c) is at risk of being harmed,

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

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

'harm means in relation to a child–

(a) assault, ill-treatment or neglect of the child in a manner that seriously affects, or

is likely to seriously affect the child's health, development or welfare, or,

(b) sexual abuse of the child.'

APPENDIX 6: REASONABLE GROUNDS CONCERN

Chapter 2, Page 06 Children First (2017)

TUSLA are required always be informed when there are ***reasonable grounds for concern*** that a child may have been, is being, or is at risk of being abused or neglected. If what may be symptoms of abuse are ignored, it could result on-going harm to the child. It is not necessary to

prove that abuse has occurred to report a concern to TUSLA. All that is required is that there are ***reasonable grounds for concern***. It is TUSLA's role to assess concerns that are reported to it. If a concern is reported, the person reporting such concern can be assured that information will be carefully considered with any other information available and a child safeguarding assessment will be carried out where sufficient risk is identified.

Reasonable grounds for a child safeguarding or welfare concern include:

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

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

1. The safety and well-being of the child must take priority over concerns about adults against whom an allegation may be made.

2. Reports of concerns should be made without delay to TUSLA.

If it is thought that a child is in immediate danger and TUSLA cannot be contacted, the Gardaí should be contacted without delay.

APPENDIX 7: Child Safeguarding Reporting Procedure Steps 1 – 4

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

As a Mandated Person, you should be aware that the legal obligations under the Children First Act 2015 to report mandated concerns rest with you and not with the Designated Liaison Person.

Designated Liaison Persons	Duty Social Worker	Local Garda
Georgina Barry **Phone 0851757680**	Bridge House, Cherry Orchard Hospital, Cherry Orchard, Dublin 10 01 6400665	Ronanstown Garda Station St Ronan's Avenue, Clondalkin, Neillstown, Dublin22 phone:01 666 7700

APPENDIX 8: LIST OF MANDATED PERSONS IN OUR SERVICE

Mandated persons *are people who have contact with children and/or families who, by virtue of their qualifications, training and experience, are in a key position to help protect children from harm.*

Ancillary Staff *– do not have direct access to children but are affiliated with the service – i.e. administration, chefs, cleaners etc.*

NAME	POSITION	QUALIFICATIONS
Annie Claddingboel	**Practitioner**	**Child protection Training**
Bernice Murray	**Practitioner**	**Child protection Training**
Mia Brady	**Practitioner**	**Child protection Training**
Aoife Smith	**Practitioner**	**Child protection Training**
Shouna Tormney	**Practitioner**	**Child protection**

		Training
Michael Clarke	**Maintance**	**Child protection Training**

PARTNERSHIP WITH PARENTS/GUARDIANS

Relevant staff know the requirements and have a clear understanding of their roles and responsibilities in relation to this policy.

Relevant staff have received training on this policy.

Statement of Intent:

New Shapes Afterschool recognises the importance of working in partnership with parents/guardians to promote the best interests of children and that parents/guardians play a key role in the education of their children. The Service will work in partnership with and support parents/guardians in this role.

Policy and Procedure:

We have an "open door" policy where families are always welcome, but where the needs of all of the children in our care are always the priority. Parents/guardians will be made feel welcome and regular exchange of information with parents/guardians and staff will enable a two-way process of support.

We will adopt the following procedure:

- Ensure parents/guardians views and needs are incorporated, parents/guardians' rights respected, in regard to all cultural and religious differences.
- Ensure we always adhere to respect confidentiality.
- Welcome comments and feedback. Parents/guardians are encouraged to follow our complaints/compliments procedure in relation to any issues they may have regarding the services provided.
- Ensure parents/guardians are given regular information about their child's progress through informal and formal feedback –verbal and written.

- Continuity of Care is very important for the development and security of young children. Each child that attends our Service has a key person that will be his/her main carer/educator.
- The key person provides an important link between the child and the parent. We aim to minimize any changes to staff to maintain a continuity of care.
- Staff will give feedback to parents in person at the end of each day at collection time in relation to their child and each child's records are updated as required and available to staff in relation to the care needs of each child in our Service.
- Ensure that all parents/guardians are informed about meetings and any other activities being organised.
- Ensure all parents/guardians are aware of the policies and procedures.
- Encourage parents/guardians to contribute their own skills, knowledge and interests through curriculum activities.
- If parents/guardians are separated, we may contact both parents/guardians to discuss a child's progress.
- We ask that parents/guardians to let us know if they will be picking up their child early so that we can have the child ready to minimise disrupting the rest of the group.

Settling Into New Shapes Afterschool:

How Parents/guardians are involved in transitions during a child's Settling In Period: New Shapes Afterschool considers parents/guardians a partner in supporting their child's settling in, and parents/guardians are invited to take an active role in settling their child into our Service.

Parents will always feel welcomed into our Service to support the settling in process for their child.

Parents are welcome to stay with their child during the settling in period, and the Service will support for parents in their gradual withdrawal over a flexible timeframe.

Some children may not be ready for a full session and the person in charge will advise the parents/guardians on this matter.

Staff Support with Settling In

New Shapes Afterschool is cognisant that the child's settling in experience could be their first experience of being separated from their parents/guardians and that this could result in separation anxiety and distress for the child. We are mindful that ~~t~~ this time can be sensitive and stressful for parents/guardians and children.

Management and staff will not exert pressure on parents/guardians to leave the Service if their child is distressed. New Shapes Afterschool is aware that settling in takes time and patience and is not a one-off event.

Our Service is mindful of the daily transitions in ~~a~~ child's life, as well as the less frequent transitions.

New Shapes Afterschool is aware that children experiencing social and economic disadvantage, children with English as an additional language (EAL) and children with special educational needs (SEN) or physical needs may require additional supports at time of transition. We are happy to discuss any additional supports with parents/guardians and have these in place, where possible, when a child commences in our Service.

Settling in and successful transitions are:

- Dependent on the development of supportive, responsive relationships between parents/guardians and the Service through frequent communication and sharing of information and goals.
- Built on responsive relationships between children and educators that are secure, nurturing, consistent and continuous.
- Considered from the perspective of the rights, health, wellbeing, learning and development needs and requirements of each child.

New Shapes Afterschool will ensure that we will:

• Individualise routines and practices to support each child's rights, needs, interests, their own and their family's circumstances, their preferences, their culture and first language.

• Evaluate the quality and effectiveness of transitions using various means, including observations of the children and feedback from their families.

• Ensure the most appropriate transition to other environments and services by beginning transition planning as early as possible prior to the child's move.

Where a child has reduced mobility or uses a wheelchair:

Where a child attending the Service uses a wheelchair or has reduced mobility, a Personal Emergency Evacuation Plan (PEEP) will be developed and kept on file.

This plan will be created collaboratively with:

- The child's parent/guardian
- The child (where appropriate and developmentally suitable)
- Relevant professionals (e.g., therapist, INCO, etc.)
- The Service's Manager / Designated Fire Safety Lead

Please see our Inclusion, Fire Safety and Critical Incident and Evacuation Plan Policies.

Supports for Staff to respond positively children's and young people's behaviours:

Staff in New Shapes Afterschool are be provided with the supports required to respond positively to children and young people's behaviours including but not limited to information, training, staff meetings and/or support and supervision.

Our Service ensures that staff are supported to work in partnership with parents/guardians to ensure that children receive a consistent and shared approach to responding to behaviour.

New Shapes Afterschool in partnership and with the consent of parents, may seek external advice and/or support from relevant agencies in developing appropriate and effective strategies for the child.

Our Service will always maintain children's confidentiality and dignity in any communication with parents/guardians. Any communications will be carefully planned to be respectful to the child/young person.

Please see our Managing Behaviour and Promoting Positive Behaviour Policy, our Child Safeguarding Policies and Procedures and our Child Safeguarding Statement.

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

- Staff will make every effort to communicate with the parent/guardian using verbal/non-verbal methods.

- Staff will undertake to learn key phrases in the parent/guardian /child's language.
- Parents/guardians will be invited to become involved in the Service and share with staff and children the culture/history of the country of origin.

Open Door Policy:

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

Procedure:

- All parents/guardians are welcome to visit the Service at any time. However, parents/guardians should be aware that we might not be able to give them our full attention, as the supervision and needs of children in our care come first. Therefore, it may be more helpful to the parent to make an appointment in advance.
- We aim to give daily feedback on each child on their day to parents/guardians on leaving the Service.
- We work together when difficult issues arise relating to behaviour.

Babysitting:

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

Working Together with Parents/Guardians:

- Encourage families to share their knowledge of their child with the staff members and staff reciprocate by sharing the knowledge of the children in general with parents/guardians so that there is a mutual growth and understanding in ways that benefit the child.
- Strive to develop positive relationships with families that are based on mutual trust and open communication. Engage in shared decision making.
- Acknowledge families existing strengths and competence as a basis for supporting them in the task of nurturing their child.
- Acknowledge the uniqueness of each family and the significance of its culture, customs, language and beliefs.
- Maintain confidentiality and respect the right of the family to privacy.
- Consider situations from each family's perspective, especially if differences or tensions arise.

- Assist each family to develop a sense of belonging to the Service in which their child participates.
- Acknowledge that each family is affected by the community context in which it operates.

Engagement with Parents Regarding Outdoor Play for Children:

New Shapes Afterschool engages with parents in relation to outdoor play for their children, in all seasons and we are happy to discuss any concerns and issues parents may have in relation to same, and in seeking their agreement and support regarding our Outdoor Policy.

We advise parents/guardians of the measures New Shapes Afterschool takes to mitigate any weather-related risks identified, such as increasing supervision in the outdoor area and other safety actions.

Communicating with parents is also important so that children have a supply of suitable and appropriate clothing that offer protection from the elements and supports children's comfort levels when outdoors.

GARDA VETTING (INCLUDING POLICE CHECKS)

This policy has been communicated to parents/guardians, staff in New Shapes Afterschool in the manner outlined in the table above and records retained of the communication.

Relevant staff know the requirements and have a clear understanding of their roles and responsibilities in relation to this policy. Relevant staff have received training on this policy.

Definition:

Garda Vetting is a legal process required for individuals working with children. It involves background checks by An Garda Síochána to determine a person's suitability for specific roles such as someone who cares for children.

Statement of Intent

Safeguarding children is a paramount responsibility that requires rigorous measures to ensure their safety and wellbeing while attending our Service. This policy outlines the Garda vetting; police check requirements and processes that will ensure children are safe and their welfare is protected while in our care.

The Garda Vetting and Police Check Policy underscore our commitment to safeguarding children. Through stringent vetting processes and careful handling of disclosures, we aim to create a safe environment where children can thrive and be protected from harm.

Our Service is mandated and obliged to apply for and, where applicable, renew Garda Vetting for all persons listed within the scope of this Policy as set out below.

From February 2025 Garda vetting for our registered provider Georgina Barry is provided by Tusla in compliance with the Childcare Act 1991 and is applied for through the Tusla Garda Vetting Portal.

All other Garda vetting required for our Service is provided by Early Childhood Ireland.

The Garda Vetting Contact Person in New Shapes Afterschool is Georgina Barry who has completed training with ECI in respect of Garda Vetting.

Garda vetting is conducted on behalf of New Shapes Afterschool only and is not conducted for individual persons on a personal basis.

Purpose

The purpose of this policy is to:

- Ensure that all individuals working with children are appropriately vetted.
- Outline the procedures for obtaining Garda vetting and police checks.
- Detail the handling and consideration of any disclosures that may arise.
- Reaffirm our commitment to the highest standards of child protection.

Scope

This policy applies to all Registered Providers, , staff, who will have regular, direct, and unsupervised access to children within our Service.

Our policy pertaining to Second Level and Third Level Students is underpinned by Tusla's *Vetting for Students Before They Commence Practice Placements in Early Years Services.*

Parents:

Parents who accompany children on occasional outings do not require Garda vetting but will not be allowed unsupervised access to children.

Visitors:

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

Registered Provider:

Our registered provider Georgina Barry is Garda vetted.

Garda Vetting Requirement

Garda vetting is a mandatory requirement for anyone working with children in Ireland.
Our Service is obliged to apply for and have in place Garda Vetting in respect of:
Staff.

Owners / Registered Providers

This process ensures that individuals who may pose a risk to children are identified and prevented from engaging in roles that involve direct contact with children.

The Garda Vetting Contact Person in New Shapes Afterschool is Georgina Barry who has completed training with ECI in respect of Garda Vetting.

Documents Required to be Submitted by the Service with Each Application for Garda Vetting:

1. Proof of address of the person for whom the Garda Vetting is required.
2. If applicable, a letter from the person's Landlord.
3. Valid photographic ID (a current passport or driving licence with expiry dates greater than six months from the date of the application)
4. Utility Bill dated within 6 months of the application for Garda Vetting
5. Completed consent form of the person for whom the Service is applying for
6. Garda Vetting completed and the consent box ticked. Please see Garda Vetting Invitation Form below.

Note:

All documentation referred to at 1) to 4) above must be certified by a Solicitor. Uncertified documentation will not be accepted with an Application for Garda Vetting. The Service is required to retain copies of all documents submitted with the application or renewal of Garda Vetting.

Renewal of Garda Vetting:

For each renewal of Garda Vetting applied for the following documentation is required:

1. Proof of address
2. Photographic ID

The same criteria apply to submission of proof of address and photographic ID for renewal of Garda Vetting as applies to the original application.

Process of Garda Vetting

The Garda vetting process involves the following steps:

- **Application:** The individual must complete a Garda vetting application form, providing accurate and comprehensive personal information.
- **Submission:** The application is submitted to the National Vetting Bureau through the organisation's designated liaison person.
- **Verification:** The National Vetting Bureau conducts a background check, which includes reviewing any criminal records and relevant information that may indicate a risk to children.
- **Disclosure:** The results of the vetting process are disclosed to the organisation. This includes any convictions, pending prosecutions, or specified information relevant to the individual's suitability for the role.

NOTE: The Garda National Vetting Bureau is obliged to report to Tusla any failure on the part of our Service to observe the requirement to apply for and secure in date Garda Vetting for all persons listed above. Where such failure is so notified to Tusla this will result in a non-compliance for our Service.

Staff:

Staff Who Have Lived Outside of Ireland:

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

For staff who have worked/lived in the UK they will require an International Child Protection Certificate. This is available from: ACRO Criminal Records Office (ACRO). A Basic Disclosure will not be accepted. Further details are available from: www.acro.police.uk/icpc/

This ensures a comprehensive background check is conducted, considering their time abroad.

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

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

Staff who have lived in Spain:

Spanish authorities have two forms of police checks. The first is in respect of criminal records which appear in the Central Register of Prisoners. This police check covers all offences.

Crimes of a sexual nature are separately covered are in addition to the Criminal Certificate.

The Certificate required by Tusla is the Criminal Certificate.

Support Staff:

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

Staff from other Agencies:

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

Second Level Students and Third Level Students over the age of 18:

Vetting for Second Level, Further Education and Training and Higher Education Level Students:

Our Service requires a student's Educational Institution to furnish Garda vetting for students, before their placement in our Service together with any vetting disclosures received from the NVB in respect of the student, in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012.

This enables our Service to make an informed decision about a student placement before the placement is due to begin.

Vetting for International Students Studying in Ireland:

Prior to placement in our Service, an international student enrolled in an Educational Institution in Ireland will need to be vetted by the Garda National Vetting Bureau following the process set out on the NVB website.

They will also require a copy of their Police Clearance Certification for countries outside of the island of Ireland that the students have lived in for longer than 6 consecutive months, while over the age of 18 years.

These vetting documents must be furnished to the Service prior to the commencement of a student's placement.

Process of Obtaining a Police Check

The process for obtaining a police check involves:

- Application: The individual must apply for a police check from the relevant authorities in the country where they resided.
- Translation: If the police check is not in English, an official translation must be provided.
- Submission: The police check is submitted to the Service along with the Garda vetting application.

Handling Disclosures

When disclosures arise from the Garda vetting process, they are handled with the utmost confidentiality and sensitivity.

Consideration of Disclosures

- Risk Assessment: Each disclosure is assessed to determine the level of risk the individual may pose to children. The nature and relevance of the disclosed information to the role in question are carefully considered.
- Decision Making: A decision is made regarding the individual's suitability for the role based on the risk assessment. This decision is taken by a panel that includes senior management and safeguarding officers.
- Communication: The individual is informed of the decision and the reasons behind it in a transparent and respectful manner.

Garda Vetting Disclosure Risk Assessment:

The Child Care Act 1991 (Early Years Services) Regulations 2016 require any person carrying on an Afterschool service must ensure appropriate vetting of all Registered Providers. Vetting must be available in English.

1. Checking employer and other reputable references in respect of Registered Providers staff
2. Seeking Garda vetting from An Garda Síochána.
3. In respect of Registered Providers, directors, staff, who have lived abroad, for more than six continuous months, ensuring that these persons provide the necessary police vetting from other police authorities.

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

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

Dealing with Disclosures:

The report that comes back from the NVB may show:

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

OR

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

OR

3. Prosecutions successful or not, pending or completed.

There is also the option of 'possible matches' where almost all the applicant's details match but there is some difference, such as the address or date of birth. Again, these details must be verified with the applicant before any decision is made. When information is returned

indicating a prosecution or possible match, it is recommended that a Garda vetting review meeting be held with the applicant.

This has two purposes:

1. To verify that the applicant is the person about whom the disclosure of convictions has been made. The information returned by the Garda may apply to the applicant and should be verified with the applicant before any decision is made.
2. To provide an opportunity for the employer and the applicant to discuss the disclosure from Garda vetting.

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

Georgina Barry, our Service's Garda Vetting Contact Person may also convene meeting together appropriate personnel such as a Development Worker from the CCC or a Consultant from an organisation with expertise in this field if required. The meeting will be convened to discuss the disclosure from the NVB in relation to the (prospective) staff member and to decide what action is required.

Some points to consider are:

- Has the staff member already indicated to our Service's Garda Vetting Contact Person what may by disclosed by the NVB?
- Does the staff member disclosure 'match' the NVB disclosure?
- Where the staff member has not indicated to our Service's Garda Vetting Contact Person what the NVB has disclosed then our Service's Garda Vetting Contact Person needs to use the risk assessment below. This approach must consider the risk in terms of the individual, the offence, and the purpose of the job.
- Our Service's Garda Vetting Contact Person may speak to the staff member in relation to this matter before making a final decision.
- Our Service's Garda Vetting Contact Person should record their decision and inform the (prospective) staff member of their decision.

Risk Assessment:

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

Points to consider are:

- Offences concerned with larceny, fraud and theft are crimes of deception and may be a behavioural indicator.
- Child Safeguarding or related offences.
- Breaches in trust e.g., fraud.
- Offences against property e.g., arson, armed robbery.
- Drug related charges/convictions (particularly possession for sale or supply).
- Offences against the person e.g. assault, harassment, coercion.
- Offences against the State.

The risk will be assessed by our Service's Garda Vetting Contact Person and the Manager. Assessment of the risk of the staff member together with the offence:

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

The risk assessment and the decision to employ or not to employ should be carried out by our Service's Garda Vetting Contact Person and the Manager.

Data Collected through Garda Vetting and/or Police Checks:

The Service will conform to the provisions of the Data Protection Act 1988 – 2018 and amending regulations in relation to the storage and of records.

All information obtained through the Garda vetting and police check processes is handled in accordance with data protection regulations. Confidentiality is maintained at all times, and information is only shared with individuals who have a legitimate need to know.

Storage of Data:

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

A minimum standard of security will include the following measures:

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

Repeat Garda Vetting:

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

Retention:

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

Information is retained for the duration required by law and organisational policy, after which it is securely destroyed.

Records:

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

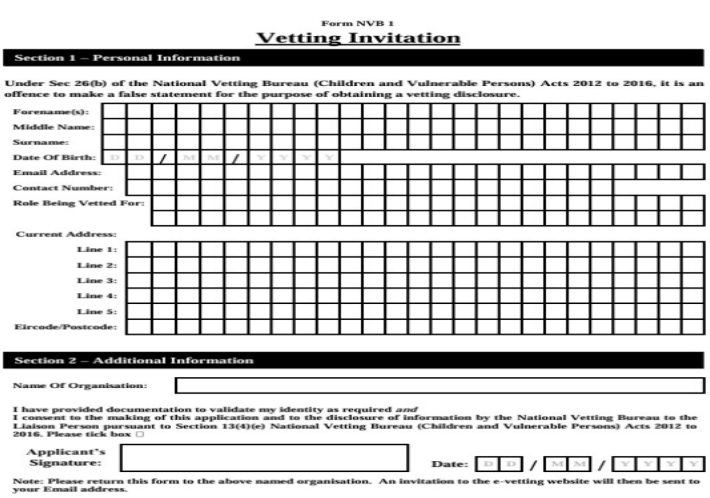
Note:

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

Management reserves the right to use its own judgement about whether a person is suitable for a post with our Service.

Please see our separate Recruitment Policy, Child Safeguarding Policy and Procedure and Child Safeguarding Statement.

GARDA VETTING INVITATION FORM



Form NVB 1

Vetting Invitation

Section 1 – Personal Information

Under Sec 26(b) of the National Vetting Bureau (Children and Vulnerable Persons) Acts 2012 to 2016, it is an offence to make a false statement for the purpose of obtaining a vetting disclosure.

Forename(s):
Middle Name:
Surname:
Date Of Birth: D D / M M / Y Y Y Y
Email Address:
Contact Number:
Role Being Vetted For:

Current Address:
Line 1:
Line 2:
Line 3:
Line 4:
Line 5:
Eircode/Postcode:

Section 2 – Additional Information

Name Of Organisation:

I have provided documentation to validate my identity as required *and*
I consent to the making of this application and to the disclosure of information by the National Vetting Bureau to the Liaison Person pursuant to Section 13(4)(e) National Vetting Bureau (Children and Vulnerable Persons) Acts 2012 to 2016. Please tick box ☐

Applicant's Signature:

Date: D D / M M / Y Y Y Y

Note: Please return this form to the above named organisation. An invitation to the e-vetting website will then be sent to your Email address.

CRITICAL INCIDENT AND EVACUATION PLAN

In compliance with Tusla's Quality and Regulatory Framework ("QRF") and the National Guidelines for School Age Childcare Services and Guidance for Policy on the Administration of Medication in Preschool and School Age Services, Tusla 2025 New Shapes Afterschool has a Critical Incident Plan in place to manage accidents and incidents effectively.

Please also see our Accidents and Incidents (Incorporating First Aid), Administration of Medication and Risk Assessments Policies.

Statement of Intent:

The Service will endeavour to ensure that the children are protected and cared for at all times and in the event that the building needs to be evacuated staff will follow this plan safely and children will be supervised during any period spent outside the premises.

Definition of Critical Incident:

A critical incident is any incident or sequence of events which overwhelms the normal coping mechanisms of the Service.

Emergency Preparedness:

Emergency preparedness is the preparation and planning necessary to effectively handle a critical incident. It involves individuals assessing the likelihood of specific critical incidents occurring and developing an emergency plan that identifies the services they require, and the resources they need to have on hand in case such an incident occurs. The goal of these preparedness activities is to make sure that a Service is ready and able to respond quickly and effectively in the event of a critical incident.

Responsibilities and Roles in Emergency Planning and Response:

Management will:

- Ensure that the facility remains in compliance with Child Care Act 1991 (Early Years Services) Regulations 2016 regarding:
    - First Aid
    - Medical Assistance
    - Management and staffing

- Registering of children
- Records
- Information for Parents/guardians
- Fire safety measures
- Premises and Facilities

- Develop and review Emergency Preparedness Plan(s); emergency situations identified during risk assessment as being high risk to the Service will have a specific plan developed.
- Ensure that staff are trained in the provisions of Emergency Preparedness Plan(s).
- Ensure that children are prepared for the provisions of Emergency Preparedness Plan(s).
- Conduct evacuation and lockdown drills keep records and plan revisions based on drill evaluations.
- Assign emergency responsibilities to staff as required, with regard to individual capabilities and normal responsibilities.
- Keep parents/guardians and staff informed of the Emergency Preparedness Plan revisions.
- Carry out regular safety checks of equipment and toys and records kept.

Staff will:

- Participate in developing the facility's Emergency Preparedness Plan(s).
- Participate in emergency preparedness training and drills.
- Help children develop confidence in their ability to care for themselves.
- Provide leadership during a period of emergency.

Management will:

- Participate in developing the facility's Emergency Preparedness Plan(s).
- Conduct periodic safety inspections of the facility.
- Identify shut-off valves and switches for gas, oil, water and electricity
- Provide for emergency shut off of the ventilating system (as applicable).
- Instruct all staff members on how to use fire extinguishers.

Parents/guardians:

Management will:

- Encourage parents/guardians to become familiar with the Emergency Preparedness Plan(s) and procedures they are to follow.

- Advise parents/guardians of the Service procedures for collecting their children if an emergency causes us to relocate to another site.
- Ensure that the information the Service has on the children and parents/guardians is current and correct.

We have addressed emergency situations through our policies and procedures.

Records: To prepare for an emergency we have the following:

- A current list of staff members' names addresses and contact details for staff and next of kin.
- A current list of children including additional needs requirements.
- An attendance logbook.
- A current list of parents/guardians, second named guardian and nominated person including contact details.
- Adequate first aid resources and a current list of staff with first aid training.
- A quick reference guide with contact details for the Critical Incident Team and essential services.
- A clearly defined evacuation procedure which identifies pre-designated assembly areas and if required, a relocation shelter site.

Critical Incident Procedures:

When an incident occurs, staff will immediately alert management or another designated person. It is the responsibility of the person in charge to determine whether the incident is deemed to be critical. The person in charge or designated person will lead the emergency response and be guided by the Critical Incident Action Guide.

Immediate Response [within 24 hours]

a) Identify the nature of the critical incident.

b) Implement the appropriate emergency preparedness plan.

c) Contact emergency services.

d) Delegate immediate first aid to trained staff.

e) If applicable, secure the area.

f) Ensure safety and welfare of children and staff.

g) Notify the critical incident team leader if not on site.

h) Liaise with emergency services, hospital and medical services.

i) Contact and inform parents/guardians and family members.

j) Identify children and staff members most closely involved and at risk.

k) Manage media and publicity.

l) Maintain Emergency Operational Procedure and Time Log.

Lockdown Procedure:

- If there is a dangerous person inside or immediately outside the Service, the best procedure may be to lock all interior doors and protect staff and children in rooms.
- The Service has agreed a code word or signal during the emergency planning process and all staff are trained to recognise this signal which warns them that there is a danger and that all rooms should be locked.
- Children will be kept inside the rooms, away from doors or windows where they can be seen.
- The person in charge will summon Garda Síochána. Efforts to get the dangerous person(s) to leave the premises should **only** be taken if it is safe to do so.

Step Down:

Staff should only unlock the doors to their rooms if they hear the previously agreed safe code word or signal. when they are instructed so to do by the Manager.

Shelter in the Facility:

If it is unsafe for the staff and children of the Service to go outside, provisions have been made to provide “protected spaces” inside. Depending on time available to move the children, it may be necessary to try to shelter in a “close” part of the building, rather than the most protected space.

A safe area is:

- ✓ In the interior of the building away from glass that may shatter.
- ✓ Not in a room with large ceiling spans (like gymnasiums or auditoriums) that may fall if subjected to strong winds.
- ✓ In a room where furniture and wall-hangings are secured so that they will not fall onto children or staff.

The protected space is: Care Rooms & Dining rooms

This location was identified during the planning process and is made known to all staff. All air intakes and openings should be closed to protect the atmosphere inside in the event that we are being kept inside because of smoke or toxic chemicals outside.

Emergency Evacuation after a Session has started:

- The alarm bell will be sounded by the Manager, or other nominated person, or the code word will be conveyed to staff.
- In the event of an emergency evacuation after the session has started, parents/guardians may be informed by telephone that they are required to collect their child as soon as possible from the Emergency Assembly Point.
- The children will be safely evacuated according to the current Fire Drill procedures to the Emergency Assembly point.
- Contact information for all the children will be taken out of the building along with the daily register.
- Once the building is evacuated, the emergency services will be called.
- Children will only be escorted back into the building under the advice of the emergency services or the person in charge once all threats to safety have been cleared.

Evacuation of a Child Who has Limited Mobility or Uses a Wheelchair

The service is committed to ensuring that all children, including children with additional mobility needs and children who use a wheelchair, can be evacuated safely and promptly in the event of an emergency.

Evacuation procedures will be implemented in a manner that maintains the child's dignity, safety, comfort, and inclusion, and reflects a person-centred approach in line with best practice guidance.

Please see our Inclusion, Fire Safety and Partnership with Parents Policies.

Procedures for Dealing with a Trespasser:

If a trespasser is found on the premises the person in charge or another nominated person will:

d) Establish their name and why they are on the premises.
d) Inform another member of staff that they are dealing with a trespasser and activate the lock down or evacuation procedure if required. Offer help to the person or to call someone for them in the event that the trespasser is distressed, or it is suspected that they are under the influence of alcohol or other intoxicants.
d) Request that the person leaves quietly.
d) If the person refuses to leave the Gardaí will be called.

Under no circumstances must staff put themselves in danger if the trespasser is aggressive or violent. The evacuation procedures should be followed, and the Gardaí called.

Post Assault/Post Trauma: Procedures and Guidelines:

In the event of any incident the Service Management should offer as much support as is reasonably possible to those involved.

Note: It is considered essential that the Service Manager and all staff are aware of the effects of assaults/serious incidents.

- The following areas need to be addressed for the staff:

Debriefing immediately following, or as soon as practical after an assault/incident.

  - Completion of report on the incident.
  - Follow up to check how the staff member is doing.
  - Outside/independent support for the staff member if appropriate.
  - Get immediate medical help if necessary.
  - Consult own GP and if advised take sick leave.
  - If appropriate avail of counselling service provided by an outside agency. The Service will meet this cost within a specified limit.

- Contact the union for advice, if applicable.
- Complete an Incident Report Form.

- Report assaults/incidents and serious threats to the Gardaí, but it is acknowledged that it is up to the individual staff member to plan on pressing charges.
- The Manager or other designated person should accompany the staff member when making a report to the Gardaí and also to Court if charges are brought and the staff member is required as a witness.

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

Secondary Response [24–72 hours]:

a) Assess the need for support and counselling for those directly and indirectly involved.

b) Provide staff, parents/guardians and wider community with factual information as appropriate.

c) Arrange debriefing for all parents/guardians, children and staff most closely involved and at risk.

d) Restore the facility to regular routine, program delivery, and community life as soon as practicable.

e) Complete critical incident report.

On-going Follow-up Response:

- Identify any other persons who may be affected by the critical incident and provide access to support services for community members.
- Provide accurate information to parents/guardians and staff.
- Arrange a memorial service and occasional worship (as appropriate).
- Maintain contact with any injured and affected parties to provide support and to monitor progress.
- Monitor staff and children for signs of delayed stress and the onset of post-traumatic stress disorder, providing specialised treatment as necessary.
- Evaluate Critical Incident and Emergency Management Plan.
- Be sensitive to anniversaries.

  Manage any possible longer-term disturbances e.g., inquests, legal proceedings.

Evaluation and Review of Management Plan:

- After a critical incident, a meeting of the critical incident team will be held to evaluate the critical incident report, the effectiveness of the management plan and to make modifications as required.
- After any evacuation or security breach a full and comprehensive review will take place by Management and will include:
- Completing an incident report form with a full report of how the situation was dealt with.
- A report of any children or staff that have been distressed or upset during the incident or subsequent evacuation.
- Evacuation procedures.
- Security arrangements to avoid trespassers accessing the building.
- The evaluation process will incorporate feedback gathered from staff, parents/guardians and local community representatives.
- An evaluation report will be made available to the Management team.

Information/Training:

- These procedures should be known to all staff and reviewed on a regular basis and incorporated into the induction programme.
- Under no circumstances must staff be made feel incompetent or apologetic for activating the emergency procedures.

Dealing with the Media:

In the event of a crisis, emergency or controversial situation, the person in charge will handle all contacts with the media and will coordinate the information flow from the Service to the public. In such situations, all staff should refer calls from the media to the Manager or other designated person. No staff may talk to the media unless designated to do so. A breach of this may invoke the Disciplinary Policy procedures.

DEALING WITH THE MEDIA

Some events draw a great deal of media attention, and this can add complexity and stress to what is already a difficult situation. The media can be used to dispel rumour and give a clear factual message.

On the other hand, the media can sensationalise the story. The primary concern at any time of crisis is to protect the privacy of those affected by the incident and to ensure any media attention is handled sensitively.

It is most important that all those involved understand how the media will be handled at times of crisis

Press Statement:

- Prepare a press statement that is factual and accurate.
- It should be brief and carefully considered.
- Avoid sweeping statements or generalisations.
- Consider privacy of families concerned.

Interviews:

- Decide if the Service wished to partake.
- Use designated times and in a specific press room (this keeps you in control).
- Preparation is key.
- Parents/guardians should be advised not to let children be interviewed.
- Delegate a spokesperson.
- Management should inform everyone concerned that only the nominated spokesperson will deal with the media.

Media Do's and Don'ts:

Do's	√	**Don'ts**	**X**
Do write a press release and rehearse.		Don't go into personal details of those involved.	
Do consider getting professional help or help from your membership organisation.		Don't read the statement to the camera.	

Do use careful and sensitive language.		Don’t engage in rambling discussions afterwards. Don’t use “no comment”.	
Do keep it short.		Don’t respond to quotes from others.	
Do regard anything you write down as quotable.		Don’t answer questions that you don’t know the answer to.	
Do ask can you have sight of any press coverage.		Don’t make “off the record” comments.	
Do ask for outline of questions in advance.		Let anyone, other than spokesperson speak with the media.	
Do avoid being drawn into speculation.		Don’t make sweeping statements.	

COMPLAINTS

This policy is available and has been communicated to parents/guardians, children, staff in New Shapes After-school in the manner outlined in the table above and records retained of the communication.
It is available in child friendly format in the Service.
Relevant staff know the requirements and have a clear understanding of their roles and responsibilities in relation to this policy. Relevant staff have received training on this policy

Policy Statement:

New Shapes After-school encourages and welcomes feedback from anyone who has a direct involvement the Service, including parents and children.

Our Service aims to take complaints seriously and resolve them as efficiently and effectively as possible. **New Shapes After-school takes** an open-minded and rights-based approach to complaints and recognises complaints as providing an opportunity for learning and service improvement.

Children in our Service are supported to express views and give feedback in a developmentally appropriate way, and staff take children's views seriously.

Processes in **New Shapes After-school in** relation to complaints are transparent and are communicated to parent/guardians and other relevant people connected to the Service.

Implementation of this Policy reflects Siolta standards with particular reference to Standard 9 Health and Welfare.

All complaints received by New Shapes After-school are impartially managed and parents/guardians/children will not be adversely affected by sharing feedback and/or concerns with the Service.

Statement of Intent:

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

All complaints are dealt with in a confidential manner without fear, favour or prejudice.

The Service has a consistent and unbiased approach used to manage all complaints within the Service.

All complaints are investigated promptly, taken seriously and handled appropriately and sensitively. Complaints are managed and reported in line with the Service's Complaints policies and procedures.
The written record of a complaint is available on the premises for inspection by the Early Years Inspectorate.

Implementation of New Shapes After-school Complaints Policy:

New Shapes After-school endeavours to approach and resolve complaints using a considered process that prioritises the rights and best interests of the child, or children concerned.
Our Service makes every effort to ensure that complaints made by and on behalf of children are handled with their input.
New Shapes After-school has age-appropriate processes in place to support children in relation to a complaint, and to seek their views on the issues raised in the complaint where appropriate.
Our Service ensures that processes are transparent and are communicated to parent/guardians and other relevant people connected to the Service. Persons wishing to make complaints should understand the options open to them in making a complaint as well as being kept informed about the complaints process itself.
Our Service ensures that complaints are managed within a reasonable timeframe and that the complainant is aware of the timeframe at all stages of managing the complaint.
Safety and welfare concerns are always be dealt with urgently.
In **New Shapes After-school Complainants** are entitled to fair procedures, including appeal processes in the resolution of complaints they make and complaints that are made on behalf of children.
Processes for managing complaints are subject to ongoing monitoring and review to uphold the Service's commitment to providing safe and high-quality services for young children and their families.

Where a Child in the Service Makes a Complaint or Expresses a Concern to his/her parent or guardian:

Where a parent notifies the Service that a child has made a complaint to them or expressed a concern about the Service or a staff member, contractor, another child at the Service it is the policy of this Service to treat such notification by a parent/guardian as a complaint and the complaints procedure contained in this policy will immediately come into force.

Where a Child Makes a Complaint or Expresses a Concern to a Staff Member, Contractor, at the Service

Where a child makes a complaint or expresses a concern to a staff member, contractor, another child at the Service about a staff member, contractor, another child at the Service, the person to whom the complaint or concern is made must immediately report the matter to the Manager who will contact a child's parents/guardian to arrange to meet with them at the earliest possible opportunity and the Service's complaints procedure will immediately come into force.

Where the complaint is about the Manager, the matter must be reported an outside agency depending on the nature of the complaint

Where a Child is Overheard Making a Complaint or Expressing a Concern to a Peer in the Service:

Where a child is overheard making a complaint or expressing a concern to a peer in the Service the person hearing the conversation shall immediately report the matter to the Manager [Georgina Barry]

The Manager should immediately contact the child's parents/guardian and to arrange to speak with the child in compliance with the Service's Child Safeguarding Statement.

Complaints Including Parental Complaints:

Where any person, including a parent/guardian wishes to make a complaint about the Service, management, a staff member, contractor, another child at the Service, the complaints procedure set out in this policy should be followed.

How to Make a Complaint:

- All complaints must be made to the Manager Georgina Barry in person or at the Service phone number phone 0851757680.
- Where the complaint is made about the Manager (The Person in Charge) [Georgina Barry]
    - the complainant feels they cannot refer to the Manager **[Georgina Barry]** or it is inappropriate to do so, the complaint should be referred to an outside agency depending on the nature of the complaint. such as,
    1. Tusla's Early Years Inspectorate at **E-mail ey.concerns@tusla.ie**
    2. Pobal in writing to complaints@pobal.ie

An Garda Síochána at Address: Clondalkin Garda Station, Tower Road, Clondalkin, Dublin 22 Phone: +353 1 666 7600

- Complaints will be dealt with in an open and impartial manner.

- The complaint [made verbally] will be made to the Manager [Georgina Barry] in person or by phone to the Service phone number phone 0851757680, documented and remain confidential.
- A complaint may be made in writing by letter addressed to the Manager [Georgina Barry] at the Service.
- A complaint may also be made by email addressed to the Manager [Georgina Barry] at the Service email address email newshapesdublin@hotmail.com
- All information pertaining to a complaint will be treated as confidential and shared only on a need-to-know basis and in line with New Shapes After-school responsibilities under GDPR. Please also see our GDPR Policy.

When A Complaint Is Received:

On receipt of a complaint the Manager Georgina Barry or person in the Service responsible for managing the complaint, will:

- Acknowledge the complaint in writing to contact details (postal address or email address) provided by the complainant, by phone at the phone number provided by the complaint, or in person.
- The acknowledgement will set out the expected timeframe for a response to the complainant.
- The complainant will be furnished with a copy of New Shapes After-schools 's Complaints Policy and complaints form, which sets out the Service's procedure in relation to responding to, managing, investigating, processing, recording, appeal process and closure of complaints.
- Communicate with parents/guardians as appropriate via contact information provided by parents/guardians to the Service, and with others involved in or impacted by the complaint, via contact information provided by them to the Service, and include timeframes.

Dealing with a complaint:

A complaint in relation to a child safeguarding will be referred immediately upon receipt by the Manager/ Designated Liaison Officer [Georgina Barry] at the Service, in person or in writing addressed to the Designated Liaison Officer Georgina Barry confidentially at the Service.

- Complaints in relation to a child safeguarding issue will be managed by the Designated Liaison Officer [Georgina Barry] in line with the Service's safeguarding statements and

established child safeguarding procedures and practices as expeditiously as possible. Please see our Child Safeguarding Policies and Procedures and Child Safeguarding Statement. Complaints of a criminal nature will be referred immediately upon receipt by the Manager Georgina Barry if the complaint is made about the Manager Georgina Barry to An Garda Siochana at **Address:** Clondalkin Garda Station, Tower Road, Clondalkin, Dublin 22 **Phone:** +353 1 666 7600

- Persons named in or impacted by the complaint will be immediately contacted by the Manager Georgina Barry in person or by telephone at the number provided to the Service.
- The Manager Georgina Barry will record:
    - The date the complaint was received.
    - The nature of the complaint.
    - The persons named in or impacted by the complaint.
    - The names and contact details of the person(s) to whom the complaint was referred in the Service.
    - The names and contact details of the person(s) to whom the complaint was referred outside the Service (eg Tusla's Early Years Inspectorate, Pobal or An Garda Síochána
    - All actions taken in response to the complaint including when and by whom.
    - The timeframe of the response to the complaint.
    - The outcome of the complaint at closing.

- The complaint will be investigated to assess if the Service has breached our policy and procedures.
- This investigation may be carried out by an independent third party if deemed necessary and appropriate
- Staff may be consulted during the investigation process
- If a complaint is made against a staff member the HR policies may be invoked, including the discipline policy.
- Every attempt will be made to resolve the matter as quickly and amicably as possible in an informal manner, and to the complainant's satisfaction.
- If the complaint is made about the Manager, the Manager can acknowledge receipt of the compliant and will defer to an outside agency depending on the nature of the complaint to manage the process as outlined in this policy.

- If agreement cannot be reached informally, the complainant must make a formal complaint in writing to the Manager.
- The complainant will be sent an acknowledgement that the complaint has been received and told how it will be dealt with, by whom and within a timeframe specified by the Manager and agreed by the complainant.
- The Manager will keep dated records summarising what was said and by whom.
- In the case of a complaint made against a member of staff, the staff member involved will be informed that a formal complaint has been made and given full details.
- The Manager will arrange to meet with the staff member and discuss the lodged complaint.
- The Manager will record and keep an accurate and detailed account of what was discussed.
- The Manager will review the complaint and consider all the relevant information as discussed and a decision will be made and recommendations if necessary.
- The Manager will inform all parties involved in writing whether the allegation has been founded or unfounded and this will be done in compliance with GDPR Regulations in force at the date of this policy.
- The Manager will keep the complainant informed in writing of the progress of the investigation of the complaint.
- The Manager reserves the right to extend the timeframe of the investigation and resolution in complex cases.

Appeals

If the complainant is not satisfied with the outcome of the complaint or a satisfactory resolution is not found within 28 days of the Manager's investigation and report, Management will offer (a) the opportunity to appeal the complaint to an external consultant with experience in dealing with complaints or (b) offer mediation.

If the complainant is not satisfied with the outcome of the above interventions, they will be advised that the Service is closing off the complaint and if appropriate will refer the complainant elsewhere.

- The agency to which a complaint may be referred may include such organisations as Tusla, HSE, DCEDIY, HSA depending on the nature of the complaint. We will cooperate fully in any investigation carried out by these agencies.
- Upon closure of a complaint, the outcome is recorded with
    - details of any recommendations.

- details of any changes to practice, policy or statement.
- Information about the appeals process.

- Complaints will be kept on file for 2 years.
- Complaints are kept stored confidentially Locked unit in the manager's office
- Only management (Georgina Barry) and inspectors have access to complaints.
- If a resolution is not found within 28 days of the Manager's investigation and report, the complainant will be advised on the options to complain elsewhere or will be offered mediation. The Manager reserves the right to extend the timeframe of the investigation and resolution in complex cases.
- The Manager will keep the complainant informed in writing of the progress of the investigation of the complaint.
- The agency to which a complaint may be referred may include such organisations as Tusla, HSE, DCEDIY, HSA depending on the nature of the complaint.
- Upon closure of a complaint, the outcome is recorded with details of any recommendations, any changes to practice, policy or statement, and information is given about the appeals process.
- Complaints will be kept on file for 2 years and are open to inspection.
- If a resolution is not found within 28 days of the Manager's investigation and report, the complainant will be advised on the options to complain elsewhere or will be offered mediation. The Manager reserves the right to extend the timeframe of the investigation and resolution in complex cases.

Records of Complaints:

Georgina Barry, the Registered Provider of New Shapes After-school shall ensure that:

1. A record in writing is kept of a complaint made to the provider in respect of the Service.
2. **The records will include:**
    - include the nature of the complaint and the way the complaint was dealt with and be open to inspection on the premises by an authorised person.
3. The complaint is duly dealt with in accordance with New Shapes After-school Complaints Policy.
4. The Registered Provider shall ensure that a record in writing referred to in paragraph 1 above is retained for a period of 2 years from the date on which the complaint has been dealt with.

The requirement to retain the record in writing is without prejudice to any requirement to retain the record in writing referred to in paragraph 1 under any other enactment or rule of law.

Storage of Complaints:

All records of complaints are stored and retained in compliance with Early Years Services Regulations (2026) (as appropriate), the Data Protection Act 2018 and the General Data Protection Regulations 2018.

Complaints are kept locked in a unit in the manager's office

Please also see New Shapes After-school GDPR policies.

Management of Unsolicited Information to Tusla:

The Early Years Inspectorate (EYI) may receive information volunteered by parents, staff or members of the public about our Service. This is known as unsolicited information, and it can include comments, complaints or concerns.

- Unsolicited information which is deemed not to fall under the scope of the 2016 Regulations may be referred to another agency for action as appropriate by Tusla. We will cooperate fully if a complaint is referred to another agency and follow our policy in investigating the complaint ourselves.
- Unsolicited information which is deemed to fall under the remit of the Regulations is then risk rated by the inspectorate to determine if there is a risk to the health, safety and welfare of child in the service. Again, we will fully cooperate with any review/risk assessment carried out by Tusla.
- If the risk to children is assessed as low by Tusla it may not investigate but our Service will be required to investigate the matter in line with this complaints policy.
- When investigating the complaint, we may need to refer to other policies and procedures or follow our employment/staffing policies and procedures
- If there is an unsolicited complaint, we will act promptly to endeavour to resolve the issue as quickly as possible.
- Like all other complaints we will log unsolicited information and retain for inspection for 2 years.
- We will keep all parties informed of the progress of a complaint.
- We will record each step of the process and keep detailed notes.

- We will give the complainant a full explanation in writing of the outcome and the rationale for the decision.
- We will always give the option of appeal the decision as outlined in this policy.

New Shapes Afterschool Complaints Form

Name of Afterschool Service: _____
Address: _____

Complaint submitted by:
Name: _____
Relationship to child (e.g., parent/guardian): _____
Phone: _____
Email: _____

Name(s) of Child(ren) attending service:

1. _____ Age: _____
2. _____ Age: _____
3. _____ Age: _____

1.Details of Complaint

1. Date & Time of incident / when issue first arose:

2. Location where incident/issue occurred (if different from service address):

3. Who was involved (staff / other children / others):

4. Please describe your complaint clearly and in detail:
   (Include what happened, how it happened, and any relevant background. Attach extra pages if needed)

5. E. Have you spoken to a staff member/manager about this already?
   ☐ Yes ☐ No
   (If Yes) Who did you speak with? _____
   What was the outcome/response?

2. Supporting Documentation

(Optional to attach copies)

☐ Emails/letters
☐ Photos or evidence
☐ Notes from meetings / conversations
☐ Other (please specify): _____

3. Outcome / Resolution Requested

What would you like to happen because of this complaint?
(For example: an explanation, apology, change in practice, meeting with staff, etc.)

4. Declaration

I confirm that the information I have provided is true to the best of my knowledge.

Signature: _____
Date: _____

For Office Use Only

Date complaint received: _____
Received by (name & role): _____
Complaint reference number: _____

Actions taken / investigation notes:

Outcome communicated to complainant on:
_____

Method of communication: ☐ Letter ☐ Email ☐ Phone ☐ Meeting

Follow-up required? ☐ Yes ☐ No
If Yes, details: _____

Signature (Manager / Complaints Officer): _____
Date: _____

INFECTION CONTROL

It is also available in child friendly format to school age children in the Service Parents/guardian's attention is drawn to Appendix I: Exclusions, which is attached to this policy.

Relevant staff know the requirements and have a clear understanding of their roles and responsibilities in relation to this policy.
Relevant staff have received training on this policy.

Policy Statement:

This policy statement confirms that New Shapes After-school aims to provide an environment in which children, young people and adults are protected, by taking measures to minimise the risks of infection.

New Shapes After-school upholds its legislative and regulatory responsibilities relating to infection control in the Service and that all relevant best practice guidelines are implemented in the Service.

This policy sets out the procedure to be followed in the Service to protect persons in the Service and school age school children attending the Service, from the transmission of infections.

Statement of Intent:

It is our aim to minimise the spread of infection (including Covid-19) for staff and children through the implementation of controls which reduce the transmission and spread of germs. We aim to promote and maintain the health of children and staff through the control of infectious illnesses. *(With references from: Health Protection Surveillance Centre, Preschool and Child Care Facility Subcommittee, Management of Infectious Disease in Child Care Facilities and Other Child Care Settings).*

This policy is also informed by the Government's Guidelines to reduce the risk of Coronavirus and Tusla's Regulatory Guidelines. It is also informed by the HPSC.

Policy and Procedure:

It is the policy of the Service to:

- Protect children attending the Service from the transmission of any kind of infection.

- Protect persons working in the Service from the transmission of any kind of infection.
- To build infection control into the Service's programme of activities.
- To use signage such as hand-washing signs and nose blowing signs which are beneficial to adults and child friendly.

Breakout of Illness/Diseases

In the event of an outbreak of any infectious disease, all parents will be informed as soon as possible by Phone. A dated notice informing all parents of any infectious disease outbreak, will be displayed on the front door.

New Shapes After-school uses its best endeavours to ensure that the management of an infectious disease in the Service is understood by staff and that our policies and procedures in respect of same are in place and implemented.

All staff are trained in our Infection Control Policy and retrained as necessary in relation to our policies and procedure regarding infectious diseases.

Reporting/Recording of illness:

A contingency plan is in place should an outbreak of an infectious disease occur. All staff roles and responsibilities regarding reporting procedures are clearly defined. Staff will report any infectious illness to the Manager. The Manager will report an outbreak of any infectious disease to the HSE Early Years Environmental Health Officer and the Public Health Department. The Manager will record all details of illness reported to them by staff or reported by parents of a child attending the Service. These details will include the name, symptoms, dates, and duration of illness.

Notifiable Diseases

The following will be notified to TUSLA within three days of the Service becoming aware of a notifiable event:

NOTE: Covid-19 is notifiable to TUSLA.

Diagnose of a child attending the service, an employee, contractor, or other person working in the Service as suffering from an infectious disease within the meaning of the Infectious Disease Regulations 1981(SI No 390 of 1981) and amendments

When to contact the local Department of Public Health

- 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.

The Manager will also report an outbreak of any infectious disease to the HSE Early Years Environmental Health Officer and the Public Health Department.

The Manager will record all details of illness reported to them by staff or reported by parents of a child attending the Service. These details will include the name, symptoms, dates, and duration of illness.

Exclusion:

Exclusion guidelines as recommended apply in the case of all suspected infectious conditions. These guidelines are contained in our policies and procedures and displayed in the Service. For Covid-19 the latest Isolation Guidelines will be checked as these are subject to change.

- Parents/guardians will be informed should staff, children or visitors to the Service report the presence of any contagious condition to the Manager. Unwell children and staff will be excluded from the Service until the appropriate exclusion period for that illness is finished.
- Arrangements are in place to provide relief cover while staff are on sick leave.

Any child or adult with symptoms of an infectious illness will be asked not to attend the Service until they are no longer infectious.

The management of the Service will ensure all areas of the premises are thoroughly disinfected, including play areas, toilets, toys and all equipment.

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

- Contact with infected people or animals.
- By infecting oneself with the body's own germs.

- By hand to mouth transmission.
- By the air / by insects, pests, animals.
- Indirect transmission e.g., toys, door handles, toilets, floors, tabletops etc.
- By direct – person to person.

Sharing Personal Items: Children in our School Age Service are recommended not to share personal items such as lip gloss, lip balm, water bottles and hairbrushes.

Sanitary Protection for School Age Children:

New Shapes After-school provides suitable bins for girls to dispose of sanitary protection products as required.

Reporting/Recording of Illness:

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

Exclusion from the Service:

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

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

- Acute symptoms of food poisoning/gastro-enteritis.
- An oral temperature over 38 degrees which cannot be reduced.
- A deep, hacking cough.

- Severe congestion.
- Difficulty breathing or untreated wheezing.
- An unexplained rash (see exclusion list also).
- Vomiting (48 hours from last episode).
- Diarrhoea (48 hours from last episode).
- Lice or nits – [see Head Lice Policy in Infection Control Policy]
- An infectious /contagious condition.
- A child that complains of a stiff neck and headache with one or more of the above symptoms.
- Any symptoms of Covid-19.

Immunizations/Vaccinations and Safe Management of unvaccinated children

- We encourage parents/guardians to immunise/vaccinate their children.
- We ask parents and guardians to submit immunisations/vaccination details at the time of enrolment.
- Immunisation/vaccination records must be kept up to date (Appendix H: Immunisations/Vaccinations). This should contain dates of immunisations/vaccinations. Where dates are not available all attempts to get these should be recorded.

Documenting Updates to Immunisation/Vaccination Records:

Parents are requested to keep New Shapes After-school updated in respect of all immunisations/vaccinations of each of their children. The Manager insert name will ensure that updated immunisations/vaccination records received from parents are recorded and retained on a child's file on receipt.

Children Who are Not Immunised/Vaccinated: Safe Management

- Where children attending the Service are not immunised the New Shapes After-school requires the parents/guardians to complete a disclaimer in the form set out in Appendix K which also confirms that children may be required to be excluded in the event of a breakout of disease.

Outbreak of an Infectious Disease where a child, staff member, student or volunteer is not immunised/vaccinated:

Parents of children who are not immunised against infectious diseases (e.g. measles) will be promptly informed if there is an outbreak of an infectious disease by Phone and may need to be excluded from the Service, until deemed safe to return. Medical advice should be sought.

Staff in New Shapes After-school who are not immunised against infectious diseases will be promptly informed if there is an outbreak of an infectious disease by phone and may need to be excluded from the Service, until deemed safe to return. Medical advice should be sought.

Vulnerable Children

some medical conditions make children vulnerable to infections that would rarely be serious in most children; these include those being treated for leukaemia or other cancers, on high doses of steroids and with conditions that seriously reduce immunity. These children are particularly vulnerable to chickenpox, measles and parvovirus B19 and, if exposed to either of these, the parent/carer should be informed promptly, and further medical advice sought.

Hand Hygiene:

Hand washing guidelines are displayed at each sink.

Good handwashing practices are in place for children and staff.

We will follow the following protocol in terms of hand washing:

We will wash our hands frequently with soap and warm water or use an alcohol-based hand rub (preferably minimum 60% alcohol) if hands are not visibly dirty for 40-60 seconds and in line with the WHO and HSE recommendations. Water will be controlled to 43 degrees C. Thermostatically controlled hot water, liquid/foam soap dispensers and hand sanitisers are available in all bathrooms and sink area in room 1 in the Service.

We use paper towels and electric hand dryers to dry our hands.

- The Service will promote good hand hygiene techniques in line with HSE and WHO guidelines, and support children to do the same through modelling, signage, activities, supervision, and games.
- We will ensure an adequate supply of liquid soap, hand gel or rub and disposable or paper towels available throughout the premises including the arrival and outdoor areas. All hand gels and rubs must be kept out of children's reach.

- All hand gels in use for staff, parents or visitors to the Service are alcohol based.
- We will use liquid soap and warm running water for hand washing and only use hand gels or rubs where running water is not available.
- Hand gel or rub must be applied vigorously over all hand surfaces, for 40-60 seconds, and are only effective if hands are not visibly dirty.
- If hands are physically dirty, then they need to be washed with liquid soap and warm water, and children and staff will have to go to the nearest sink or bathroom.
- Staff and children will be encouraged to avoid touching their eyes, their mouth or nose with their hands.

How to wash your hands with soap and water (HSE)

- Wet your hands with warm water and apply soap.
- Rub your hands together until the soap forms a lather.
- Rub the top of your hands, between your fingers and under your fingernails.
- Do this for about 20 seconds.
- Rinse your hands under running water.
- Dry your hands with a clean towel or paper towel.

Children should wash their hands and be supervised doing so

- When they arrive at the Service and before they go home
- Before eating and drinking
- After using the toilet
- After playing outside
- After sneezing or coughing into their hands
- Whenever hands are visibly dirty

Staff should wash their hands

- When they arrive at the Service and before they go home.
- After coughing and sneezing.
- Before handling food or feeding children.
- Before and after eating their own food – breaks/lunches.
- Before and after giving or applying medication or ointment to a child.
- After assisting a child to use the toilet or using the toilet themselves.

- After caring for young children who require close physical contact and comfort, where contact points such as the neck or arms may become contaminated with secretions or mucous, these should be washed immediately.
- If staff move from one room to another room or from inside to outside areas
- If staff have physical contact with a child from another group other than their own group.
- After contact with bodily fluids (runny nose, spit, vomit, blood, faeces)
- After cleaning tasks.
- After removing gloves.
- After handling rubbish.
- Whenever hands are visibly dirty.
- If in contact with someone who is displaying any COVID-19 symptoms
- Before and after being on public transport [if using it].
- Before and after being in a crowd.

Before having a cigarette or vaping [staff are reminded the Service is a non-smoking/vaping area].

Hand-drying
Disposable single use papers towels will be used for hand-drying.

Alcohol-based Hand Rub/Gels:

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

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

Respiratory Hygiene (Coughing and Sneezing):

New Shapes After-school uses its best endeavours to ensure that the management of respiratory and transmissible/infectious illness in the Service is understood by staff and that our respiratory hygiene procedures are in place and implemented.

All staff are trained in our Infection Control Policy and retrained as necessary in relation to our policies and procedure regarding respiratory hygiene.

Respiratory Hygiene Practices and Procedures:

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

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

Nose Blowing Procedure

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

1. Get a tissue.
2. Fold it in half.
3. Blow nose gently.
4. Wipe nose clean.

5. Throw tissue away in bin.

6. Wash hands.

7. Staff supporting children to clean their nose must wash their hands before and after helping them.

Cleanliness and Hygiene:

To prevent cross-contamination

Staff are trained in relation to the importance of cleanliness and hygiene to prevent contamination.

The Service is cleaned daily with a deep clean once per week and our rigorous cleaning schedules are followed and records retained and checked.

- Toys and other play materials are not allowed into the toilet area.
- Sunhats are stored separately.
- Soft furnishings are kept clean and laundered weekly.
- Furniture is free from cracks and tears.
- Sofas and chairs are free from stains.
- Soft toys, dress up clothes and dolls clothes are all laundered weekly.
- Aprons and paper-towels are in dispensers and not openly left on shelves
- Gloves and aprons are used to clean up bodily fluids.
- Pedal bins are used throughout the Service.
- Detergents and disinfectants are used correctly according to manufacturer's instructions.
- The premises will be maintained in a clean, hygienic state throughout the day, and a cleaning record is kept.
- Staff are responsible for the materials and equipment used and ensure they are clean, hygienic, and safe always.
- Children will be encouraged to care for their environment.
- Cleaning routines and procedures are in place and are closely monitored and recorded.
- Disposable cloths will be used for all cleaning purposes and discarded regularly.
- All waste is bagged and moved outside.

Please also see our Health and Safety Statement.

Toilets: [see Toileting Policy]

To prevent cross-contamination:

Toilet areas are cleaned frequently during the day in accordance with the cleaning schedule and immediately if soiled. Attention paid to toilet seats, toilet handles, door handles and wash hand basins, especially taps.

- Separate cloths are used for cleaning the toilet and wash hand basin to reduce the risk of spreading germs from the toilet to the wash hand basin.

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

To prevent cross-contamination:

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

Blood Spillages:

To prevent cross-contamination:

Staff in New Shapes After-school take the following steps to prevent exposure to and manage a spill of blood and/or body fluids:

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

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

Dealing with Cuts and Nose Bleeds:

To prevent cross-contamination:

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

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

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

Please also see our Administration of Medication and Accident and Incidents (Incorporating First Aid) Policies

Gloves:

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

- Cleaning up blood – e.g., after a fall or a nosebleed.
- General cleaning.
- Handling waste.

Gloves should be single use and well fitting.

Change gloves:

- After the use of applied creams on each child.
- After the intimate caring of each child (nose wiping, toileting).
- After doing different care activities on the same child.
- Wash hands after gloves are removed.

Remember gloves are not a substitute for hand washing.

Types of Gloves:

- Disposable non-powdered latex or nitrile gloves are recommended. Synthetic vinyl gloves may also be used but users should be aware that gloves made of natural rubber latex or nitrile have better barrier properties and are more suitable for dealing with spillages of blood or body fluids.
- Gloves should conform with the European Community Standard (CE marked).
- Polythene gloves are not recommended as these gloves tear easily and do not have good barrier properties.
- Latex free gloves should be provided for staff or children who have latex allergy.

How to Remove Gloves:

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

Source: US Centres for Disease Control and Prevention

Aprons:

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

Food and Kitchen Hygiene:

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

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

Perishable food is kept in a refrigerator at temperatures of between o and 5 degrees

Note: Do not leave perishable food at room temperature for more than two hours. Perishable food brought from home, including sandwiches, should be kept in a fridge or cool place below 5°C.

If food is left at room temperature for more than 2 hours, it will be discarded.

Please also see our Healthy Eating Policy

Cleaning:

Cleaning is essential in the prevention of infection. Thorough cleaning followed by drying will remove large numbers of germs but does not necessarily destroy germs. Deposits of dust, soil and microbes on environmental surfaces have been implicated in the transmission of infection.

Routine cleaning with household detergents and warm water is sufficient to reduce the number of germs in the environment to a safe level.

A "clean as you go" policy is currently in place:

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

Cleaning Cloths:

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

Personal Protective Equipment (PPE)

The Service will have an adequate supply of PPE for use when required by staff including disposable single use plastic aprons and non-powdered, non-permeable gloves e.g., when there is a risk of coming in contact with bodily fluids.

Toys and Equipment:

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

Soft toys, dress up clothes and dolls clothes are all laundered weekly.
Toys and equipment are not allowed in or stored in the Sanitary Area.
Please see our Health and Safety Statement.

Protocol for Mouthing Toys

- Staff will be vigilant that these items, if used, are not transferred between children, and are removed immediately after use.
- Such items must be sterilised in accordance with manufacturer's guidance. This will also apply to toys located in the room which children mouth. It is important to note manufacturer's instruction.
- A record is kept of sterilising such items.

Children's Rooms:

- Checklists are in a book of the room and must be checked daily. All staff will also receive their own personal weekly rota, to be signed off.
- Staff are responsible for keeping their rooms clean and tidy.
- All room environments must be clean always. Toys, games, and work equipment must be always placed on the shelves in an orderly fashion.
- During the day, the room should be ventilated regularly.

If A Child Becomes Ill When Attending the Service:

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

covid-19 Policy and Response Plan:

Links Relevant to Covid-19: As the information regarding isolation and restriction changes regularly consult the following links when decisions must be made in implementing the policy

IF YOU HAVE COVID 19 (UNDER 18s)

https://www2.hse.ie/conditions/covid19/if-you-have-covid-19/children/

IF YOU HAVE COVID 19 (ADULTS)

https://www2.hse.ie/conditions/covid19/if-you-have-covid-19/adults/

The Service's Infection Control Policy has been reviewed in the light of the COVID-19 pandemic and in accordance with HPSC and Tusla's Early Years Inspectorate Guidance and Information on how to operate a service successfully. What is set out below is the additional enhanced procedures and should be read in conjunction with the service's standard policy.

COVID-19 is n illness caused by a corona virus (SARS-CoV-2) which is spread mainly through tiny droplets scattered from the mouth or nose of a person with the infection. The droplets can be scattered when the infected person coughs, sneezes, talks, laughs, shouts, or sings. To infect you, it must be droplets from an infected person's nose or mouth into your eyes, nose, or mouth.

Anyone can get this illness but to date the evidence is that older people and those in at risk categories are most seriously affected.

The most common symptoms are

- Cough - this can be any kind of cough, usually dry, but not always, and usually persistent.
- Fever - high temperature equal to or greater than 38 degrees Celsius.
- Shortness of Breath.
- Breathing Difficulties.
- Loss of sense of smell.

Loss of sense of taste or a distortion of sense of tast
It can take up to 14 days for symptoms to appear. Some cases are asymptomatic, meaning there are no symptoms, however if tested the person would likely test positive for COVID-19.

Symptoms in children

Parents of children with the following symptoms should be advised to keep their children at home and seek the advice of their GP.

Fever equal to or greater than 38 degrees Celsius.
A new cough, shortness of breath or deterioration in existing respiratory condition.
Diarrhoea, Vomiting, abdominal pain (unlikely to be the sole symptoms but may require testing if they occur with a fever).
Loss of sense of smell, loss of sense of taste or a distortion of sense of taste (where children can express or describe these symptoms).

Children with above symptoms are likely to be referred for COVID-19 testing and will be advised to stay at home and self-isolate until test results are known.

If a child is sent for a test, the whole household must restrict movements until the results of the test are known. Parents must follow the isolation, restriction, and testing guidelines relevant at the time of the incident by consulting the HSE website and the child cannot return until they are COVID free, and it is safe to do so. If a parent is unsure of the guidelines they are encouraged to talk to management for assistance.

Stay at Home Adults

If you have tested positive for COVID-19, you can pass on the virus to other people.

You need to:
stay at home for 5 days
avoid contact with other people, especially people at higher risk from COVID-19

You can leave home after 5 days if:
your symptoms have fully or mostly gone for the last 48 hours

It is OK to leave home after 5 days if you still have a mild cough or changes to your sense of smell. These can last for weeks after the infection has gone.

Stay at Home Children
If your child tests positive for COVID-19, they should:

stay at home for 3 full days from the day their symptoms started
avoid contact with other people

If your child did not have symptoms, they should stay at home for 3 days from the day they tested positive.

Children can leave home and return to normal activities after 3 days if they feel well and do not have a high temperature (38 degrees Celsius or higher).

It is OK for them to return to the Service after 3 days if they still have mild symptoms, such as a runny nose, sore throat or slight cough. This is as long as they are otherwise well.

How it is transmitted or spread
The virus is transmitted through direct contact with respiratory droplets of an infected person (generated through coughing, sneezing, shouting, singing).

It can take up to 14 days for symptoms to appear. The evidence indicates that people with symptoms appear to be the most infectious in the early days after their symptoms appear. In some cases, there may be pre-symptomatic transmission in the day or two before symptoms appear. Some cases are asymptomatic, meaning there are no symptoms, however the individual is COVID-19 positive and could transmit the illness.

Individuals can also be infected from touching surfaces contaminated with the virus and then touching their face (e.g., eyes, nose, mouth). The COVID-19 virus may survive on surfaces for several hours e.g., plastic, or stainless steel up to 72 hours and cardboard less than 24 hours.

Covid-19 Vaccination

Vaccination against COVID-19 is being rolled out in Ireland, and our Service encourages participation in the programme.

Ventilation

Rooms will be kept well ventilated windows will be opened before children arrive and throughout the day.

Risk management and COVID-19

In managing the risks associated with COVID-19 in the service, the risk management process outlined in the service's Risk Management Policy will be used. The risk management approach will focus on identifying the hazards, the level of risk and the controls to address the risks identified. Risk assessment forms will capture the risks identified, the level of risk and the control measures that have been put in place. An incident plan has been developed and is outlined in this policy, as part of the risk management process.

Covid-19 Staff Management and Training

Staff training

COVID-19 staff induction training

All staff in our Service will participate in Infection Control Training and Covid-19 to include:

- COVID-19 including symptoms, modes of transmission and how to reduce the risk of transmission of COVID-19.
- Revised policies such as infection control, risk management.
- The Service's COVID-19 Incident Plan on the actions to be taken if a staff member or child is suspected as having or tests positive for COVID-19.
- The procedures for cleaning.
- How to use personal protective equipment in the event of a child or another staff member becoming unwell.

Control measures

Parents control measures

- As part of the parental agreement with the school age Service provider we :

  ✔️ ask parents not to send their child to school and later to our school age Service if they have been unwell, have had a fever or have taken anti febrile medication in the previous 24 hours .

Risk Assessment

Our risk assessments as part of our Health and Safety Statement

There are three basic steps to completing a risk assessment:

- Look at the hazards.
- Assess the risks.
- Decide on the control measures and implement them.

The findings of the risk assessment process will be recorded in our safety statement. We will involve our employees, along with any safety representatives, in this process.

Pest Control:

New Shapes After-school uses its best endeavours to protect the Service and its environment for environmental contaminants including rodents and litter.

Our Service engages the services of a professional pest control company who carries out inspections to ensure that there are no direct signs of:

- Direct sightings of vermin/pests
- Droppings near food source
- Evidence of nesting
- Evidence of gnawing

Our pest control company and its contact details are: insert here

inspection are also carried out by the Manager as part of the Service's regular risk assessments and daily checks and records retained of the assessments and checks.

It is the policy of the Service that:

- Water leaks will be repaired, and standing water will be eliminated whenever possible.
- Repairs will be performed as needed to prevent pest access to buildings or to hiding spaces in walls and equipment.

Preventing Pest Infestation:

Staff are trained in respect of the Service's policies and procedures regarding pest control and are aware that:

- Food should be kept covered or stored in airtight pest proof containers.
- Spillages should be promptly cleaned up.
- Proper sanitation will be maintained, and correct disposal of rubbish and food waste will be maintained to prevent conditions for pests.

Staff are aware that they should report any concerns regarding pests of any kind to the Manager or Michael Clarke.

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

Please see our Accidents and Incidents Policy (incorporating First Aid) and our Health and Safety Statement.

Use of Pesticides in the Service:

- Pesticides will not be applied when children are present at the Service. Toys and other items mouthed or handled by the children will be removed from the area before pesticides are applied. Children will not return to the treated area within two hours of a pesticide application or as specified on the pesticide label, whichever time is greater.
- In the event of an emergency where pests pose an immediate health threat to children and staff (e.g. wasps) and pesticides are applied, ensure that children will not return to the treated area within two hours of a pesticide application or as specified on the pesticide label, whichever time is greater.

- At least two days' notice but not more than 30 days' advance notice of pesticide application will be given to parents/guardians and staff except in emergencies where pests pose an immediate health threat to children or staff (e.g. wasps).
- Parents/guardians and staff will be notified as soon as possible when advance notice is not provided and include an explanation of the emergency, the reason for the late notice and the name of pesticide applied.

Please see our Accidents and Incidents Policy (incorporating First Aid) and our Health and Safety Statement.

APPENDIX N: CLEANING FACILITIES

Cleaning Facilities Availability Within Our Service

Hand Sanitisers:	Located in main hallway
Storage of Cleaning Agents:	Located in locked unit at the end of the hallway.
Hand washing facilities	Room 1 Room 1 bathroom Room 2 bathroom Downstairs bathroom

APPENDIX I: EXCLUSIONS

Below is minimum exclusion periods as recommended by the HSE. The Service may impose longer periods if it has a concern

Chickenpox:	**Those with chickenpox should be excluded from school/nursery until scabs are dry; this is usually 5-7 days after the appearance of the rash.**
Conjunctivitis:	Exclusion is not generally indicated but in circumstances where spread within the nursery is evident or likely to occur (e.g. in the baby room), it may be necessary to recommend exclusion of affected children until they recover, or until they have had antibiotics for 48 hours.
Campylobacter:	Children who have had campylobacteriosis should be excluded until 48 hours after their first formed stool.
Coronavirus	Check the HSE's latest exclusion and isolation guidelines.
Cryptosporidium:	Children who have had cryptosporidiosis should be excluded until 48 hours after their first formed stool.
Diarrhoea:	48 hours from last episode.
Diphtheria:	Very specific exclusion criteria apply and will be advised on by the Department of Public Health.
Food poisoning:	Until authorised by GP.
Glandular Fever:	Exclusion is not necessary.
Haemophilus Influenzae Type B: (Hib)	Children with the disease will be too ill to attend the service. Contacts do not need to be excluded.
Hand, Foot and Mouth Disease:	While the child is unwell, he/she should be kept away from Service. If evidence exists of transmission within the day centre exclusion of children until the spots have gone from their hands may be necessary.
Head Lice:	Exclusion is not necessary [if treated]
Hepatitis A: **(Yellow Jaundice,**	Recommended while the child feels unwell, or until 7 days after the onset of jaundice, whichever is the later. The

Infectious Hepatitis):	Department of Public Health will give advice on exclusion for staff and children.
Hepatitis B: **(Serum Hepatitis)**	Children who develop symptoms will be too ill to be at school/nursery and families will be given specific advice about when their child is well enough to return. There is little evidence to suggest that these infections can be transmitted in day care settings, and therefore carriers without symptoms should not be kept away. Staff with hepatitis b can work as normal; exclusion is not required.
Impetigo:	Until lesions are crusted and healed, or 24 hours after commencing antibiotics.
Influenza and Influenza-like Illness: **(Flu and ILI)**	Children with suspected or confirmed influenza should remain at home for 7 days from when their symptoms began. In general persons with flu are infectious for 3-5 days after symptoms begin but this may be up to a week or more in children. Children should not re-attend their childcare facility until they are feeling better and their temperature has returned to normal. Contacts do not need to be excluded unless they develop ILI symptoms.
Living with HIV/AIDS:	Exclusion is not necessary.
Measles:	Exclude the child while infectious i.e. up to 4 days after the rash appears. Generally, the child will be too ill to attend school/nursery. In addition, Public Health may recommend additional actions, such as the temporary exclusion of unvaccinated siblings of a case or other unvaccinated children in the school / nursery who may be incubating measles.
Meningitis:	Children with the disease will be too ill to attend the Service. Contacts do not need to be excluded.

Meningococcal Disease:	Children with the disease will be too ill to attend the Service. Contacts do not need to be excluded.
Molluscum Contagiosum:	Exclusion is not necessary.
MRSA: **(Methicillin-Resistant Staphylococcus aureus)**	Children/infants known to carry staphylococcus aureus (including MRSA) on the skin or in the nose do not need to be excluded from the Child Care setting. Children who have draining wounds or skin sores producing pus will only need to be excluded from a Child Care setting if the wounds cannot be covered or contained by a dressing and/or the dressing cannot be kept dry and intact.
Mumps:	The child should be excluded for 5 days after the onset of swelling.
Norovirus:	Children who have been vomiting or have had diarrhoea should be excluded for 48 hours after resolution of their symptoms.
Pediculosis (lice):	Until appropriate treatment has been given
Pharyngitis/Tonsillitis:	If the disease is known to be caused by a streptococcal (bacterial) infection the child or member of staff should be kept away from the Service until 24 hours after the start of treatment. Otherwise, a child or member of staff should stay at home while they feel unwell.
Polio:	Very specific exclusion criteria apply and will be advised on by the Department of Public Health.
Poliomyelitis:	Until declared free from infection by GP
Pneumococcus:	Children with the disease will be too ill to attend the Service. Contacts do not need to be excluded.
Respiratory Syncytial Virus:	Children who have RSV should be excluded until they have no symptoms, and their temperature has returned to normal. Contacts do not need to be excluded.
Ringworm:	Parents should be encouraged to seek treatment. Children need not be excluded from school/nursery once they commence treatment.
Rubella:	For 7 days after onset of the rash and whilst unwell.

(German Measles)	
Salmonella:	Children who have had salmonellosis should be excluded until 48 hours after their first formed stool.
Scabies:	Not necessarily once treatment has commenced.
Scarlet fever:	Once a patient has been on antibiotic treatment for 24 hours they can return to the Service, provided they feel well enough.
Shigella (Dysentery):	Children who have had shigellosis should be excluded until 48 hours after their first formed stool. For certain more severe types of shigella infection, it is recommended that the case should be excluded until two consecutive negative faecal specimens, taken after the first normal stool at least 48 hours apart, have been obtained. Your local Department of Public Health can advise you on the type of shigella.
Shingles:	Those with shingles, whose lesions cannot be covered, should be excluded from school/nursery until scabs are dry.
Slapped Cheek Syndrome:	An affected child need not be excluded because he/ she is no longer infectious by the time the rash occurs.
Temperature:	Over 38 degrees
Tetanus: **(Lockjaw)**	Children with the disease will be too ill to attend the Service. Contacts do not need to be excluded.
Tuberculosis (TB):	Recommendations on exclusion depend on the particulars of each case, e.g., whether the case is “infectious” or not. The Department of Public Health will advise on each individual case.
Typhoid and Paratyphoid:	Very specific exclusion criteria apply; the local Department of Public Health will advise.

APPENDIX H: IMMUNISATION SCHEDULE:

Immunisation schedule for children born since July 2008

Age to Vaccinate:	Type of Vaccination:
At birth -	BCG tuberculosis vaccine (given in maternity hospitals or a HSE clinic)
At 2 months **Free from your GP**	**6 in 1** • Diphtheria • Tetanus • Whooping cough (Pertussis) • Hib (Haemophilus influenzae B) • Polio (Inactivated poliomyelitis) • Hepatitis B **PCV** (Pneumococcal Conjugate Vaccine)
At 4 months **Free from your GP**	**6 in 1** • Diphtheria • Tetanus • Whooping cough (Pertussis) • Hib (Haemophilus influenzae B) • Polio (Inactivated poliomyelitis) • Hepatitis B **Men C** (Meningococcal C)
At 6 months **Free from your GP**	**6 in 1** • Diphtheria • Tetanus • Whooping cough (Pertussis) • Hib (Haemophilus influenzae B) • Polio (Inactivated poliomyelitis) • Hepatitis B **Men C** (Meningococcal C) **PCV** (Pneumococcal Conjugate Vaccine)
At 12 months **Free from your GP**	**MMR** (Measles, Mumps, Rubella) **PCV** (Pneumococcal Conjugate Vaccine)

Children born before July 2008 will have been immunised under the previous schedule.

APPENDIX K: DISCLAIMER TO BE SIGNED BY PARENTS WHERE CHILDREN ARE NOT VACCINATED

NAME OF CHILD: _____

CHILD'S DOB: _____

I have decided that my child will not be vaccinated according to the HSE recommended schedule.

I understand that in a group childcare setting the consequences may include:

- Contracting the illness that the vaccine is designed to prevent
- Transmitting the disease to others
- I understand that if is there is a disease breakout this may necessitate my child staying at home. This will only be done with advice from a medical practitioner and in the best interest of all children.

All information regarding your child remains confidential

Date:

Signed: _____

Parent/Guardian

APPENDIX J: SPECIFIC DISEASES

Head Lice:

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

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

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

Meningitis and Meningococcal:

Both these diseases are most common in children; there are over 150 cases reported per year in this age group in Ireland (Meningitis Trust). Although relatively rare, the speed at which children become ill, and the dramatic and sometimes devastating course of events make it a terrifying disease. Having a good knowledge and understanding of meningitis and being able to recognise the signs and symptoms early as well as getting medical attention quickly, may save lives. Although cases can occur throughout the year, most cases occur during the winter

months. Meningitis is an inflammation of the membranes that surround and protect the brain and spinal cord. The most common germs that cause meningitis are viruses and bacteria:

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

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

Signs and Symptoms

Meningitis and septicaemia (blood poisoning) are not always easy to recognise, and symptoms can appear in any order. Some may not appear at all. In the early stages, the signs and symptoms can be like many other more common illnesses, for example flu. Trust your instincts. If you suspect meningitis or septicaemia, get medical help immediately. Early symptoms can include fever, headache, nausea (feeling sick), vomiting (being sick), and muscle pain, with cold hands and feet. A rash that does not fade under pressure (see 'The Glass (tumbler)Test' below) is a sign of meningococcal septicaemia. This rash may begin as a few small spots anywhere on the body and can spread quickly to look like fresh bruises.

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

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

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

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

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

Procedure for Managing a Suspected Case of Meningitis:

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

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

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

The likelihood of a second case of meningococcal disease is extremely small. However, it two or more suspected cases occur within four weeks in the same Child Care facility, then antibiotics may be offered to all children and staff, on the advice from the public health doctor. During this time staff and parent s should remain vigilant. Parents/guardians are advised to contact their GP if they are concerned or worried that their child is unwell. **For more information, www.meningitis-trust.ie or 24-hour helpline 1800 523196**

Hand, Foot and Mouth

Hand, Foot and Mouth (HFMD) is a viral illness that causes fever, painful blisters in the throat and mouth, and sometimes on the hands, feet, and bottom. HFMD is often confused with foot-and-mouth (also called hoof-and-mouth) disease, a disease of cattle, sheep, and swine;

however, the two diseases are not related—they are caused by different viruses. Humans do not get the animal disease, and animals do not get the human disease.

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

Symptoms:

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

a. A person with HFMD may have only the rash or only the mouth sores.

How Hand, Foot, and Mouth Disease Is Spread:

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

Treatment of HFMD:

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

Prevention of HFMD:

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

- Hand washing is the mainstay of prevention of transmission and control of outbreaks. Children and carers should wash their hands before eating or preparing food, after using the toilet, after contact with an ill child, after contact with animals and whenever hands are visibly soiled. (See Infection Control Policy)
- Cleaning dirty surfaces and soiled items, including toys, first with soap and water and then disinfecting them by cleansing with a solution of chlorine bleach (made by adding 1 part of bleach to 4 parts water)
- Avoiding close contact (kissing, hugging, sharing eating utensils or cups, etc.) with persons with HFMD
- **Children should be kept away from the Service whilst unwell. If evidence exists of transmission within the Service, exclusion of children until the spots have gone from their hands may be necessary.**

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

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

APPENDIX M: CLEANING ROUTINES

Cleaning Routines for Toys:

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

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

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

Mouthed Toys: Mouthed toys are to be cleaned on a daily basis using hot water and Milton. In order to reduce the risk of cross infection, it is important that all mouthed toys that are shared are cleaned between uses by different children.

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

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

Dressing up Clothes: All clothes must be washable and washed at a temperature of 60 degrees for 10 minutes. Clothes must be laundered weekly or more often as necessary. The storage box or rail must also be cleaned regularly.

Sand Pit: To keep free of toxic or harmful materials, rake the sandpit every morning and afternoon, keep the sandpit securely covered when it is not being used. Sieve the sand weekly and wash the sand play toys weekly and allow to dry. Replace sand every 2 or 3 months or more often as necessary. Sand play areas are separated from landing areas for slides or other equipment.

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

Bins and Recycling: The room should have two bins; one for green bin recycling and one for everything else. Children will be encouraged to use the appropriate bins. Staff should

ensure that bins are never allowed to overflow. If it is full, empty it. The bins should be emptied and rinsed out at the end of every day. If a bin has a lid, the lid must be closed at all times.

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

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

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

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

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

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

SAMPLE DAILY CLEANING ROUTINE:

- Wipe down all shelves in warm soapy water.
- Wash all tabletops and wipe down table legs with a mild disinfectant.
- Wash down sink and surrounding counter area.
- Clean fridge as required, check dates on food, and remove if necessary.
- The fridge should be wiped out inside with antibacterial spray.
- The outside of the fridge is to be cleaned with a mild disinfectant.
- Wipe down windowsills in warm soapy water. Clean windows with warm soapy water if necessary.

- Wipe all exposed woodwork with a mild disinfectant.
- Wash all skirting boards with warm soapy water.
- Replace hand towels and hand-washing liquid as required.
- Clean toilet and disinfect toilet seat and base.
- Wash sink and disinfect taps.
- Empty bins and replace new bag, paper towels and toilet paper.
- Sweep/vacuum and wash floors with warm soapy water.

FIRE SAFETY

Staff know the requirements and have a clear understanding of their roles and responsibilities in relation to this policy.

Staff have received training on this policy.

Policy Statement:

This Fire Safety policy statement sets out New Shapes Afterschool commitment to implementing all reasonable measures to guard against the outbreak of fire and in the event of a fire occurring ensuring, as is reasonably practicable, the safety of children and adults on the Service's premises.

Our Fire Safety policy is a core component of New Shapes Afterschool Safety Statement. Please see our Health and Safety Statement, Inclusion Policy and Critical Incident Plan and Evacuation Policy.

Statement of Intent:

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

Fire drill procedures are carried out in a child friendly format to ensure the safe evacuation of the children availing of the Service.

In the interests of a child-friendly approach children are taught the fundamentals of fire safety and drills are carried out in a manner that the children can understand. Staff will be aware of any children who may become upset during fire drills and will offer reassurance.

Risk Assessment:

Fire safety checks of New Shapes Afterschool premises are carried out prior to the Service opening each day.

The fire safety checks include:

- Ensuring fire doors are not obstructed or propped (inside and outside).
- Equipment and/or items are stored appropriately to ensure fire exit routes are clear at all times.
- Fire exits are clearly identifiable.

Policy and Procedures:

We will ensure that:

- Record of all fire drills held are retained by the Service.
- Fire drills will be carried out at different times monthly. A written record will be kept on file and will be available for inspection.
- Records of fire drills will demonstrate that:
    - They are initiated by setting off the fire alarm.
    - All children attending the Service are included in the drill.
    - How many children and staff are present?
    - The fire drill is carried out at different times of the ay and on different days of the week and includes all groups.
    - The date and time of the drill.
    - The length of the drill.
    - Routes of escape used.
- Fire extinguishers and blankets will be stored appropriately, ready for use and in good working order.
- A record of the number, type and maintenance record of all firefighting equipment including fire extinguishers and smoke alarms will be kept and they will be serviced annually with a record maintained of the Service dates. The records will include:
- A maintenance certificate from a competent contractor or company.
- All employees will be trained and provided with information on the Service's Fire Safety Policy as part of New Shapes Afterschool induction procedure, to include:
    1. The procedure to be followed in case of fire with awareness of the layout of the premises and the ages of the children.
    2. Where firefighting equipment is located.
    3. How to use firefighting equipment.
    4. The location and operation of fire doors and fire exits.
    5. Carrying out and recording fire drills.
    6. Fire safety risk assessment.
    7. Staff will be trained/retrained at least every 2 years or more frequently if required.

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

Fire Notice setting out the procedure to be followed in a fire drill is displayed in each care room, dining room and hallway .

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

Access to Records

- File records are stored securely.
- The fire drill and maintenance records are available to:
    - parents and guardians of children attending the Service.
    - parents and guardians of children proposing to attend the Service.
    - employees.
    - any authorised person.

Record Retention Period

Records of fire drills and maintenance records of fire-fighting equipment and smoke alarms are kept for 5 years after their creation.

Fire Safety Information and Fire Notice

Fire safety information is on display in a prominent place on the Main entrance notice board it includes details of our Fire Safety Officer.

New Shapes Afterschool Fire Safety Officer is Georgina Barry & Michael Clarke

There is also a Fire Notice, including a map of the fire escape routes, setting out the procedures to be followed if there is a fire or a fire drill.

The fire assembly point is located at: **to the left of the building etc**

Fire Drill Policy:

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

The Service has a lesson with the children about fire and why fire drills must be practiced. We do mock fire drills with the children.

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

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

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

Fire Drill Procedures:

Each Fire Drill:

- Is carried out at the start of each new school year and thereafter carried out monthly and more frequently if necessary, following in ineffective fire drill practice or where a fire drill has identified risks.
- Will be initiated by setting off the fire alarm.

- Includes a complete evacuation of the Service's premises, to the designated fire assembly points.
- Is carried out at different times of the day and different days of the week to include arrival and departure times to ensure all records are accurate of the children and adults present in the Service.
- Will ensure all adults and children/young people attending the Service are familiar with the evacuation procedures.
- Will use varying fire exit routes to ensure all children and adults are familiar with the evacuation procedure, regardless of their location in the Service.
- Exit routes to be used during the fire drill will be varied to ensure that all staff are aware of the procedures to follow in the event of a fire.
- Is carried out, insofar as reasonably possible, when all children are in attendance in the Service.
- The smoke alarms in the Service's premises are checked monthly using the sounding button and records are retained of the testing
- Each fire drill is recorded, and the records of the fire drill should be kept on file in the office.
- Records of each fire drill detail:
    a. The date of the drill.
    b. The time of the drill.
    c. How many children were present.
    d. How many staff were present.
    e. How long the drill took.
    f. Equipment needed.
    g. How it was dealt with it,
    h. What routes of escape were used.
    i. How the children dealt with to include if any child in the group was upset. This should be noted in his/her individual file.

Reviewing Fire Drills:

Records of the fire drills are reviewed regularly, and preventive measures are put into place for any potential risk(s) identified.

Risks may include delays on exiting, new children attending or weather considerations

If required, preventive measures may include redoing the fire drill, with consideration of the potential risk factor(s).

If a fire is discovered or reported:

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

Fire Drills / Evacuation Procedure for Children with Reduced Mobility or Wheelchair Users:

The Service is committed to ensuring that all children, including children with additional mobility needs and children who use a wheelchair, can be evacuated safely and promptly in the event of fire or emergency. Evacuation procedures will be implemented in a manner that maintains the child's dignity, safety, comfort, and inclusion, and reflects a person-centred approach in line with best practice guidance.

Where a child attending the service uses a wheelchair or has reduced mobility, a Personal Emergency Evacuation Plan (PEEP) will be developed and kept on file. Please see our Inclusion Policy.

Fire drills will include consideration of the child's evacuation plan in a manner that is:

- Safe and non-distressing
- Appropriate to the child's developmental stage
- Planned in consultation with parents/guardians where appropriate
- Actions identified will be logged and completed as part of continuous improvement.

Wheelchairs and mobility equipment must:

- Remain accessible and not blocked by furniture or stored items
- Be maintained in safe working condition
- Be used in line with the child's normal support needs.

Inclusion and Emotional Safety

The service recognises that emergency evacuation may be frightening for children. Staff will ensure that:

- The child is supported with calm reassurance
- Familiar attachment-based strategies are used
- The child is not spoken about in a way that increases distress
- The child remains included with peers at the assembly point

Parents/guardians will be informed of any evacuation event involving their child, and any concerns will be documented and reviewed

Evacuation Routes and Accessibility:

The Service will ensure that:

- Emergency exits and evacuation routes are kept clear at all times
- Routes used by a child in a wheelchair are assessed to confirm they remain accessible and suitable during emergencies
- Any ramps, threshold strips or exit access points are safe and usable
- The assembly point is suitable to safely accommodate the child and ensure supervision and comfort.

Where the building has changes, works, or restrictions, the Service will carry out a risk assessment to ensure the evacuation route remains safe and workable.

Staffing, Roles and Supervision

To ensure safe evacuation for a child using a wheelchair, the service will assign:

- A Primary Evacuation Support Person (staff member most familiar with the child's needs)
- A Secondary Evacuation Support Person (backup support to assist immediately if required)

All staff will be made aware of the child's evacuation needs on a need-to-know basis, and these responsibilities will be covered during:

- Induction
- Supervision meetings
- Fire drill planning and debriefs

At all times, staff must ensure that:

- The child is not left alone during evacuation
- The child is reassured throughout using calm and familiar language
- Supervision of other children is maintained while evacuation support is carried out.

Evacuation Procedure (Wheelchair User)

In the event of fire or emergency evacuation, staff will:

1. Activate the alarm / follow emergency response instructions
2. The Primary Support Person will immediately move to the child and begin evacuation
3. The Secondary Support Person will assist with:
    - Opening doors / clearing route
    - Holding doors open
    - Supporting flow of children exiting safely
4. The child will be evacuated using the safest identified method, as outlined in their PEEP.

The Service recognises that, during emergency evacuation:

- Lifts must not be used (where applicable)
- Stairways are not suitable for wheelchair use unless an approved evacuation system is in place
- The route used must prioritise speed without compromising safety.

Manual Handling and Transfers

The Service acknowledges that transferring a child from a wheelchair in an emergency presents risks to both the child and staff. Therefore:

- No staff member will attempt unsafe lifting or carrying of a child in a wheelchair.
- Staff will only support transfers where:
    - It is part of the child's agreed plan, and
    - Staff have received appropriate training or guidance, and
    - It is safe to do so in the circumstances.

Where a transfer may be necessary, the Service will ensure:

- A risk assessment has been completed
- Staff are familiar with appropriate handling techniques
- The child's dignity and comfort are maintained as far as reasonably practicable.

Fire Drills and Practice

Fire drills will include consideration of the child's evacuation plan in a manner that is:

- Safe and non-distressing
- Appropriate to the child's developmental stage
- Planned in consultation with parents/guardians where appropriate

Following drills, the Manager will document:

- Whether evacuation was successful and timely
- Any obstacles identified (door widths, route congestion, thresholds, storage, etc.)
- Any improvements required to ensure safe evacuation in future

Actions identified will be logged and completed as part of continuous improvement.

Equipment, Storage and Emergency Readiness

Where required, the service may identify additional emergency supports such as:

- A planned “exit-ready” route
- Accessibility aids or equipment (as appropriate to the building)

Wheelchairs and mobility equipment must:

- Remain accessible and not blocked by furniture or stored items
- Be maintained in safe working condition
- Be used in line with the child’s normal support needs.

Inclusion and Emotional Safety

The Service recognises that emergency evacuation may be frightening for children. Staff will ensure that:

- The child is supported with calm reassurance
- Familiar attachment-based strategies are used
- The child is not spoken about in a way that increases distress
- The child remains included with peers at the assembly point

Parents/guardians will be informed of any evacuation event involving their child, and any concerns will be documented and reviewed

Please see our Inclusion, Partnership With Parents and Critical Incident and Evacuation Plan Policies.

Fire Control:

A fire should only be attached if a person knows what they are doing and not placing their own life in danger. Fire extinguishers and firefighting equipment are provided for this purpose.

General:

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

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

When Dealing with a Fire:

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

If a person's clothing is on fire, wrap the fire blanket, rug or similar article closely around them and lay them on the ground to prevent flames reaching the head.

If electrical appliances are involved, switch off the power before dealing with the fire.

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

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

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

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

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

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

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

Sections 18 and 19, Fire Services Act 1981 ("the Act")

In compliance with Section 18 of the Act, it shall be the duty of every person having control over premises to which this section of the Act applies to take all reasonable measures to guard against the outbreak of fire on such premises, and to ensure as far as is reasonably practicable the safety of persons on the premises in the event of an outbreak of fire.

It shall be the duty of every person, being on premises to which this section applies, to conduct themselves in such a way as to ensure that as far as is reasonably practicable any person on the premises is not exposed to danger from fire as a consequence of any act or omission of their part.

Section19 of the Act: The owners of the Service hereby confirm that the Service is not contained within a potentially dangerous building as defined by Article 19 of the Act.

We have a Designated Fire Safety Officer who is Georgina Barry & Michael clarke

Please also see our Critical Incident Policy and Health and Safety Statement.

CHECKING IN AND OUT AND RECORDING OF ATTENDANCE

This policy has been communicated to parents/guardians, staff in the manner set out in the above table and records retained of the communication.

Relevant staff know the requirements and have a clear understanding of their roles and responsibilities in relation to this policy.

Relevant staff have received training on this policy.

All staff are responsible for ensuring that every visitor to the building signs the visitor book located at the entrance. If staff are not expecting a visitor, or if an unknown

person presents at the door, they must check with the manager or person in charge before allowing the individual to enter the building. Staff must also request and verify valid photo identification from all visitors

Statement of Intent

It is the policy of this Service that a child(ren) will only be released into the care of people who have been authorised by the parents and guardians and who have been advised to the Service. The Service will ensure that appropriate measures are in place to record the children's attendance at the Service and that suitable resources are in place to do this effectively. The Service will also ensure that all people entering the premises are authorised to enter and their details are documented.

Each relevant staff member understands their role and responsibilities in relation to checking in and out and recording the attendance of children in the Service. Records pertaining to checking children in and out and recording of attendance are kept for two years after the child leaves the service.

Please note records may be required to be kept for longer in certain circumstances.

Record of Attendance: check-in and check-out record for children.

- Each child attending the Service is checked in and out by a relevant staff member.
- A record of each child's attendance is kept on a daily basis and is available and readily accessible to relevant staff.
- The record of attendance kept includes the following:
    - the full name of each child attending the service.
    - the date and time each child arrive and leaves.
    - a record of the name of **one** of the following people at the time the child arrives and leaves:
        - the person in charge or employee responsible for checking the children in and out.
    - the record for each room accurately reflects the children in the room and it updated when a child leaves or enters.

Please see our policy on Authorisation to Collect Children.

Check-in and Check-Out Register for Other Parties

(Please also see Students/Visitors)

- A daily check-in/ check-out register is in place for people entering the premises **other than**:
    - A child attending the Service.
    - a person dropping off or collecting a child.
    - an employee.
    - an unpaid worker
- The following information is recorded in the check-in/check-out register for other parties:
    - the date.
    - the person's name.
    - their contact numbers.
    - the reason for their entry.
    - the name of the person who approved access (employee or unpaid worker details)
    - the check-in times
    - the check-out times
- Access to the Service is restricted until the check-in register is completed by the person requesting access and their details authenticated by an employee or unpaid worker.
- Other parties recorded in the check-in/check-out register do not have unsupervised access to children in the service.

Retention Period

The check-in/check-out register is retained for one year one year from the date to which it relates

Collection of Children (Including Authorisation to Collect Children)

This policy has been communicated to parents/guardians, staff, children and in New Shapes After-school in the manner outlined in the above table and records retained of the communication.

It is also available in child friendly format to school age children in the Service

Relevant staff know the requirements and have a clear understanding of their roles and responsibilities in relation to this policy.

Relevant staff have received training on this policy.

Policy Statement:

New Shapes After-school is committed to safeguarding children through robust drop-off and collection procedures. The safety, well-being, and security of every child are paramount.

Dropping Off Children at Arrival Time:

Children must never be left unaccompanied. A parent/guardian must accompany their child into the Service and remain with them until the chid is handed over to a staff member and signed in by a person in charge /staff member.

Collection of Children:

This policy specifies the protocols of New Shapes After-school in relation to the collection of children from our Service.

Children in New Shapes After-school will never be left unaccompanied. A staff member supervises the children until they are handed over to a parent/guardian or nominated person and signed out by the person in charge or a staff member,

The following procedure has been drawn up to ensure that this is always maintained that an accurate record is kept of all children in the Service including absences, arrival and departure and that all children leave the premises with either their main carers or the adults who are authorised to do so.

A record of each child's attendance kept daily and records the actual time in and/out of the child

Consent is always sought from parents to allow someone other than the parent/guardian to collect the child.

Records regarding authorisation are kept for 2 years from the time the child ceases in the Service.

Records of attendance are kept for a period of 1 year.

Before any child starts the Service the parent/carer is required to provide the names

and contact details of all people authorised to collect their child on their registration form. Only persons aged 16 years and upwards may be named on the registration form and will be permitted to collect the child.

If the named person/s cannot collect the child they are responsible for, the parent /carer must inform the person in charge of the person, over 16 years of age, who will be collecting

the child and give consent in writing where possible, with a clear description and contact details including address and telephone number of the responsible person.

If possible, we would like to meet the person collecting in advance, enabling the staff to feel confident about the child leaving safely and happily. In the instance that this is not possible a password is given to us and the person collecting allowing us to allow entrance once the password has been checked at the door upon arrival, we will also require the person to be photo ID.

In the instance of an unknown /unnamed adult coming to the setting to collect a child, they will be asked to wait outside while contact is made with the main carer. If this is not possible, they will be requested to wait until contact can be made. On no account will a child be allowed to leave the premises with an unauthorised person.

Any deviation made by any staff member will be considered as gross misconduct and will be dealt with appropriately.

All Children arriving at or being collected from the Service must be signed in and out by the person in charge or member of staff. Please see our policy on Checking in and Out and Record of Attendance.

Note: All children must be supervised during collection times, and when entering and leaving the Service.

Adult: child ratios are always maintained during drop off and collection of children.

Parents are asked not to leave children unattended in cars or vehicles at any time, and particularly in hot weather regardless of whether are parked in the shade

Attendance:

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

A record of each child's attendance kept on a daily basis should record the actual time in and/out of the child.

Morning Arrivals: Mid-term breaks and summer holidays

- For their own safety, children must be accompanied into the Service by a parent/guardian or authorised person and is met by a member of staff.
- Parents/guardian or their authorised person are responsible for their children during arrival at the Service.
- Under no circumstances may a child be left unattended on the premises; this includes a child on foot, in a stroller, in a car or other vehicle or in any other situation.
- Parents/guardians or their nominated person gain access to the Service by the intercom at the front entrance. A member of our team will be happy to buzz you in or meet you at the door to welcome you.
- The person in charge or a member of staff will register each child on arrival.
- Parents/guardians are asked to ensure that all external doors are securely closed for the safety of all the children when they leave.
- If a child will not be attending, we request that parents/guardians advise us.

Walking Children from School to Service:

- The children will be escorted by a known staff member, who will always carry proof of identity to School. New staff members will always be accompanied by an experienced staff member; children will always be introduced to new staff members before they start collections on their own.
- The children will go in a group directly from School to the Service, by the safest most direct route.
- The children may be required to hold hands when crossing roads. When walking staff will walk behind the children.
- The walk from School to the Service will be risk assessed to ensure it is safe, and appropriate ratios will always apply.

Transport arranged by parents/guardians:

Where parents/guardians make their own independent arrangements for their children to be collected from school or any other location and brought to the Service, the safety of the child is the full responsibility of the parents/guardians/authorised person to transport the child to the Service.

The Service is not liable for any loss, damage or claims as a result of children travelling to/from school or any other location other than school in other transport organised by parents/guardians.

A Parent or Authorised Person Not at A Prearranged Drop Off or Collection Point:

Where a parent or person authorised by the parent has arranged drop off or collection of a child by the Service and is not at the prearranged collection or drop off point, the Service's policy below in relation to "Where a Child is Not Collected" will apply.

Informing the Service if a child is not attending.

If for any reason a child has not attended school from which the Service is due to collect a child, the Service should be informed by a parent/guardian by telephoning the Service at 085-1757680 and speaking with the Manager Georgina Barry no later than **11am** This policy also applies to un-notified changes of collection times. This should also apply in any event whereby the child does not need to be collected from school. Failure to do so can waste valuable time and causes undue concern for staff collecting the child from their school or any other activity..

- It is the responsibility of the parent to make the necessary arrangements to get the child/children to the Service and to inform the person in charge in writing of these arrangements.
- It is also the parents' responsibility to comply with the Service's policy which prohibits children arriving unaccompanied to the Service.

Where a child is not present at collection times from school:

If a child is not present at collection times from school the Service will:

1. Check with the school principal or teacher at the school, whether the child was in attendance that day.
2. Where the child attended the school the Service will immediately notify the Manager that the child is missing from the offsite collection point.

If a child goes missing the parents/guardians and the Gardaí must be informed immediately and without delay.

Tusla, the Child and Family Agency must be informed within 3 days

Please also see our Missing Child and Outings Policy, Critical Incident Plan Where a Child is Missing and our Health and Safety Statement.

Collection of Children by Parents/Guardians or Nominated Persons from the Service:

- For their own safety it is the policy of the Service that no children will be permitted, under any circumstances, to leave the Service unaccompanied.
- Children must be collected by a parent/guardian or their nominated person.
- Parents/guardian or their nominated person are responsible for their children during collection at the Service and must accompany the child off Service premises.
- To ensure a secure environment, we ask that parents, guardians, or nominated collectors use the intercom at the front entrance. A member of our team will be happy to buzz you in or meet you at the door to welcome you.
- The person in charge or a member of staff, a parent or guardian or their nominated person will register each child on collection.
- Parents/guardians must collect their child by the agreed collection time. Parents/guardians will be asked to give the names of at least two other people who are authorised to collect the child. If the parent is late arriving to collect the child, the person in charge will endeavour to contact the parent. In the event of being unable to contact the parent, the person in charge will contact the other named persons to collect the child.
- Children will not be released into the care of a person under the age of 16 years or to a person who appears to be incapable of caring for the child. Should this situation arise, the staff will contact an authorised collector. If no one is available to collect the child, then the person in charge should contact the TUSLA social work child safeguarding team. Services are required to get proof of age for persons over 16.
- Nominated persons who are unknown to the Service will be required to produce either a driving licence, passport or other photographic identification which states the person's date of birth so that the Service can ensure that person is over 16 years of age.
- In the event of a parent collecting another child a prior arrangement must be made with the person in charge.

Children of school-going age arriving at or leaving the Service unaccompanied:

It is the policy of the Service that no child may arrive at or leave the Service unaccompanied.

The decision to permit a child to leave the Service unaccompanied is at the discretion of the Manager and without an agreement with parents/guardians, a child is not permitted to leave the Service unaccompanied.

In Advance of a School Aged Child Being Permitted to Arrive at Or Leave the Service Unaccompanied:

Where a parent/guardian permits that their child(ren) arrive at or leave the Service's premises unaccompanied, the Service requires that such parent or guardian provides written confirmation in advance with specific instructions to the Service in relation to the arrangement

- The route to be travelled by the child,
- where the child is coming from and going to,
- the agreed time of arrival and departure,
- frequency daily, weekly, outside term time) is provided.

On receipt of the required written permission from a parent/guardian and in advance of a child being permitted to arrive at and/or leave the Service unaccompanied, the Manager will provide the parent/guardian in writing a risk assessment of a child being permitted to leave or arrive at the Service unaccompanied to determine that reasonable measures are in place to safeguard the child's health, safety and welfare prior to permitting a child to leave or arrive at the Service unaccompanied.

The risk assessment will be furnished to the parents

in writing by prearranged meeting with the Manager in the Service in advance of a child being permitted to arrive at or leave the Service unaccompanied

The risk assessment will include safeguarding measures in place within New shapes After-school Child Safeguarding Statement and will include: the procedures in place to safeguard the child/children leaving and/or returning to the Service, responsibilities of staff, record keeping procedures, timeframes for the review of risk assessments, procedures in place in the event of an accident or incident and procedures in the event of an emergency.

Please also see our Child Safeguarding Statement.

Note: Where a parent/guardian so instructs the Service that this is an arrangement of specific preference or necessity, a parent/guardian does so at their own risk and the risk to the child. The Service has no responsibility for and owes no duty of care to such child before the child's arrival at the Service premises and immediately after the child has exited the Service's premises.

Such instruction will only be accepted by the Service from the parent or guardian of a child(ren) and not from a nominated person.

Please see Appendix A Parental Authority form for a child to arrive at or leave the Service unaccompanied.

If a child is booked into the Service and they do not arrive we will follow the following procedures:

- The person in charge will telephone the school to find out if the child was in school.
- The person in charge will telephone the parent or other emergency contact from contacts list.
- If the child was in school and the parent cannot be contacted, we will contact the local Garda station to report the child missing.

All drop offs and collections of children whether from school or any other location, by way of transport or walking, are separately risk assessed. The risk assessment details safeguarding measures relevant to the ages of the children and the distance being travelled.

Retention of Records of Dropping off and Collection of Children:

Written records of all children being dropped off and collected from our Service are retained each day.

Attendance records are retained for a period of 1 year.

If the nominated person arrives in an unfit state

Parents/guardians/Nominated Persons should be in a fit state to collect their children. If a parent arrives in an 'unfit' state, for example under the influence of alcohol or drugs, the person in charge will contact the other parent or nominated person as listed on the child's registration form (depending on authorisations and circumstances) or will contact the duty social worker or the Gardaí. The child's welfare and safety will always come first.

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

Children should be collected only by the adult/s named on the 'Collection Authorisation'. Should the person responsible be unable to collect the child, a letter of explanation must be presented signed and dated by the parent / guardian with a contact telephone number, the person in charge will then telephone the parent prior to allowing the child to leave the Service.

If the parent personally arranges this with the person in charge the telephone call may not be necessary, but signed consent will be always required.

A person who is not named on the “Collection Authorisation” must provide photographic ID and a password from the parents to give to the staff members in the Service on arrival.

Please also see our Child Safeguarding and Risk Management Policies.

If the parent has not been personally contacted to authorise the collection of their child, the child **will not** be permitted to leave the Service until an authorised collector, as recorded in the child’s records, is available.

Late Collection of Children:

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

Early Collection of Children:

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

Late Drop Off:

We ask parents/guardians to drop children off at the correct time to avoid disrupting the group once they have started and so that the child benefits from the full daily programme.

Where a child is not collected:

In the event that child is not collected from the Service after the expiration of 10 minutes after the appointed time, the Management will contact the parents/guardians by telephone to ascertain when they will be arriving at the Service to pick up their child. Management will then make arrangements with the parent in relation to collection.

In the event that Management is unable to contact the parents/guardians by telephone, a text message will be sent to the parent or guardian. If no response is received to this text message within 5 (five) minutes Management will contact the parent/guardian's emergency collection

person identified to the Service to plan for the emergency person to collect the child from the Service.

Where Management is unable to make contact with parents/guardians or the specified emergency person after the expiration of two hours after the appointed collection time if there is no contact from parents/guardians or emergency person the Management will notify Tusla and An Garda Síochána of the position in case an emergency has arisen.

Separated and Divorced Parents:

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

- We cannot refuse either parent to collect their child unless a Court Order is in place. However, we reserve the right to seek clarification of identity when one parent has not had any contact with the Service, or the contract has been with one parent only and a second parent makes unexpected contact. This is usually in circumstances where a separation is happening.
- We ask that parents give us information on any person that **does not** have legal access to the child.
- Where custody of a child is granted to one parent, we would ask parents to clarify the circumstances with us. This information will remain confidential and will only be made known to the relevant staff. If there are any legal documents, i.e. Custody Order, Barring Order we would ask parents to provide us with a copy to keep on file.

Attempted collection by a parent who has been denied access in a Court Order:

- A parent who has been denied access to a child through a Court Order will not be permitted on to the Service's premises
- If the parent who has been denied access becomes threatening or violent and insists on removing the child from the Service, this will be viewed as trespassing. The Service will in this event contact the Local Garda.

By law, an unmarried mother is the automatic guardian of a child born outside of marriage. In some circumstances, unmarried fathers have automatic access. The Service should be informed about access rights. Unmarried fathers will automatically become guardians of their children if they meet a cohabitation requirement. An unmarried father who cohabits for 12 months with the child's mother, including 3 months following a child's birth, will automatically become the child's guardian. This provision is not retrospective, so guardianship will only be acquired automatically where the parents live together for at least 12 months after 18 February2016.

Note: Records of all Collections are kept for up to two years from the time the child ceases in the Service.

Please also see our Partnership with Parents Policy

APPENDIX A: Parental Authority for [insert name of child(ren)] to arrive at or leave the Service unaccompanied.

I, of [insert address]

being the parent/guardian of [insert child(ren)'s names]

hereby confirm that I am aware of the Service's policy for the arrival and collection of children from its premises and that same is for the protection and safety of the children attending its Service.

Notwithstanding it is my strict instruction to the Service that my child(ren) will be arriving at New Shapes After-school unaccompanied in the morning and may leave the Service unaccompanied at the end of the school day or during mid-term breaks and summer holidays.

and that I consent to such departure from the Service's policies pertaining to same as far as it relates to my children.

I acknowledge that the Service has no responsibility whatsoever and owes no duty of care to my child(ren) while on their way to attend the Service or once they have departed the Service's premises.

Dated: _____

Signed: _____

DROPPING OFF AND COLLECTION OF CHILDREN (Including Authorisation to Collect Children)

It is also available in child friendly format to school age children in the Service

Relevant staff know the requirements and have a clear understanding of their roles and responsibilities in relation to this policy.

Relevant staff have received training on this policy.

Policy Statement:

This policy sets out our Service's commitment to having safe and appropriate procedures and practices in place to ensure that children are safeguarded at drop off and collection times.

Statement of Intent:

The well-being, safety and security of all the children in the setting is our main concern.

Parents are welcome in our Service when dropping off and collecting their children.

Dropping Off Children at Arrival Time:

A parent/guardian must accompany their child into the Service and remain with them until the chid is handed over to and signed in by a staff member.

Collection of Children:

This policy specifies the protocols of New Shapes Afterschool in relation to the collection of preschool children from our Service.

A staff member supervises the children until they are handed over to a parent/guardian or nominated person and signed out by the staff member,

The following procedure has been drawn up to ensure that this is maintained at all times, that an accurate record is kept of all children in the Service including absences, arrival and departure and that all children leave the premises with either their main carers or the adults who are authorised to do so.

A record of each child's attendance kept daily and records the actual time in and/out of the child, the name of the person(s) dropping off and collecting the child, and the name of the person within New Shapes Afterschool completing the record.

Consent is always sought from parents to allow someone other than the parent/guardian to collect the child.

Records regarding authorisation are kept for 2 years from the time the child ceases in the Service.

Records of attendance are kept for a period of 1 year.

Before any child starts the Service the parent/carer is required to provide the names

and contact details of all people authorised to collect their child on their registration form. Only persons aged 16 years and upwards may be named on the registration form and will be permitted to collect the child.

If the named person/s cannot collect the child they are responsible for, the parent /carer must inform staff of the person, over 16 years of age, who will be collecting the child and give consent in writing where possible, with a clear description and contact details including address and telephone number of the responsible person.

If possible, we would like to meet the person collecting in advance, enabling the staff to feel confident about the child leaving safely and happily. In the instance that this is not possible we suggest a password is given to ourselves and the person collecting allowing us to allow entrance once the password has been checked at the door upon arrival.

In the instance of an unknown /unnamed adult coming to the setting to collect a child, they will be asked to wait outside while contact is made with the main carer. If this is not possible, they will be requested to wait until contact can be made. On no account will a child be allowed to leave the premises with an unauthorised person.

Any deviation made by any staff member will be considered as gross misconduct and will be dealt with appropriately.

All Children arriving at or being collected from the Service must be signed in and out by either a member of staff or a parent/guardian or their nominated person. Please see our policy on Checking in and Out and Record of Attendance.

Note: All children must be supervised during collection times, and when entering and leaving the Service.

Adult : child ratios are maintained at all times during drop off and collection of children.

Parents are asked not to leave children unattended in cars or vehicles at any time, and particularly in hot weather regardless of whether are parked in the shade

Attendance:

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

A record of each child's attendance kept on a daily basis should record the actual time in and/out of the child, the name of the person (s) dropping off and collecting the child, and the name of the person within the Service completing the record.

Morning Arrivals: during SCHOOL HOLIDAY AND MID TERM BREAKS

- For their own safety, children must be accompanied into the Service by a parent/guardian or authorised person and is met by a member of staff.
- Parents/guardian or their authorised person are responsible for their children during arrival at the Service.
- Under no circumstances may a child be left unattended on the premises; this includes a child on foot, in a stroller or wagon, in a car or other vehicle or in any other situation.
- Parents/guardians or their nominated person gain access to the Service by RINGING THE BELL AT FRONT ENTRANCE
- A member of staff, a parent or guardian or their nominated person will register each child on arrival.
- Parents/guardians are asked to ensure that all external doors are securely closed for the safety of all the children when they leave.
- If a child will not be attending, we request that parents/guardians advise us.

Bringing Children from School to the Service:

- Where the Service agrees to bring children from school each day, a **signed consent will be sought from the parent/guardian.**

Walking Children from School, to the Service:

- The children will be escorted by a known staff member, from School to our School Age Service. Prior contact will be made with the children and the school for new staff members assigned to dropping/collecting from schools.
- The children will go in a group directly from School to the Service, by the safest most direct route.
- The children may be required to hold hands when crossing roads. When walking staff will walk behind the children.
- The walk from School to the Service will be risk assessed to ensure it is safe, and appropriate ratios will always apply.

Transport arranged by parents/guardians:

Where parents/guardians make their own independent arrangements for their children to be collected from school or any other location other than school, by car or bus and

brought to the Service, the safety of the child is the full responsibility of the parents/guardians/authorised person to transport the child to the Service.

The Service is not liable for any loss, damage or claims because of children travelling to/from school or any other location other than school in other transport organised by parents/guardians.

Informing the Service if a child is not attending.

If for any reason a child has not attended school from which the Service is due to collect a child, the Service should be informed by a parent/guardian by telephoning the Service and speaking with the Manager Georgina Barry no later than **12pm**. This policy also applies to un-notified changes of collection times. This should also apply in any event whereby the child does not need to be collected from school. Failure to do so can waste valuable time and causes undue concern for staff collecting the child from their school.

- It is the responsibility of the parent to make the necessary arrangements to get the child/children to the Service and to inform the person in charge in writing of these arrangements.
- It is also the parents' responsibility to comply with the Service's policy which prohibits children arriving unaccompanied to the Service.

Where a child is not present at collection times from school:

If a child is not present at collection times from school or the Service will:

1. Check with the school principal or teacher of the school whether the child was in attendance that day.
2. Where the child attended the school the Service will immediately notify the Manager that the child is missing from the offsite collection point.

If a child goes missing the parents/guardians and the Gardaí must be informed immediately and without delay.

Tusla, the Child and Family Agency must be informed within 3 days

Please also see our Missing Child and Outings Policy, Critical Incident Plan Where a Child is Missing and our Health and Safety Statement.

Collection of Children by Parents/Guardians or Nominated Persons from the Service

- For their own safety it is the policy of the Service that no children will be permitted, under any circumstances, to leave the Service unaccompanied.
- Children must be collected by a parent/guardian or their nominated person.
- Parents/guardian or their nominated person are responsible for their children during collection at the Service and must accompany the child off Service premises.
- Parents/guardians or their nominated person gain access to the Service by ringing the intercom bell.
- A member of staff,will register each child on collection.
- Parents/guardians must collect their child by the agreed collection time. Parents/guardians will be asked to give the names of at least two other people who are authorised to collect the child. If the parent is late arriving to collect the child, the person in charge will endeavour to contact the parent. In the event of being unable to contact the parent, the person in charge will contact the other named persons to collect the child.
- Children will not be released into the care of a person under the age of 16 years or to a person who appears to be incapable of caring for the child. Should this situation arise, the staff will contact an authorised collector. If no one is available to collect the child, then the person in charge should contact the TUSLA social work child safeguarding team. Services are required to get proof of age for persons over 16.

- Nominated persons who are unknown to the Service will be required to produce either a driving licence, passport or other photographic identification which states the person's date of birth so that the Service can ensure that person is over 16 years of age.
- In the event of a parent collecting another child a prior arrangement must be made.

Children of school-going age arriving at or leaving the Service unaccompanied:

It is the policy of the Service that no child may arrive at or leave the Service unaccompanied.

The decision to permit a child to leave the Service unaccompanied is at the discretion of the Manager and without an agreement with parents/guardians, a child is not permitted to leave the Service unaccompanied.

In Advance of a School Aged Child Being Permitted to Arrive at Or Leave the Service Unaccompanied:

Where a parent/guardian permits that their child(ren) arrive at or leave the Service's premises unaccompanied, the Service requires that such parent or guardian provides written confirmation in advance with specific instruction to the Service in relation to the arrangement insert (eg the route to be travelled by the child, where the child is coming from and going to, the agreed time of arrival and departure, frequency (eg daily, weekly, outside term time) is provided.

On receipt of the required written permission from a parent/guardian and in advance of a child being permitted to arrive at and/or leave the Service unaccompanied, the Manager Georgina Barry will provide the parent/guardian in writing a risk assessment of a child being permitted to leave or arrive at the Service unaccompanied to determine that reasonable measures are in place to safeguard the child's health, safety and welfare prior to permitting a child to leave or arrive at the Service unaccompanied.

The risk assessment will be furnished to the parents by email address provided by the parents/guardians to the Service in advance of a child being permitted to arrive at or leave the Service unaccompanied

The risk assessment will include safeguarding measures in place within New Shapes Afterschool ’s Child Safeguarding Statement and will include: the procedures in place to safeguard the child/children leaving and/or returning to the Service, responsibilities of staff, record keeping procedures, timeframes for the review of risk assessments, procedures in place in the event of an accident or incident and procedures in the event of an emergency.

Please also see our Child Safeguarding Statement.

Note: Where a parent/guardian so instructs the Service that this is an arrangement of specific preference or necessity, a parent/guardian does so at their own risk and the risk to the child. The Service has no responsibility for and owes no duty of care to such child before the child's arrival at the Service premises and immediately after the child has exited the Service's premises.

Such instruction will only be accepted by the Service from the parent or guardian of a child(ren) and not from a nominated person.

Please see Appendix A Parental Authority form for a child to arrive at or leave the Service unaccompanied.

If a child is booked into the School Age Service and they do not arrive we will follow the following procedures:

- The person in charge will telephone the school to find out if the child was in school.
- The person in charge will telephone the parent or other emergency contact from contacts list.

- If the child was in school and the parent cannot be contacted, we will contact the local Garda station to report the child missing.

Retention of Records of Dropping off and Collection of Children:

Written records of all children being dropped off and collected from our Service are retained each day.

Attendance records are retained for a period of 1 year.

If the nominated person arrives in an unfit state

Parents/guardians/Nominated Persons should be in a fit state to collect their children. If a parent arrives in an 'unfit' state, for example under the influence of alcohol or drugs, the senior member of staff on duty will contact the other parent or nominated person as listed on the child's registration form (depending on authorisations and circumstances) or will contact the duty social worker or the Gardaí. The child's welfare and safety will always come first.

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

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

A person who is not named on the "Collection Authorisation" must provide photographic ID and a password from the parents to give to the staff members in the Service on arrival.

Please also see our Child Safeguarding and Risk Management Policies.

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

Late Collection of Children:

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

Early Collection of Children:

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

Where a child is not collected:

In the event that child is not collected from the Service after the expiration of 10 minutes after the appointed time, the Management will contact the parents/guardians by telephone to ascertain when they will be arriving at the Service to pick up their child. Management will then make arrangements with the parent in relation to collection.

In the event that Management is unable to contact the parents/guardians by telephone, a text message will be sent to the parent or guardian. If no response is received to this text message within 5 (five) minutes Management will contact the parent/guardian's emergency collection person identified to the Service to plan for the emergency person to collect the child from the Service.

Where Management is unable to make contact with parents/guardians or the specified emergency person after the expiration of two hours after the appointed collection time if there is no contact from parents/guardians or emergency person the Management

will notify Tusla and An Garda Síochána of the position in case an emergency has arisen.

Separated and Divorced Parents:

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

- We cannot refuse either parent to collect their child unless a Court Order is in place. However, we reserve the right to seek clarification of identity when one parent has not had any contact with the Service, or the contract has been with one parent only and a second parent makes unexpected contact. This is usually in circumstances where a separation is happening.
- We ask that parents give us information on any person that **does not** have legal access to the child.
- Where custody of a child is granted to one parent, we would ask parents to clarify the circumstances with us. This information will remain confidential and will only be made known to the relevant staff. If there are any legal documents, i.e. Custody Order, Barring Order we would ask parents to provide us with a copy to keep on file.

Attempted collection by a parent who has been denied access in a Court Order:

- A parent who has been denied access to a child through a Court Order will not be permitted on to the Service's premises
- If the parent who has been denied access becomes threatening or violent and insists on removing the child from the Service, this will be viewed as trespassing. The Service will in this event contact the Local Garda.

By law, an unmarried mother is the automatic guardian of a child born outside of marriage. In some circumstances, unmarried fathers have automatic access. The Service should be informed about access rights. Unmarried fathers will automatically become guardians of their children if they meet a cohabitation requirement. An unmarried father who cohabits for 12 months with the child's mother, including 3 months following a child's birth, will automatically become the child's guardian. This provision is not retrospective, so guardianship will only be acquired automatically where the parents live together for at least 12 months after 18 February2016.

Note: Records of all Collections are kept for up to two years from the time the child ceases in the Service.

Please also see our Partnership with Parents Policy

APPENDIX A: Parental Authority for [insert name of child(ren)] to arrive at or leave the Service unaccompanied.

I, of [insert address]

being the parent/guardian of [insert child(ren)'s names]

hereby confirm that I am aware of the Service's policy for the arrival and collection of children from its premises and that same is for the protection and safety of the children attending its Service.

Notwithstanding it is my strict instruction to the Service that my child(ren) will be arriving at New Shapes Afterschool unaccompanied in the morning and may leave the Service unaccompanied at the end of the school day and that I consent to such departure from the Service's policies pertaining to same as far as it relates to my children.

I acknowledge that the Service has no responsibility whatsoever and owes no duty of care to my child(ren) while on their way to attend the Service or once they have departed the Service's premises.

Dated: _____

Signed: _____

INCLUSION (INCORPORATING EQUALITY AND DIVERSITY)

This policy has been communicated to parents/guardians, staff in New Shapes Afterschool in the manner outlined in the above table and records retained of the communication. .

Relevant staff know the requirements and have a clear understanding of their roles and responsibilities in relation to this policy.

Relevant staff have received training on this policy.

This policy has been developed according to the principles outlined in The Diversity, Equality and Inclusion Charter and Guidelines for Early Childhood Care and Education (see Appendix C).

Policy Statement:

New Shapes Afterschool is committed to ensuring that our Service celebrates diversity and that the needs and rights of all children's attending our Service are met in a culture of full inclusion, respect, equity and equality, and meaningful participation.

It is part of the ethos and approach of the Service to celebrate the religious and non-religious beliefs, customs, and traditions of each child and their family and community.

Please see our Mission Statement contained in our Statement of Purpose and Function.

Statement of Intent:

The Service aims to ensure that the needs (including the physical, emotional and intellectual needs) and the religious beliefs (if any) of all children attending the Service are addressed.

- Reflective practice, training and development opportunities are available to all staff.
- The Service's inclusion policy is available and communicated to all parents and guardians, staff.

Staff know the requirements, receive training and have a clear understanding of their roles and responsibilities in relation to this policy.

In pursuance of our aims under this policy, staff know the requirements, receive information, training and professional development and have a clear understanding of their roles and responsibilities in relation to this policy thus ensuring that their practices are supporting the needs of all children attending the Service, and in full consideration of children's abilities or disabilities.

We aim to ensure that all children, including children with a disability, will be able to meaningfully participate in our settings (apart from exceptional situations where

specialised provision is required for unavoidable reasons). In line with this vision, our policy is about supporting the access and inclusion of children with a disability and/or additional needs.

New Shapes Afterschool will work collaboratively with parents and providers of support and specialist services as required, to meet the physical, emotional, social and cognitive needs and developmental requirements of all children attending our Service

Purpose of Policy

New Shapes Afterschool is committed to the importance of respectful and trusting relationships between adults and children and to support and nurture their establishment.

To provide guidelines for the successful inclusion of all children into the setting.

To provide guidelines for the successful celebration of diversity in the setting.

To this end New Shapes Afterschool provides appropriate information, training and professional development requirements for our staff to ensure that their practices are supporting the needs of all children attending our Service and in full consideration of children's abilities or disabilities.

Implementing an Inclusive Culture in New Shapes Afterschool:

Our Service's inclusive culture is known to all staff

In facilitating best practice, our inclusive culture involves:

- Working in partnership and openly communicating with each child's parents/guardians about the child's needs and requirements.
- Actively promoting equal opportunities, non-discrimination and anti-bias approaches and practices, so that all children and families feel welcome, comfortable, respected, included, and valued.

- Recognising and valuing all children as unique and learning and developing at their own pace.
- Utilising the AIM programme to support children where this is appropriate.
- Staff modelling inclusive and equitable behaviours, words, gestures and body language
- Making reflective practice, training and development opportunities available to staff.
- Actively engaging children in making decisions about all matters that affect them, making provision to support children's participation in multiple ways including non-verbally, and in accordance with the child's wishes and preferences.
- Respecting and celebrating diversity in the life of each child, their family and community.
- Understanding that children have individual needs, views, cultures and beliefs, which need to be treated with respect and represented within the daily life of the service.
- Creating space for staff to reflect on their own attitudes and values.

Guiding Principles:

- **Consistent**: The provision of supports and services for children with a disability should be consistent across our Service
- **Effective**: Supports should make a difference and genuinely enhance inclusion.
- **Equitable**: All children should have equality of opportunity to access and participate.
- **Evidence-informed:** Supports and services for children with a disability should be evidence-informed.
- **High quality**: Supports and services for children with a disability should be of high quality.
- **Integrated**: Our approach is to work in partnership with families and other stakeholders/agencies
- **Needs-driven:** Supports will be needs driven.

A Sense of Identity

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

New Shapes Afterschool provides an emotional environment where staff demonstrate warmth and affection consistently to all children in the Service.

All staff are cognisant of children who may be living in adversity or may be living without consistent expression of warmth and affection outside of the Service.

New Shapes Afterschool uses its best endeavours to ensure that all children are listened to and responded to in the Service, and that staff are cognisant of children who may have limited opportunities to be listened to and responded to, outside of the Service.

The Service is inclusive, recognises diversity and is accepting of other cultures:

- The Service uses a child-centred approach, creating an inclusive and diverse learning environment where each child has equal opportunity by a variety of means.
- Routines, experiences, materials and activities with the Service reflect diverse backgrounds, identities, abilities, religions, skin colour, family structures, language, cultures or additional needs in a positive way which helps children to learn, become aware of and be respectful of differences.
- Each child's critical thinking is fostered, and children are empowered to recognise and respond to or challenge bias, injustice and discrimination.
- All children, including those who have additional needs, or who are dual language learners or who are new to the community are supported to be

confident about their identity and to have a strong sense of belonging each day within the Service.

- Staff adjust the level of support provided to children depending on the child's abilities, allowing for children's partial participation and participation with support.
- Staff use positive strategies to support children's including (e.g., using personal greetings, giving appropriate encouragement, accepting children's best efforts).

New Shapes Afterschool will ensure that:

- The Service will take all measures to ensure that the layout of rooms and areas within the Service meet the individual needs of all children.
- The provision of developmentally appropriate play and early learning activities, both indoors and outdoors, for all children in the Service.
- That materials, equipment and resources in the Service promote inclusion, are developmentally appropriate and are accessible to all children.

INCLUSION OF CHILDREN WITH ADDITIONAL NEEDS

Definitions Additional Needs:

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

Definition of Disability

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

Inclusion:

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

The Manager of this Service takes responsibility for:

- Ensuring the physical environment is suitable where possible and within available resources.
- Providing clearly defined enrolment procedures set out in our enrolment/admissions policies, which endeavour to facilitate access for all children within the resources and expertise available.
- Identifying children with additional needs during the application process.
- Regularly reviewing with staff, the planning and resources provided for children with additional needs attending the service.
- Linking with other groups that support the child, HSE, Early Intervention Team, TUSLA, Voluntary Services etc.
- Working with staff and families to identify and apply for additional resources/support for children with additional needs.
- Providing appropriate physical and staffing resources within the budget constraints of the Service.
- Supporting staff to gain the appropriate knowledge and skills for the implementation of this policy and additional roles as they are created and developed.
- Creating Job descriptions for all roles within the Service and specifically for:
    - The Inclusion Coordinator
    - Practitioner (Specific Medical Needs)
- Appointing a Keyworker to the child with an additional need.
- Ensuring that Medical Emergency Care plans are set up for children requiring life-saving medication.
- Ensuring an Individual Education Plan is developed for the child.
- Planning and facilitating continuous professional development of staff to enhance inclusion.
- Facilitating the development of transition plans for children within and outside the setting.

- Ensuring there is purposeful learning for the child with additional needs within the setting.
- Providing support and strategies to staff in developing differentiated learning and providing accommodations/adaptations.
- Facilitating problem solving with staff to enhance inclusion.
- Being an advocate for children with additional needs within the setting.
- Modelling inclusionary practices for the entire Service.

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

The Staff are responsible for:

- Being a champion for children with additional needs.
- Reviewing enrolment applications to identify children with additional needs.
- Identifying if additional support is required, the type of support required and consulting.
- Liaising with families and liaising with management and outside agencies to access it if possible.
- Ensuring that any support or resources available for a child are accessed in consultation with the parents/guardians.
- Ensuring that the parents/guardians are fully informed about the curriculum planned and provided for their child and have given written consent for any action, support, or intervention for their child.
- To plan and implement a programme which incorporates the individual goals for the child with additional needs.
- Ensuring the programme provides opportunities for participation and interaction with other children.
- Responding to parents/guardians needs and providing support and guidance, where appropriate.
- Encouraging a collaborative family approach.
- Ensuring that, in consultation with persons involved in the care and education of the child, any specialised medical and nutritional needs of the child are catered for in the day-to-day programme.

- Ensuring that the programme incorporates opportunities for regular review and evaluation, in consultation with all persons involved in the child's care and education.
- Providing personal and intimate care where appropriate.

Where a child has reduced mobility or uses a wheelchair:

Where a child attending the Service uses a wheelchair or has reduced mobility, a Personal Emergency Evacuation Plan (PEEP) will be developed and kept on file.

This plan will be created collaboratively with:

- The child's parent/guardian
- The child (where appropriate and developmentally suitable)
- Relevant professionals (e.g., therapist, INCO, etc.)
- The Service's Manager / Designated Fire Safety Lead

The PEEP will be reviewed:

- At least termly, and
- Immediately where there is a change in the child's mobility, equipment, room placement, or building layout.

The PEEP will clearly outline:

- The child's main location(s) during the day (room, outdoor access etc.)
- The child's primary and secondary evacuation route
- The child's required level of assistance
- The child's preferred support approach (e.g., reassurance language, sensory needs, fear response)
- Whether evacuation is via wheelchair evacuation, assisted walking, or transfer with support
- The staff roles responsible for evacuation support (including a back-up person)

Please also see our Fire Safety, Critical Incident Plan and Evacuation Policies and Partnership with Parents Policies.

The parents/guardians will:

- Share information about their child and their child's needs within the Service whilst maintaining the right to decide who will receive information about their child.
- Be open to engaging with the AIM programme or other supports suggested or available.
- Raise any issues/concerns they have about their child's participation in the programme.
- Be involved in, and fully informed about, any support proposed for their child.
- Be given the opportunity to consent to any observations, intervention or reports on their child and have a right to copies of such documents.
- Be given the opportunity to withdraw consent to any observations, interventions or reports.

EQUALITY AND DIVERSITY

The UN Convention on the Rights of the Child (1991) states: "It is the State's obligation to protect children from any form of discrimination and to take positive action to promote their rights". We provide equal opportunities by ensuring that:

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

Definitions

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

emigrant, family status, as an inter-country adoptee or from a different family structure, including foster care. They can be seen – or see themselves – as part of a minority group, a minority ethnic group or part of the majority/dominant group (adapted from Murray and Urban, 2012).

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

Favouritism:

Staff should not develop favouritism or become over involved with any one child. The children should be comfortable in the care of any of our staff as there may be different staff working each day with groups or individual children.

Children can feel resentful or isolated if staff always favour one child and a child who is always over indulged or favoured can be led to feel that he or she can do no wrong and grow up to have a feeling of entitlement which may affect future relationships and behaviour as an adult.

Meetings:

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

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

The Curriculum:

- All children are to be respected and their individuality and potential recognised, valued and nurtured.

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

Resources:

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

Discriminatory Behaviour/Remarks:

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

All bias and/or discriminatory behaviour or remarks must be brought to the immediate attention of the Manager. Such occurrences will be dealt with in accordance with the Service's complaints procedure.

New Shapes Afterschool will respond to any discriminatory practices observed or reported in the Service, and the response, including actions taken, will be documented and recorded.

Festivals:

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

Parents/guardians are invited to optionally share information on enrolment with New Shapes Afterschool of the religious or non-religious beliefs, customs and traditions that are celebrated within the child's family or community.

The provision for the celebrating of religious festivities and traditions during the year, to support and appropriately reflect the beliefs (if any) of individual children attending the Service and their families and communities.

Parents/guardians are informed about any planned celebrations prior to the event; that all parents/guardians can request that their child does not attend a religious celebration, and that there is another equally enjoyable activity planned for their child.

Language:

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

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

Spiritual, Cultural, Social and Moral Values:

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

- Providing an environment where children feel safe and secure.
- The constant implementation of the Service's rules.
- Learning to share and respect the property of others.
- Learning to accept the rules of play and the rights of others.
- The celebration of festivals from a variety of cultures.

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

Actions to be followed if the policy is not implemented

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

APPENDIX C

PRINCIPLES OF AN INCLUSIVE CULTURE IN THE EARLY CHILDHOOD SERVICE

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

An inclusive culture involves:

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

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

APPENDIX E: Service Evaluation

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

- ✓ Do we answer questions about disability, skin colour or parental situations accurately?

- ✓ Are girls encouraged to play with construction kits and boys with dolls and the home corner?

- ✓ Are disabled children and non-disabled children encouraged to interact and learn from each other?

OUTDOOR PLAY

This policy is underpinned by Child and Family Agency Act 2013, the Child Care Act 1991 (Early Years Services) Regulations 2016, Tusla's Quality and Regulatory Framework, the National Frameworks of Aistear and Siolta, Standard 6 Play/Exploration of Siolta Standards, "When the Sky Is the Roof" (Tusla 2023), Keeping Children Safe and Comfortable Indoors and Outdoors in All Weathers (Tusla 2025) and Guidance for Policy on Outdoor Play in Preschool Services (Tusla 2025).

Staff know the requirements and have a clear understanding of their roles and responsibilities in relation to this policy. Staff have received training on this policy.

Policy Statement:

The health and safety of all children in New Shapes Afterschool while participating in outdoor play is paramount to all staff

As part of our Health and Safety Statement a daily risk assessment is carried out of our onsite outdoor area and records retained of the assessment.

Where children in New Shapes Afterschool enjoy outdoor play off site, each visit to an offsite location is risk assessed before the children visit, and records retained of the assessment.

Statement of Intent:

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

We are aware that children enjoy being outside, even in inclement weather. To this end, the Service is aware of children's tolerances for feeling hot, cold or wet and will always respect children's opinions and views about their outdoor play and that there is some flexibility particularly in adverse weather conditions.

Children in New Shapes Afterschool are encouraged to spend as much time as possible outdoors each day.

Private Outdoor Area:

New Shapes Afterschool has its own private outdoor area located on the opposite side of our building

Our outdoor area is accessed by the children and staff leaving our building though the front doors and crossing through the car park.

Children should not be allowed interfere with the gate in the outside area.

The outdoor area consists of:

- Grass
- Concrete

Children are encouraged to spend at least 30 minutes outdoors each day.

Children always have access to our outdoor area throughout the day.

As the outdoor area is not accessible directly from our classrooms, children are accompanied to the outdoor area by our staff.

Our Service will remind children that:

- Outdoor clothing for activities in wet, cold weather and hot, dry weather is always available.
- They can return indoors if they feel hot, wet or uncomfortable.
- They can take frequent breaks indoors or in a warm, dry, sheltered area when weather is cold and wet or indoors when weather is hot.

While children in New Shapes Afterschool are not restricted accessing our outdoor area, if a child does not want to go outdoors, an alternative activity will be put in place for them. Staff will continue to encourage all children to go outdoors so that staying inside does not become an established pattern.

Monitoring Weather Conditions:

Michael Clarke, the Health & safety officer monitors weather conditions to ensure that there is appropriate consideration given to the effect that weather and seasonal changes pose to the health, safety, and well-being of children and staff. Specific consideration will be given regarding the safety of children and staff during high winds, snow, thunder, lightning, or extreme temperatures and this will be risk assessed by Michael Clarke, the Health & safety officer

The Service will ensure:

- As far as is reasonably possible that outdoor activity is as private as possible and not overlooked by the public.
- That the outdoor areas are enclosed with gates securing them and children are not allowed to interfere with the gate securing the area
- Missing Child, Infection Control, Accident and Illness (Incorporating First Aid) and Administration of Medication Policies and Health and Safety Statement.

New Shapes Afterschool will take all appropriate measures and actions to ensure that where appropriate children's access to the outdoors is not impacted by weather (e.g. with provision of shelter and appropriate clothing).

All children in New Shapes Afterschool have opportunities to explore a more natural environment and to learn about nature and sustainability through outdoor play and exploration.

Policy and Procedure:

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

New Shapes Afterschool welcomes children's input in the layout of the outdoor area and in programme planning for outdoor play provision. Many activities that take place indoors can be moved outdoors easily eg story time, sensory or pretend play, music, group activities etc.

Close observation is essential in order to assess children's ability and to ensure appropriate planning and continuity for the outdoor curriculum. Staff will be vigilant about supervising children outdoors. The outdoor time is playing time for the children. The adults are there to supervise and lead outdoor games or play and ensure that the children are in no danger to themselves or their peers.

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

- Staff should ensure that their presence and position in the outdoor play area allows that all areas of the outdoor area are under constant supervision and that all children are in the sight of at least one member of staff, at all times.
- The outdoor play area must be checked by a member of staff for safety before any children use the outdoor play area. (Risk Assessment)
- Staff **must engage** with the children during the outdoor play time.
- Curriculum planning should be used outdoors as well as indoors.

Engagement with Parents:

- New Shapes Afterschool engages with parents in relation to outdoor play for their children, in all seasons and we are happy to discuss any concerns and issues parents may have in relation to same, and in seeking their agreement and support regarding our Outdoor Policy.
- We advise parents/guardians of the measures New Shapes Afterschool takes to mitigate any weather-related risks identified, such as increasing supervision in the outdoor area and other safety actions.
- Communicating with parents is also important so that children have a supply of suitable and appropriate clothing that offer protection from the elements and supports children's comfort levels when outdoors.
- Parents are fully informed of the significant benefits of outdoor play for children and New Shapes Afterschool are reassured that all precautions taken are sensible, evidence based, and child centred.

Children with Disabilities and/or Specific Health Requirements:

All children in New Shapes Afterschool are enabled to spend as much time as possible outdoors each day regardless of their abilities or health requirements, whether on site or off site.

A staff member with training/ understanding in relation to a child's specific needs accompany children at all times while in children are engaging in outdoor play whether on site or off site.

Please also see our Inclusion, Accident and Illness (Incorporating First Aid), Administration of Medication, Outings, Infection Control and Partnership with Parents Policies.

Clothing:

To afford children every opportunity to avail of our outdoor area, parents are requested to provide a supply of suitable and appropriate clothing, that offer protection from the elements and supports children's comfort levels when outdoors,

ensuring the comfort and wellbeing of every child attending New Shapes Afterschool so that children can change their clothes and/or footwear as needed. Children will be encouraged and supported to add layers of clothing themselves, if they are feeling cold.

Sun Safety / Warm Weather:

We request that parents/guardians:

- Apply sun cream to their child/children before they attend as in the first instance it is the responsibility of the parent to apply sun cream to their child/children. New Shapes Afterschool would encourage parents to use a SPF 50+ sunscreen that protects against both UVA and UVB rays and is suitable for children's skin.
- If necessary, put sun cream in the child's bag and request the staff member to apply the sun cream, every effort will be made by the staff member to do this, and parents will be required to sign a permission slip.
- Sun cream should be individually labelled with child's name in original bottle and that parents "must" supply it for us to apply if required during day. Sun cream will be stored it in a press out of reach and not in children's bags.

Remember sunscreen will protect a child's skin from the sun, but it won't protect them from the heat.

We also ask that parents/guardians provide New Shapes Afterschool with:

- A wide brimmed sunhat
- Light coloured spare loose clothing
- Light coloured loose long-sleeved tops
- Footwear

Wet / Cold Weather:

We request that parents/guardians provide New Shapes Afterschool with the following:

- Raincoats and coats,
- Wellington Boots,
- Wetsuits.
- Jumpers,
- Waterproof Footwear
- Gloves / Mittens
- Hats

We will ensure that:

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

Playing Outside in Cold or Inclement Weather:

There are significant benefits to children of all ages spending time playing and exploring in the outdoors.

As well as the physical benefits of playing and exploring outdoors, spending time outdoors and in nature supports children's cognitive and emotional development, builds resilience, and helps with concentration and creativity.

Being outdoors is also known to reduce stress and anxiety. It supports self-regulation and self-confidence and develops risk management skills.

New Shapes Afterschool encourages children to play outdoors even in wet, windy, frosty or icy conditions and has carefully planned activities to facilitate this.

A risk assessment is carried out in advance of children going out to play in such conditions which considers the hazards in the outdoor area (e.g. frozen, slippery ground or poor conditions) to ensure as far as possible that children can continue to avail of the outdoors safely and comfortably.

Keeping Children Safe When Playing Outdoors in Hot Weather

Staff in New Shapes Afterschool ensure that children take regular breaks from the sun and heat when playing outdoors.

Children should have a cooler area they can easily access for shade and to relax from time to time.

Places Unsuitable for Providing Shade in Hot Weather:

Greenhouses, Glasshouses and polytunnels can become very hot during the day and are not suitable for the provision of shade.

Outdoor Activities to Avoid in Hot Temperatures

Staff in New Shapes Afterschool are aware that children should avoid very active or vigorous outdoor play when the temperature is at or above 30ºC.

In extremes of hot weather, New Shapes Afterschool will adjust its outdoor schedule for playing to earlier mornings or later afternoons/evenings which may be safer than being outside between 11:00 a.m. and 3:00 p.m. without access to shade.

Checking Outdoor Facilities and Equipment:

Outdoor equipment like slides and mats can get very hot in the heat. As part of New Shapes Afterschool's daily outdoor risk assessment, all outdoor equipment will be checked before a child uses them as they can cause burns.

Artificial grass can also become very hot and potentially cause burns to a young child.

Outdoor equipment and surfaces should be checked regularly during the day to ensure that they are not a potential risk to children in New Shapes Afterschool.

Keeping Children Safe and Comfortable in Hot Weather:

Staff in New Shapes Afterschool are aware that it is critically important to keep a close eye on young children when temperatures rise. During heatwaves, children will need extra help from staff to stay cool and comfortable.

Some children may need more help than others, including children playing outdoors, and those with certain medical or additional needs.

Younger children find it harder than adults to control their body temperature and can be at increased risk of heat-related illnesses, ranging from mild heat stress and dehydration to potentially life-threatening heatstroke.

New Shapes Afterschool takes reasonable precautions to ensure that children in our Early Years Service are less likely to be adversely affected by hot conditions, however, staff always remain vigilant for the signs of hyperthermia and heat related illnesses during the summer months.

Keeping Children Hydrated in Hot Weather:

Staff in New Shapes Afterschool will ensure that children are drinking enough fluids to prevent dehydration and/or heat exhaustion.

Staff are aware that they must:

- Make sure cold drinks (such as water) are readily available, frequently offered, and always accessible for children, and encourage them to drink.
- Encourage children to eat as normal, but provide more cold foods to the daily menu, particularly salads and fruit with a high-water content.

Please also see our Accident and Incident (Including First Aid) Policy which includes for the following:

- Recognising That A Child is Dehydrated
- Recognising When A Child Is Developing Heat Exhaustion:
- Heatstroke (Heatstroke is a medical emergency and can be life-threatening)

Supervision of Children During Outdoor Play:

Staff in New Shapes Afterschool are always highly vigilant in the supervision of children both indoors and outdoors while in the care of our Service but will not place unnecessary restrictions on children's playful exploration and opportunities.

Staff communicate with each other verbally when supervising children at play in the outdoor environment and by completing and by updating children's:

- Log daily activities
- Developmental observations
- Aistear assessments

Staff supervise children by sight and sound, particularly when children are engaging in risky adventurous play, or when they are not in direct line of sight (example when in a den or tunnel) and carry out frequent head counts and roll calls.

Adult/Child Ratios:

The adult/child ratio for outdoor play will be following the Child Care Act 1991 (Early Years Services) Regulations 2016 and maintained in the outdoor play area at all times.

A rota system is usually practised in relation to classes going outdoors. Where there is exceptionally good weather all children may be outdoors at the same time. In such a situation staff will be cognisant of this fact and give due consideration to the supervision and safety of the children.

On site Outdoor Programme:

- We will ensure that children have access to a range of outdoor activities to climb, run, crawl, balance, jump, throw, catch, pour, sort, pretend and access different levels.
- The outdoor programme encourages children to participate in growing vegetables and planting flowers.
- A variety of activities take place outdoors and children can utilise a range of outdoor equipment
- The outdoor play area will be safe and scaled to a child's size.
- The outdoor time will be maximised through an intentional, well-planned approach to arranging the space and using the time.

- The programme will create a positive tone supporting a child's natural curiosity in playing outdoors.
- There will be opportunities for children to encounter and interact with each other.
- Children will be given the freedom to select safe materials to use outdoors to build upon their natural sense of exploration.
- The outdoor space offers choices for children.
- The programme will be child-led where active problem solving will be encouraged.
- Children and staff will interact in a relaxed and natural way.

Interactions:

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

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

Storage:

Equipment such as balls, bats, skipping ropes, hula hoops etc. should be stored appropriately.

Outdoor Safety: Safety is always a priority when children are playing outdoors, and children are supported to learn how to follow safety rules in our outdoor environment.

- The outdoor area must be well maintained.
- All outdoor equipment is installed and maintained in accordance with manufacturer's instructions and used as intended to ensure children's safety and meets the safety standards required.
- When setting out the equipment each day and during sessions, staff must lookout for safety and remove any objects such as cans, bottles etc. which may have been left by others.
- The area should be checked for animal droppings.
- The outdoor area must allow for children to be supervised.
- Staff on duty outdoors must always be aware of the safety of the children in their care, be vigilant always and never leave the play area for any reason unless another member of staff has taken over responsibility.
- There must be at least two staff on duty in the outside area.
- It is most important for staff to move around the area constantly so that all areas are adequately supervised. Each person should position him/herself in separate areas so that no area is unsupervised.
- At the end of the session the areas should be scanned carefully in case children should be left outside unsupervised.
- Hot drinks should not be taken into the outdoor areas.
- All equipment should be stored away sensibly and carefully, to allow for safe and easy removal next day.
- A first aid box is easily accessible in the outdoor area.
- If a child is injured, they should be taken indoors by a staff member for treatment as quickly as possible. Both the injured child and staff member should remain within sight of another member of staff while treatment takes place. A floating staff member or another member of staff should replace the staff member treating the injured child in the outdoor area so that supervision of the area is interrupted for as short a period as possible.
- Details of the accident must be written up as soon as possible in the Accident/Incident book. The child's parent must be informed of the accident and treatment.
- Children's clothing should be monitored carefully e.g. unfastened shoelaces and buckles, scarves and ties on anoraks which are too long can easily cause accidents, particularly on wheeled toys and climbing equipment.

- If it is necessary for staff to put toys away whilst children are still in the play areas, there must always be at least one other staff supervising remaining children in the area.
- Encourage children always to look before they move on the slide, or when jumping off apparatus; also encourage children to leave space between themselves and the child in front.
- When children are climbing on climbing frames, staff must be continually aware of any risks (e.g. objects left underneath).
- All equipment is risk assessed and children and staff know and understand the rules of use.
- Whenever children carry equipment (clearing away or carrying planks, blocks etc.) they should be taught how to do it, and staff should be aware of the risks involved and minimise them to ensure safety.

Risk Play, Risk Assessment and Risk Benefit Analysis:

A natural part of children's physical play involves engaging in play that is challenging and somewhat risky. Providing opportunities for all children to encounter or create uncertainty, unpredictability, and potential hazards as part of their play is extremely beneficial to children's development. This does not mean putting children in danger of serious harm. Good risks and hazards in play provision are those that engage and challenge children, and support their growth, learning and development. These might include being in touch with the natural environment and loose materials that give children the chance to create and destroy constructions using their skill, creativity and imagination. Bad risks and hazards are those that are difficult or impossible for children to assess for themselves, and that have no obvious benefits.

In our setting, we are aware of and alert to possible dangers, while recognising the importance of encouraging young children's sense of exploration and risk-taking. We maintain children's safety, while not unduly inhibiting their risk-taking.

New Shapes Afterschool has risk benefit assessment procedures in place to identify hazards and evaluate their likelihood and severity against potential benefits, implementing controls and continuously reviewing the process to make informed decisions, by weighing potential harms against positive outcomes.

To do this, our key steps include:

- Defining the activity and what positive outcomes (learning, development, treatment) are expected from the activity.
- Identifying who is at risk.
- Assessing impact (severity/likelihood) by systematically comparing the nature and magnitude of potential harm against the realised benefits (using a scoring system or narrative)
- Detailing benefits and determining if the benefits justify the residual risks.
- Implementing/reviewing controls.
- Documenting findings.
- Assessing whether adult : child ratio may need to be increased (eg playing with tools, sharp objects, activities involving fire pits etc

Please also see our Risk Management Policy.

ADMINISTRATION OF MEDICATION

No medicines can be administered without a witness being present.

Only employees of New Shapes After-school may administer any form of medication

This policy is available to and has been communicated to parents/guardians, children, staff as set out in the table above and records retained of the communication.

It is also available in child friendly format for children in New Shapes After-school.

Relevant staff know the requirements and have a clear understanding of their roles and responsibilities in relation to this policy.

Relevant staff have received training on this policy.

Policy Statement:

New Shapes After-school is committed to safeguarding the health, well-being and welfare of children attending our Service by ensuring that medication administered and stored safely, in routine and emergency situations.

Our Service will take appropriate measures when children are ill and that all children with medical needs receive proper care and support whilst in the Service including administering medication, if required, especially in an emergency situation.

This policy specifies the procedure to be followed in New Shapes After-school to ensure the safe storage of medication in the Service and administration of medication to a school age child attending the Service.

Statement of Intent:

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

This policy sets out our Service's commitment to safeguard the health, well-being and welfare of children attending the Service by ensuring that medication administered and stored safely, in routine and emergency situations.

This policy sets out the appropriate measures to be taken when children are ill and that all children with medical needs receive proper care and support whilst in the Service. This includes administering medication, if required, especially in an emergency.

Procedure:

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

Non-prescription medications are not administered routinely and are administered only when a child is presenting with symptoms that need to be treated

Obtaining and recording consent:

In compliance with regulatory requirement and as an indication of good practice, New Shapes After-school has a clear system in place to make sure that written parental consent is obtained from parents/guardians and their consent recorded in the Service prior to any administration of medication. Written parental/guardian consent is obtained at the registration of each child with the Service and New Shapes After-school also requires a parent to complete a separate consent form where medication is administered to their child.

The Service does not have a blanket consent for administration of any medication. Consent for administration of medication is only be obtained for a specific medication including non-prescription medication. Consent to administer a medication is time limited depending on what the medication was prescribed for, for example: the normal prescription for antibiotic medication is 7 days, but this may vary so it must be given only for the exact time indicated by the prescriber.

Medication should not be given when consent has expired. For emergency medication (like a salbutamol inhaler or adrenaline auto injector pen) consent will need to be renewed 2 weeks before the expiry date; this is to make sure there is enough time for parents/guardians to get a new prescription filled, and a fresh supply of the medication to the Service.

Only named authorised persons will administer medicines and Prescription Medicines:

Medicines must only be brought into the Service for administration by the staff when it is essential. This means where it would be detrimental to the child's health if it were not to be administered.

Where a child or children attending the Service have specific medical conditions which require specialised treatment or administration of medication it is the policy of the Service that key staff will be trained specifically in relation to such treatments and administration of medications pertaining to same.

Where a child potentially requires the administration of an emergency medication (e.g. epinephrine pens, inhalers), parents/guardians must inform the Service of this and the parents/guardians, in collaboration with the Service and the Prescriber of any such medication, arrange for appropriate training for staff in the Service, specific to the child concerned.

- Designated personnel only are permitted to administer medicine.
- Details of all persons trained and designated to administer medication are contained in children's individual care plans.
- The Manager must be informed if a child is taking antibiotics or any other prescription or non-prescription medication.
- A full medical and medicine history must be provided for each child.
- A record of the child's medical history will be required on the registration form.
- Essential medicines will only be administered where a parent/guardian has signed a consent form which is contained in the Registration Form and where parent/guardians have signed a separate consent form in relation to prescription medications for their child and at the discretion of the person in charge.
- We will only follow the dosage as instructed by the doctor who prescribed the medication.
- If the administration of prescribed medication requires medical knowledge, individual training is provided for the relevant member of staff by a health professional.
- No child attending New Shapes After-school may self-administer unless they have the competence, knowledge to do so and only when full written authorisation is given by their parent/guardian confirming that self-administration has been authorised by the child's GP and/or consultant prior to the Service agreeing to

facilitate a child to self-administer a medication. A copy of the consent form(s) and letter of authorisation for self-administration is easily accessible and is available with the child's Care Plan.

- If a child refuses to take their medication staff will not force them to do so but will seek advice from the parent/guardian.
- Parents/guardians must keep the Service up to date on their child's medical needs.
- Parents/guardians must fill in the medicine consent form of the Service, authorising the administration of medicine (prescription or non-prescription) to their child. Staff cannot give medicine unless this written permission is given.
- Parents/guardians must hand staff the medicine, which then stored in the fridge or the medicine cabinet as required. Any form of medication must never be left in a child's bag, including inhalers.
- Medicines must be in their original packaging clearly labelled with the child's name, the current date, the date of the prescription, expiry date, name of dispensing pharmacist, storage instructions and prescribed dosage, clear directions for administration, plus the name of the health care provider that recommended the medication. We will only administer medicine that is licensed for the age group of the child. For example, an ant-febrile medication supplied by a parent for a 3-year-old that is licensed for an over 5-year-old **will not** be administered.
- Prescription medication will only be administered to the child named on the medication.
- Staff members who administer prescription medication will complete details of the date, time and dosage of the medication administered on the child's medical log/care plan and sign same.
- We will always have the documentation available related to the medicine to include directions for use, possible adverse reaction.

Where a School Age Child is Permitted to Self-Medicate:

- We recognise that children, where appropriate to do so, may be responsible for their own welfare and, in certain cases, administer their own medication.
- In the event that a child is authorised and permitted by a parent/guardian to retain and self-administer medication, written details of such medication must be furnished to the Service with written authority and instruction from the parents in respect of the retention and self-administration of such medication. The parental

permission must include confirmation in writing that self-administration has been authorised by the child's GP and/or consultant prior to the Service agreeing to facilitate a child to self-administer a medication. A copy of the consent form(s) and letter of authorisation for self-administration is easily accessible and is available with the child's care plan which will detail, with appropriate procedures for a child to self-administer.

- If parental instructions are changed, these must be given in writing. Verbal instructions will not be accepted. Parents must indemnify New Shapes After-school in respect of the self-administration of any medicine.
- The Service will facilitate the retention and storage of medication for the self-medicating child.
- The Service will carry out a risk assessment in respect of each child retaining medication and self-administering medication and this will be reviewed regularly Permission to self-medicate will be based on the child's capabilities and parental consent.
- The Service will ensure that the storage of the child's medication does not cause a safety concern to other children (e.g. younger children in the group). This will be assessed as part of the risk assessment.
- The staff team are familiar with the medication administration routine for each child who is self-medicating and will check-in that the child keeps a record and follows the routine.
- The staff member facilitates the proper storage of medication and ensures it is accessible to the child when he/she requires it.

Storage of Medicines:

- All medication is stored in line with manufacturer's instructions out of reach of the children (unless a school age child in the Service is self-administering)
- For self-medicating children, the availability and storage of their medication will be decided during the risk assessment to ensure availability and accessibility at all times to staff and children (where appropriate).
- All staff have been provided with information and guidance as to how to store controlled medications1 (e.g., Ritalin), should they be required by children in the Service.

- Medication that does not need to be refrigerated is stored in a cabinet in the office with clear signage and is easily accessed by the staff in case of emergency.
- The staff members or the person in charge is responsible for ensuring medicine is handed back at the end of the day to the parent.
- For some conditions, medication may be kept at the Service. The Manager will check that any medication held to administer on an as and when required basis or on a regular basis, is in date and return any out-of-date medication to the parent.
- Unused medicines should be returned to the parent.
- Medicines, creams and ointments are not stored in the first aid box.
- All medication is returned to storage immediately following its administration to a child.

Disposal of Medication:

The circumstances where disposal is necessary include**:**

- A child's treatment plan changes.
- A child leaves or goes to new facility.
- The medicine reaches its expiry date.
    - Any medication that has expired, is short dated or is no longer needed by the child will be returned to the parent or guardian by the Manager. This is recorded in the administration of medication record book..

Procedures for staff administering essential medicines (Prescription and non-prescription) in routine and emergency situations and record keeping:

These procedures are to ensure that the administration of medication to a child in the Service, when required, is not refused or unnecessarily delayed, and the child's care is not compromised.

- Prescription and non-prescription medication can only be administered with the prior written parental/guardian permission and supply (where appropriate) of that prescribed or non-prescribed medication.
- All prescription and non-prescription medications will only be administered by a staff member who is competent and authorised to do so.

- Relevant training is provided for staff where the administration of prescription or non-prescription medicine requires specific medical or technical knowledge.
- Details of the person who provided the training, when the training was delivered and who received the training is retained on a staff member's file.
- Staff **MUST** have a witness **PRESENT** to the medicine being administered. The second person (witness) must be present for the administration of prescription and non-prescription medication.
- Both staff members check, agree, and confirm by signature that the correct process (to include that consent has been given, the medication is given to the child it is intended for, the date, time and dosage of the last administration is known, the correct dose is administered as stated on the label/container/instructions, a record is kept of administration) has been followed when prescription and non-prescription medications are administered.
- If there is any doubt about any aspect of administration, the authorised member of staff will always check with parents/guardians and/or a health professional before taking further action.
- Staff must record the child's name, date, time dosage and route in the medicines record and give a copy to the parent.
- Parents/guardians will be required to sign to say they were informed of the dosage of the medicine upon collection of the child.

Staff must:

1. **Wash hands thoroughly.**

2. **Staff administering medicines must check:**
    - The child's name.
    - That the medication is being administered to the correct child (e.g., where two "Mary Smiths" are attending the Service, by reference to a photograph or other means of identification).
    - Prescribed dose.
    - Expiry date of medicine.
    - Written instructions provided by the prescriber on the label or original container.

- Time last dose was given.
- That the directions and instructions are in English.
- Staff must check that the medicine contains the directions as prescribed the doctor and dispensed by the pharmacy.

- Check parents/guardians have completed and signed ‘Administration of Medicines’ Consent form and Anti Febrile Medication form if relevant.
- Staff are aware of how the medication reacts with food, fluids or other medications. e.g., some medications cannot be given with milk, or when taking another medication.
- Following the administration of medication Staff will maintain a record of the outcome of the administration of the medication. e.g., was there a reduction in temperature after administration of anti-febrile agent; has the child developed a rash following administration of medication.

Procedures for the Taking of a Child’s Temperature

New Shapes After-school has digital ear thermometers with disposable hygiene caps in use for the taking of a child’s temperature. Parental consent to administer Anti-Febrile Medication to children in the case of a rising temperature is written into the service’s child registration forms. The taking of a child’s temperature is a required procedure for the monitoring of the body’s reaction to something and helps to inform a decision on whether to administer Anti-Febrile Medication.

- Staff have been inducted on the following procedure and signed off on that induction.
- Staff must wash their hands thoroughly before taking a child’s temperature.
- A new disposable hygiene cap must be placed on the insert point of the thermometer.
- A child must be informed by a staff member that their temperature is to be taken.
- Both ears may be used to ensure an accurate reading of a child’s temperature.
- The disposable hygiene cap must be disposed of immediately following the taking of a child’s temperature.

- In the case of a rising temperature, staff must repeat the procedure at least every 10 minutes to accurately monitor the body temperature.
- Staff must repeat a thorough hand wash after taking a child's temperature each time.
- Each reading of a child's temperature that is 38 degrees C or higher is recorded into the Administration of Medication Form.

Anti-Febrile Medication: Emergency Medication

Parents/guardians supply anti-febrile medication to New Shapes After-school This medication must be supplied in its original container and clearly marked with a child's name. Parents/guardians have provided written permission to the Service to administer the anti-febrile medication that they have supplied to their child.

New Shapes After-school supplies the anti-febrile medication used in our Service. Parents/guardians are informed by the Service which anti-febrile medication is being used by the Service. Parents/guardians have provided written permission to the Service to administer the anti-febrile medication that the Service has supplied to their child.

Anti-febrile medication is medication used to reduce a raised body temperature. The most common anti-febrile medications used are Paracetamol and Ibuprofen (Anti-febrile medication is important treatment for high temperatures to prevent febrile convulsions. Parents/guardians are required to complete a form authorising the administration of such medication if the child develops a temperature over 38 degrees C. This medication should not be used unless indicated for high temperature or pain as overdose can cause significant medical problems.

Parents/guardians will always be notified by telephone prior to the administration of an un-prescribed anti-febrile medication. If the anti-febrile medication does not reduce the temperature medical advice will be sought by contacting the child's GP, hospital or emergency services and the advice will be followed by the staff.

Medication forms will be reviewed regularly by the Manager to identify children who require frequent or repeated anti-febrile medications. A child in this category may

require to be seen by their own doctor. Parents/guardians may be asked to supply a medical report.

If the consent form is not signed, then the parent must be contacted immediately BEFORE any administration of Anti Febrile Medication to the child to confirm that it is permissible. Parents/guardians upon returning to the Service must then be required to sign the correct permission forms.

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

Non-prescription medications such as Paracetamol or Ibuprofen can be safely administered to reduce a raised temperature when the child is also displaying other symptoms of illness/pain or discomfort.

However, they will not prevent febrile convulsions and should not be given specifically for this purpose.

Parents/guardians must have given written consent for these specific medications to be administered.

Young children will not be given aspirin to treat a raised temperature and pain.

Staff must ask for a person in charge or another member of staff to be present.

These procedures are to ensure that the administration of medication to a child in the Service, when required, is not refused or unnecessarily delayed, and the child's care is not compromised.

- Staff **MUST** have a witness **PRESENT** to the medicine being administered. The second person (witness) must be present for the administration of prescription and non-prescription medication.
- Both staff members check, agree, and confirm by signature that the correct process (to include that consent has been given, the medication is given to the child it is intended for, the date, time and dosage of the last administration is known, the correct dose is administered as stated on the label/container/instructions, a record

is kept of administration) has been followed when prescription and non-prescription medications are administered.

- If there is any doubt about any aspect of administration, the authorised member of staff will always check with parents/guardians and/or a health professional before taking further action.
- Consent forms and medication administration information forms are available to staff should they be required to seek consent and information from parents.

Please see **Retention of Records Pertaining to Medication** in this policy.

It is extremely important that staff follow the procedures as detailed above. These measures are in place to ensure that no mistakes are made. Administering medication is a responsibility which must be undertaken with due caution. If staff are not sure how to administer it or have difficulty doing so, please inform the Manager/person in charge.

The following should always be checked:

- Correct Child (e.g., where two "Mary Smiths" are attending the Service, by reference to a photograph or other means of identification).
- Correct Medication.
- Correct Dose.
- Correct Time.
- Correct Route.

Procedures for Children with Allergies Requiring Treatment with Oral Medication:

- Asthma inhalers are regarded as "oral medication" Oral medications must be prescribed by a GP and have the manufacturer instructions clearly written on them.
- Staff must be provided with clear written instructions on how to administer such medication.
- Inhalers must be provided to the Service clearly labelled with the child's name.
- The Service must have the parents/guardians' prior written consent for the administration of oral medication. This consent must be kept on a child's file. Please see sample consent form below.

Emergency Medicines and Care Plans

Where medical conditions exist for a child, we will develop individual medical care plans which will include the management in the event of an emergency relating to the condition. This will be developed in conjunction with the parents and the child's medical advisers. Where a child has a condition that may require emergency medical treatment staff will be trained on the condition and the treatment. This would include medications like Ventolin, Glucagon or EpiPen. Where medication is administered in the case of anaphylaxis or asthma emergency the Service will ensure that the emergency services are contacted as soon as is practically possible and the parents and guardians are also contracted as soon as possible. Emergency numbers for the local pharmacist and local medical practitioners are available within the Service.

New Shapes After-school ensures that care provided to each child is in line with that child's individual care plan (as appropriate).

The Care Plan documents any illnesses, conditions, or health issues that the child requires treatment and care for.

The detail of the service's responsibilities in relation to the administration of medication, treatments and interventions required in the Care Plan.

That where a care plan is required, it is put together by parents/guardians with guidance from a medical professional (e.g. GP, nurse specialist, other allied healthcare professional).

That where children with additional healthcare needs require first aid, that this is managed in line with the child's individual care plan.

Please also see our Accidents and Incidents Policy.

Care Plans and First Aid:

Where an individual care plans has been drawn up in respect of a child attending the Service, key and relevant staff will receive additional training where necessary in respect of such care plans. Such staff will be aware of how to implement the

instructions contained in the care plan, the medical condition(s) to which it refers, the method of administration of medication referred to.

Our Service will ensure that a child's Care Plan specifies the dosage requirement(s) for the full day (to include during school time), communication pathways to ensure the school age service is informed when medication is administered during the school day which is outside the routine dosage, and/or communication pathways to ensure the School Age Service is informed if the child is unwell during the school day which may be related by the care plan.

The child's Care Plan should be easily accessible for relevant staff. It should detail clearly the symptoms, actions to take, timeframes and if required when to seek medical and/or emergency assistance.

In the event that any child for whom an individual care plan has been devised, requires the administration of first aid or defibrillation while in the care of New Shapes After-school,same will be administered in accordance with that child's individual care plan

Life Saving Medication and Invasive Treatments:

Adrenaline injections (EpiPens) for anaphylactic shock reactions (caused by allergies to nuts, eggs etc.) or invasive treatments such as rectal administration of Diazepam (for epilepsy).

Management must have:

- A letter from the child's GP/consultant stating the child's condition and what medication if any is to be administered.
- Written consent from the parent or guardian allowing staff to administer medication.
- Proof of training in the administration of such medication by a doctor or appropriate health profession or persons recommended by a manufacturer.
- A copy of such proof may be required by our insurance provider for appraisal so that our insurance can be extended if necessary.

- For medicines like EpiPens it will be decided on individual cases and if staff are happy and competent to administer them.
- Consent forms.

Note: Unused medicine must be returned to parents for safe disposal. Medicines must be stored out of reach of children and not in the First Aid Kits.

Managing medicines on trips and outings:

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

- A child's key person who or a member of staff who is fully informed about a child's needs and/or medication is responsible for bringing a child's medication on outings. Medication is brought from the Service in a sealed plastic box clearly labelled with the child's name and the name of the medication. Inside the box is a copy of the consent form and a card to record when it has been given, with the details as given above.
- On returning to the setting the card is stapled to the medicine record book and the parent signs it.

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- A child's key person who or a member of staff who is fully informed about a child's needs and/or medication is responsible for bringing a child's medication on outings.
- Medication is brought from the Service in a sealed plastic box clearly labelled with the child's name and the name of the medication. Inside the box is a copy of the consent form and a card to record when it has been given, with the details as given above.

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

Where Medication Travels with a School Age Child during transitions within the Service and School and When on Outings:

A Child Bringing Medication to School and Other Permitted Locations:

Where the Service has received written parental permission in advance, a school age child permitted to carry and retain their own medication for the purposes of self-administration will be permitted to bring their medication with them to and from the Service to school or to such other locations as has been set out in the parental permission. Parents acknowledge by the giving of such written permissions that the Service has no liability or responsibility whatsoever in respect of any such medications carried or self-administered by a school age child while outside the care and control of the Service.

Where a self-administering school age child is attending outings or engaging in recreational activities organised by the Service.

Where a school age child is permitted to carry and/or self-administer medication whether in the Service's premises or on outings or engaging in activities organized by the Service, New Shapes After-school policies and procedures as outlined in this policy in respect of a school age child permitted to carry and/or self-medicate, will apply at all times while a child is under the care and control of our Service.

New Shapes After-school will ensure, in line with General Data Protection Regulation requirements and written parental permission, that there are appropriate pathways in place for the sharing of information regarding administration of medication while the child is attending school and/or other recreational activities to avoid an overdose of the medication and/or delayed actions in the event of an emergency.

New Shapes After-school will ensure that a child's Care Plan specifies the dosage requirement(s) for the full day (to include during school time), communication pathways to ensure the school age service is informed when medication is administered during the school day which is outside the routine dosage, and/or communication pathways to ensure that New Shapes After-school is informed if the child is unwell during the school day which may be related by the care plan.

The child's Care Plan should be easily accessible for relevant staff. It should detail clearly the symptoms, actions to take, timeframes and if required when to seek medical and/or emergency assistance.

Please also see our Outings and Accidents and Incidents (Incorporating First Aid) Policies.

Administering medication for the treatment cuts, grazes, burns and stings.

Medicated creams and ointments are generally not required for minor bumps, bruises, cuts, burns, rashes and stings as long as the area is kept clean and dry.

If they are required to treat a specific condition, the cream, powder, or ointment must be supplied by the parent/guardian.

If staff members are administering creams, powders, or ointments, they must follow hygiene procedures (for example hand washing and drying, wearing gloves).

Parents should be informed, and a record maintained of any actions taken including any medication administered in response to a minor injury or rash. If a medication is required to reduce pain following a minor injury, this must only be given with the prior written consent of parents/guardians. Verbal consent from parents over the phone is not sufficient to proceed with administration.

Children with additional healthcare needs that need first aid are managed in line with the child's individual care plan.

Please also see our Accidents and Incidents Policy (Incorporating First Aid)

Sunscreen:

- We will send letters home asking for parents/guardians to apply sun cream to their child before bringing them to school each morning.
- We will also ask parents/guardians for permission for staff to apply sun cream onto their child when appropriate were they are registering their child with New Shapes After-school.
- Parents "must" supply sun cream in the original bottle. It should be individually labelled with child's name, and we store it in a press out of reach not in the child's bag.
- The Service has obtained written parental/guardian consent to apply its own suncream to the children attending our Service.
- Sun cream will be applied to children in New Shapes After-school in line with public health messaging and best practice guidance.

Please also see our Outdoor Play Policy.

Retention of Records Pertaining to Medication :

New Shapes After-school will maintain a record with the following:

- Medical history of each child to include medications required.
- GP contact details
- Written parental/guardian consent for administration of specific prescription and non-prescription medication
- Parental/guardian signature to indicate they have been informed of the administration of medication on collection of their child.
- Parental consent to seek emergency medical treatment.
- Details of checks completed prior to administration of medication.
- Details of administration including time of administration, route and dose.
- The signature of the person who administered the medication and the witness.
- Any side effects post administration.
- Any other relevant information or comments.

All records kept by the Service are kept secure and confidential. Children's medical records are kept for a period of two years.

Medication Errors:

All medication errors will be recorded, and we will seek medical advice immediately. This includes medication is given to wrong child; wrong route; wrong dosage; wrong time; omitted to be given as scheduled. We will contact the GP, Pharmacist or other emergency service, depending on the error. Parents/guardians will be informed immediately.

Important Note: If parents cannot be reached, the emergency contact persons (as identified on the Child Registration Form) will be contacted.

Where a Child Suffers an Allergic Reaction to Medication Administered in the Service:

The length of time for an allergic reaction varies from person to person. Some people may react right away, while others might take the drug several times before they have an allergic reaction. Most of the time symptoms will appear between 1-2 hours after taking the drug unless someone has a more rare, delayed type reaction. Symptoms of these less common drug allergies include fever, blistering of the skin, and occasionally joint pain.

Symptoms from a drug allergy can be like other allergic reactions and can include hives or skin rash, itching, wheezing, light headedness or dizziness, vomiting and even anaphylaxis. A combination of these symptoms makes it much more likely that it is an allergy than nausea and vomiting on their own, which are common side effects of medications.

Where the Service suspects that a child has suffered an allergic reaction to medication administered, the parents/guardians will always be notified as soon as is practically possible by telephone.

The Service will ensure that the emergency services are contacted as soon as is practically possible.

Emergency numbers for the local pharmacist and local medical practitioners are available within the Service.

Where it is necessary to contact the emergency services to bring a child to hospital, a member of staff will escort the child if the parent or guardian is unavailable. The staff member will remain with the child until the parent or guardian arrives at the hospital.

All staff administering medication are responsible for completing the Medication Book located in the child's care room.

You must ensure the manager reviews and signs the entry, and that parents are informed and provide their signature. Additionally, the white copy of the form must be handed to the parents.

If advice is needed contact:

GP: Dr Brian Cronin GP
Unit 3 Neilstown S.C. Clondalkin Dublin 22 Co. Dublin **(01)4573975**
Pharmacist: McCabes Pharmacy Neilstown 01-4570994

APPENDIX B: PARENTAL CONSENT FOR CHILD TO RETAIN AND SELF-ADMINISTERING MEDICATION

I, of [insert address]

being the parent/guardian of [insert child's names**] hereby confirm** that I am aware of the Service's policy regarding self-administration of medication by children in its care.

Notwithstanding, **it is my strict instruction** to the Service New Shapes After-school that my child insert name will be permitted to keep and self-administer [NAME OF ALL MEDICATIONS] ("the medications") which have been prescribed to [INSERT CHILD'S NAME] by [INSERT NAME OF DOCTOR].

I acknowledge and accept that because I have given the Service my instruction, consent and permission for my minor child insert child's name to self-administer medication which my child insert child's name retains themselves, that it will not be possible for the Service to maintain records of such self-medication with complete accuracy as it is reliant on such information being supplied to it by a minor child.

I acknowledge and accept that the Service has no responsibility whatsoever and owes no duty of care to my child insert child's name in respect of the medication so retained and self-administered by my child insert child's name while in the care of or on the premises of the Service.

I further acknowledge that the Service has no responsibility whatsoever to my child insert child's name in respect of the incorrect usage or dosage of or the effect of the said medication.

I confirm that I will take full responsibility for and **indemnify and keep indemnified** the Service against any loss, damage or injury sustained by any child or staff member at the Service as a result of my permitting my child insert child's name to retain the medication outlined above.

I further acknowledge that by giving the within permission and consent for my child insert child's name to retain, carry and self-medicate the medication outlined above, that the Service has no liability or responsibility whatsoever in respect of any medications carried by or self-administered by my child insert child's name while outside the care and control of the Service and I will **indemnify and keep indemnified** the Service against any loss, claims or demands in respect of same.

Dated: _____

Signed: _____

ACCIDENTS and INCIDENTS (incorporating First Aid)

Only trained staff employed by New Shapes After-school may administer first aid in the Service.

Relevant staff know the requirements and have a clear understanding of their roles and responsibilities in relation to this policy.

Relevant staff have received training on this policy and in relation to notification of incidents to the Early Years Inspectorate.

Our Service's Health and Safety Statement is implemented and understood by all staff.

All staff have received training in relation to our Health and Safety Statement.

Policy Statement:

If an accident or incident occurs, the Service has policies and procedures in place to respond to, identify, document, and review the incident or accident, and to communicate associated information.

This Service takes the necessary actions to prevent any reoccurrence of accidents or incidents. Our policy promotes a positive and open culture of reporting to parents and guardians when accidents or incidents occur and giving feedback to parents and guardians on any investigations or reviews.

Statement of Intent:

It is our policy to promote the health, wellbeing and personal safety of all our children and staff. Through developing and regularly reviewing accident prevention procedures and fire safety. Although we adhere to all safety precautions and follow TUSLA guidelines, accidents can occur.

Children with additional healthcare needs that need first aid are managed in line with the child's individual care plan.

NOTE: A risk assessment will take place to prevent an accident reoccurring and to take corrective action.

Policy and Procedure:

Measures to be taken to Prevent Accidents and Incidents or to prevent another accident, injury or incident occurring:

- A Safety Statement is prepared and reviewed on a regular basis and an annual risk assessment will be carried out.
- Daily risk assessments are carried out of the children's indoor rooms, outdoor area, sanitary area and to address hazards and minimise risks. A daily written record kept and open to inspection.
- Separate risk assessments are completed and records retained in respect of each off site outing with the children. Please see also see our Outings Policy.
- Staff have a clear understanding of each child in our Service and their stage of development.
- Staff ensure that all equipment and materials are used appropriately. Please see our Outdoor Play, Use of Toys and Supervision of Children (Indoor and Outdoor) policies.
- Children will be adequately supervised in accordance with the recommended child/adult ratios dictated by the Child Care Act 1991 (Early Years Services) Regulations 2016.
- Each room is always designed for easy and unobtrusive supervision by the staff. Staff understand each child's developmental stage and of their behaviour so they can supervise appropriately.
- Our staff know which children are present at any one time.

- We ensure that no child can leave the premises undetected.
- The main door is locked at all times.
- Only suitable and age-appropriate materials and equipment are available to children.
- Windows and doors have safety appropriate glass with restricted opening safety devices.
- All electrical sockets are fitted with safety covers.
- Furniture and equipment are arranged to minimise safety risks.
- Sun block protection will be used during hot weather; parents/guardians will be advised to provide a hat that covers the head, neck, ears.

Incidents and accidents will occur. By endeavouring to keep them at a minimum we can reduce the amount that occurs. Have a watchful eye. Know what the children in our care are always doing. Watch out especially for new children in a group as they are the most vulnerable.

Please also see our Health and Safety Statement.

Toxic Substances:

- The following items are stored in the original labelled container in a safe and secure way, separate from stored medications and food, and are inaccessible to children:
  - cleaning and sanitising materials
  - detergents
  - automatic dishwasher detergents
  - aerosol cans
  - pesticides
  - health and beauty products
  - medications.
- Toys and other products using button-cell batteries, such as small electronic devices, have lockable battery compartments.

Hazard:

A ‘hazard’ is a potential source of harm or adverse effect on a person. There may be potential hazards in an Early Years service such as very hot water in taps, broken equipment/materials, accessible cleaning agents, accessible heat sources, sharp objects at child height, finger traps, and/or open staircases.

Risk:

A ‘risk’ is the likelihood of harm, danger or of adverse effects if exposed to a hazard. It is the responsibility of the staff/adults in New Shapes After-school to recognise the potential hazards and conduct risk assessments to control the hazard and mitigate the risk to children.

Sharp Objects Brought in by Children attending the Service:

Children are prohibited from bringing sharp objects into the Service. For this policy, a “sharp object” is defined as: *any object that can puncture or cut skin and which would require careful handling and disposal to prevent injuries and infections*.

Examples of a “sharp object” are, but are not limited to, a knife, compass, pencil sharpener with a blade. This list is not exhaustive.

In the event that a child brings a sharp object into the Service same will be confiscated by a staff member and stored safely out of reach of children, until the end of the care period when it will be returned to the parent/guardian collecting the child(ren) from the Service who will be reminded of our policy in relation to sharp objects.

Sharp Objects Used by Staff in the Service:

All sharp objects used by Staff in the Service to include but not limited to sharp knives during mealtimes, thumb tacks and staples are, at all times, stored out of access to the children attending our Service.

Arts and Crafts:

The Service provides safety scissors and pencil sharpeners to children to use during arts and crafts. When children are using the safety scissors and/or pencil sharpeners provided by the Service, they are supervised at all times doing so by a staff member.

Safety scissors and pencil sharpeners are stored out of reach of children when they are not in use.

Access to Sharp Objects during an outing from the Service or when children are off site under our care and control:

While under our care and control, children are always supervised by our staff members including on outings and off site.

The criteria which applies to sharp objects in our Service also applies to outings and while children are off site and any sharp object(s) will be confiscated by staff and retained until the child(ren) are collected by a parent/guardian at the pre-arranged location when parents/guardians will be reminded of our policy in relation to sharp objects.

Persistent Breach of this Policy by a Child Attending our Service:

In the event that a child continually brings prohibited items into our Service which could cause harm to themselves, other children and/or staff, the Manager will liaise with the parents/guardians of that child(ren) and be remind them of our policy in relation to sharp objects.

Please see our Inclusion, Behaviour Management and Partnership with Parents Policies.

Care Plans:

Where an individual care plans has been drawn up in respect of a child attending the Service, key and relevant staff will receive additional training where necessary in respect of such care plans. Such staff will be aware of how to implement the instructions contained in the care plan, the medical condition(s) to which it refers, the method of administration of medication referred to.

In the event that any child for whom an individual care plan has been devised, requires the administration of first aid while in the care of New Shapes After-school , same will be administered in accordance with that child's individual care plan.

Where a child attending New Shapes After-school has additional health needs or special needs, parents must ensure that any specific weather-related recommendations for their child are included on their care plans for example whether cold air may impact and/or trigger a flare up for children's who have asthma.

Please also see our Administration of Medication Policy.

Walkway Surfaces:

- Walking surfaces, such as footpaths, ramps and decks:
    - have a non-slip finish
    - are free of water and ice and loose material
    - are free of holes and flaws in the surface.
- Safe pedestrian walkways, drop-off and pick-up points at the Service are:
    - clearly identified
    - have been pointed out to all children, parents, guardians, staff, unpaid workers and contractors.

Stairways

- Inside stairs and walkways to the care rooms are safe to use and are kept in good repair and are well lit.
- Damaged or worn flooring is repaired.
- Railings are strong, and do not have any footholds for climbing on, or gaps to fall through, crawl under or over.

Roster Requirements for People Trained in First Aid

We aim to follow the roster requirements as outlined by Tusla in relation to the First Aid Responder (FAR) Education and Training Standard established by the Pre-Hospital Emergency Care Council (PHECC).

- The number of people trained in first aid for children (FAR) and available for first aid response is based on the Service's risk assessment including the size of the Service and the hazards identified.
- 3 staff members is trained in first aid (FAR) and is available to the children while the Service is in operation.
- At least one person trained in first aid (FAR) is available to the children when on outings.
- A list of people trained in first aid (FAR) is available.
- In-date certification for each trained FAR is available.

Emergency Contact Details

Emergency medical assistance contact details are publicly displayed within the Service.

Recording of First Aid Care and Responses Provided

Care given in a first aid situation is documented in line with this policy on accidents and incidents.

First Aid Equipment

- First Aid boxes are restocked as required by the designated staff member after each use.
- A list of supplies that the first aid box must have is included in the first aid box.
- The first aid box contained appropriate first aid supplies for minor injuries to be treated within the service.
- Medicines, creams and ointments are kept out of reach of children and not stored in the first aid box.

The procedures in place in the event of an accident:

- The First Aid box is always fully equipped, easily identifiable and its location is known to all staff, so that it can be accessed following an incident or accident with a child attending the Service. Any substances, which may cause an allergy, will not be included.
- Medical supplies are checked regularly.
- A designated First Aider (certified) is on the premises at all times.
- Staff must wear protective clothing (disposable apron and gloves) to clean any bodily fluids or spillages.
- If a child is involved in an incident or accident, they will be taken into a quiet area, if possible.

Procedure following an accident or incident:

- In the case of a serious accident, we will call an ambulance and the child's parents/guardians contacted immediately **by phone to the emergency number provided by them to the Service**.
- If the child has to go to the hospital immediately staff will accompany the child, if the ambulance personnel permit. The child's record will be taken to the hospital. Parents/guardians are responsible for all doctors or hospital fees where applicable.
- The staff member will not sign for any treatment to be carried out on the child in the hospital. The staff will wait with the child until the parent/guardian arrives.
- A risk assessment will be completed following any accident or incident

All emergency phone number for parents/guardians of all children attending our Service are available to staff in the children's care rooms.

All emergency service numbers are on display on the noticeboards in all areas of the Service.

Recording, documenting and storing Records of Accidents and Incidents and Providing Records to Parents/Guardians:

- Accident and Incident Record forms are available to all staff in the Service for completion in the event of an accident or incident.

- Staff should be confident when reporting an incident that the process will not seek to assign blame but rather to understand any weaknesses in the systems of care/work that contributed to the incident occurring.
- All accidents/incidents even minor ones are recorded on an accident record sheet, with details in relation to how they are dealt with or treated, when first aid was administered and when if required, emergency services were contacted.
- Records of all accidents/incidents, even minor ones, are required to be signed by parents/guardians of the child to whom it relates and furnished to the Service.
- Parents/guardians will also be provided with a hard copy of the accident report.
- All records of accidents/incidents are stored confidentially on a child's file and in compliance with GDPR, legislation, Tusla requirements.
- Accident and incident records are retained by the Service for a period of two years from the date on which the child to whom the record relates ceased to attend the Service. Records may also be required to be retained held longer than 2 years e.g. where there has been an accident that required medical intervention where a child was injured

An Accident or Incident in which a child or adult in the Service is injured:

1. In the event of an accident or incident in which a child or adult in the Service is injured, staff will follow the Service's specified procedures as set out in this policy to ensure that:
    - the child or adult is attended to,
    - proper treatment is given,
    - appropriate measures are taken to avoid any worsening of the situation.

2. All injuries will be given immediate attention and assessed by a staff member with First Aid Responder training to determine what type of medical attention, if any, is required.

3. A medical practitioner and/or the emergency services will be contacted immediately if there is any concern for a child's welfare (including a missing

child). Steps to take in such an emergency are detailed clearly on the notice boards in rooms and the office. Please also see our Missing Child Policy.

4. There is at least one person on duty in the Service at any given time with up to date First Aid Responder training.

5. Where children are off the premises (for example, on an outing) that they will be accompanied by a staff member who is a trained First Aid Responder. Please see our Outings Policy.

Any of the following incidents must be notified to TUSLA within three days of the Service becoming aware of a notifiable event:

(a) The death of a child while attending the Service. This includes the death of a child in hospital following transfer to hospital from the Service.

(b) Diagnosis of a child attending the Service, an employee, unpaid worker, contractor or other person working in the Service as suffering from an infectious disease within the meaning of the Infectious Disease Regulations 1981(SI No 390 of 1981) and amendments.

http://www.hpsc.ie/NotifiableDiseases/ListofNotifiableDiseases/

(c) Any incident which results in the Service being closed for a length of time.

(d) A serious injury to a child while attending the Service that requires immediate medical treatment by a registered medical practitioner whether in a hospital or otherwise.

(e) An incident which results in a child going missing from the Service.

A registered provider must notify the Early Years Registration Office First Floor, Southeast Wing, St Joseph's Campus, Mulgrave Street Limerick or

ey.registration@TUSLA.ie of any of the incidents listed here in the Notification of Incidents Form contained at Appendix G.

http://www.tusla.ie/services/preschool-services/notification-of-incidents-form

- A copy of the completed Accident and Incident Form must always be placed on the child's file.
- Parents/guardians will always be contacted and **informed immediately by phone to the emergency number provided by them to the Service and without delay** of any injury or if a child is gone missing.
- Parents/guardians will be asked to sign off on the accident /incident report and will receive a copy.
- Records are accessible to all relevant staff in case of an emergency.
- All serious accidents will be reported to the Insurance Company.
- Records are kept on file for a minimum period of two years (as per early Years Regulations or longer if advised by the Insurance Company).
- Reports will be made to Tusla if there is a safeguarding issue.
- Reports will be made to the Garda Síochána if staff or children are in danger or if a criminal offence has occurred.
- The Health and Safety Authority if there is a workplace injury.
- The Service's insurance company if appropriate.

Note: "a serious injury" is defined by TUSLA as an injury that requires immediate medical treatment by a registered medical practitioner whether in hospital or otherwise.

Accidents and Incidents to be Reported to Parties other than Tusla's Early Years Inspectorate:

Staff are aware of accidents and incidents that need to be reported to parties other than Tusla's Early Years Inspectorate and the measures to ensure that all such reports are made. Examples of reporting to other parties (not an exhaustive list):

- Tusla Social Work services - if there is a child safeguarding concern.
- HSE Public Health Dept - if there is an outbreak of an infectious disease in the Service.

- An Garda Síochána - if there is a presenting danger to staff and/or children, or a criminal offence has been committed.
- Health and Safety Authority - if the incident is dangerous, or a staff member has been injured as a result.

• The Service's insurance company, appropriate.

Accident and Incident Record and Investigation:

The accident and incident form should be fully completed with as much detail as possible. It is important that full names are used when referring to staff members and that the form is signed both by the person in charge and the parent/guardian.

All accidents, injuries and incidents notified to the Early Years Inspectorate are investigated, managed and reported in line with the Service's accident, injury and incident policy and procedures.

All accidents and Incidents will be reviewed to effect change in practice, policy or procedure

Following an accident/incident the Service's procedure to be followed after an accident or incident has occurred will be carried out by Management to ensure that there is a review of existing practices and procedures and following a risk assessment to effect a change in practice, policy or procedure (if required).

Information on new practices or changes to practices as a result of a review and/or risk assessment of an accident or incident will be communicated to all staff by email and staff meeting, to parents/guardians by email or by hard copy and children as appropriate in child friendly format.

Accidents/incidents that occur should be viewed by New Shapes After-school as an opportunity for learning and for service improvement.

Making Children aware of Safety and Accident Prevention:

Children in New Shapes After-school will be taught about safety and accident prevention from a young age and supported to follow health and safety rules. However, New Shapes After-school does not expect that young children will act in a safe manner every time they approach a risky situation.

Recommended Contents of First Aid Box and Kits:

In addition to a First Aid Box New Shapes After-school have a fever scan thermometer and tough cut scissors. Where mains tap water is not readily available for eye irrigation, sterile water or sterile normal saline (0.9%) in sealed disposable containers should be provided. Each container should hold at least 30ml and should not be re-used once the seal is broken. At least 90ml should be available.

Accessibility of First Aid Equipment:

- First Aid equipment is marked, easily recognisable and accessible to adults but inaccessible to children in room 1.
- A fully equipped first aid box is available within the Service in the following areas and situations:
  - In each care room and there is one located downstairs
  - There is a first aid box for the garden area, to be taken out by staff when they are accessing the garden area.

First Aid:

We will ensure that:

- At least one adult, qualified in giving First Aid, should always be present on site. This qualification should be current.

- All members of staff are familiar with simple First Aid procedures, such as mouth-to-mouth resuscitation, and for staff training to be given on this subject.
- First Aid boxes and a simple First Aid book should be provided and sited in designated areas.
- They should be stored in places which are easily available to all adults, but beyond the reach of children. Contents of the boxes are checked regularly and replaced as necessary.
- The Service should have suitably equipped first aid boxes for adults and children.
- The First Aid box must not contain any substance which may cause allergies. However, an accessory box containing sticking plaster and antiseptic lotion for children who, the Service knows are definitely not allergic to these substances may be kept. In addition, cotton wool for cleaning wounds and multi-purpose bowl are recommended.
- Eye bath/eye cup/refillable containers should not be used for eye irrigation.
- A list of what should be in the box is printed on the inside of the lid. All items removed from the box must be replaced immediately after use.

First Aid Officer Duties:

- We have a designated First Aid Officer. (Georgina Barry & Annie Claddingboel)
- An Accident and Incident report must be filled in and kept in the First Aid file. All reports to be signed by the Manager.
- The First Aid Officer will supervise children who are under observation, as a result of accidents/sickness while on the premises.
- The First Aid Officer will keep an up-to-date list of contact numbers for parents/guardians, doctors and hospitals in an easily accessible place.
- The First Aid Officer will be responsible for re-stocking the First Aid kit at regular intervals, at least once a month.
- Report faulty electrical equipment immediately.
- Daily attendance records are kept.
- All flammable materials are safely stored outside of children's areas.

Carrying out First Aid:

- Antiseptic creams or wipes are never applied except those contained in the first aid box. To prevent an infection occurring, a band aid may be applied. Where this is the

case, please ensure that the band aid is the correct size. Please note that some children are allergic to band aids/plasters. This will be noted on their Registration Form.

- Disposable gloves must be worn when dealing with open wounds, vomit or blood. Always wash hands thoroughly after administering first aid.
- Tissue/cotton wool and water is used for all injuries. Never, ever, use soap on wound.
- Cold compresses are used for minor bumps, kicks, pinches, falls, scratches, where slight swelling and/or bruising may occur.
- Cold compresses are used for major bumps, bites, pinches, falls where swelling and bruising will occur. An ice pack can be found in the freezer compartment of the fridge in the dining room.. Ice packs should be replaced as they are used and when necessary.

First aid should be performed where possible away from other children. Ensure that the children being left are left supervised. If this is not possible then ~~first~~ aid should be administered on the spot.

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

Please also see our Administration of Medication and Infection Control Policies.

Choking and Strangulation:

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

- The following foods are not included in meals or offered as snacks: whole nuts and popcorn
- All fruit and vegetables must be quartered or halved i.e. grapes, cherry tomatoes.
- Hazardous small parts that may become detached during normal use (or that could break off if the equipment was treated roughly), and that present a choking, breathing, or swallowing hazard to a child, are always out of reach and are only used under supervision: strangulation hazards (straps, strings and cords); flaking paint; small items in a sensory table.

Items Prohibited in our Service:

- The use of amber beads.
- Balloons.
- Shaving cream or shaving.
- Water beads and sensory beads.
- Popcorn and popcorn kernels.
- Paints and glues that are not age and stage appropriate.
- Marbles.
- Broken toys or toys with small broken parts.
- Neck ties.
- Pull along toys with a string or lead
- Any other item that may pose a risk of strangulation or choking hazard.
- Any item introduced for play that has not been risk assessed prior to use.

Dealing with a Child Choking:

1. Ask the child: Are you choking? Can you breathe?

2. If the child cannot, breathe, talk or cough, stand or kneel behind the child. Start the Heimlich Manoeuvre by placing the flat thumb side of your fist between the child's navel and the breastbone. Be sure to keep well off the breastbone. Wrap your other hand around your fist and press upwards towards their stomach.

3. Keep doing this until the object pops out and the child starts to breathe again.

4. If the child becomes unresponsive, gently lower them to the floor. Call for help and send someone to dial 999 or 112. Stay on the phone and listen carefully to the advice.

- You must begin CPR (Cardiopulmonary Resuscitation).
- If during CPR you can see the object, remove it with your fingers but do not place your fingers in the child's mouth if you cannot see the object.

Anaphylaxis: is a sudden and severe allergic reaction which can be fatal, requiring immediate medical emergency measures be taken

New Shapes After-school recognises that it has a duty of care to children who are at risk from life-threatening allergic reactions while under oursupervision.The responsibility is shared among parents/guardians and health care providers

This policy is designed to ensure that children at risk are identified, strategies are in place to minimize the potential for accidental exposure are trained to respond in an emergency.

While New Shapes After-school cannot guarantee an allergen-free environment, the management will take reasonable steps to provide an allergy-safe and allergy-aware environment for a child with life-threatening allergies.

The Service will implement the following steps:

- A process for identifying an anaphylactic child.
- Keeping a record with information relating to the specific allergies for each identified anaphylactic child to form part of the child's Registration Form.
- A process for establishing an emergency procedure plan, to be reviewed annually, for each identified anaphylactic child to form part of the child's Registration Form.
- Procedures for storage and administering medications, including procedures for obtaining preauthorisation for employees to administer medication to an anaphylactic child.
- All incidents will be recorded and the process reviewed.

Anaphylaxis Procedures:

Description of Anaphylaxis

Signs and symptoms of a severe allergic reaction can occur within minutes of exposure to an offending substance. Reactions usually occur within two hours of exposure, but in rare cases can develop hours later. Specific warning signs as well as the severity and intensity of symptoms can vary from person to person and sometimes from reaction to reaction in the same persons.

An anaphylactic reaction can involve **any** of the following symptoms, which may appear alone or in any combination, regardless of the triggering allergen:

- **Skin:** hives, swelling, itching, warmth, redness, rash.
- **Respiratory (breathing):** wheezing, shortness of breath, throat tightness, cough, hoarse voice, chest pain/tightness, nasal congestion or hay fever-like symptoms (runny itchy nose and watery eyes, sneezing), trouble swallowing.
- **Gastrointestinal (stomach):** nausea, pain/cramps, vomiting, diarrhoea.
- **Cardiovascular (heart):** pale/blue colour, weak pulse, passing out, dizzy/light-headed, shock.
- **Other:** anxiety, feeling of "impending doom", headache, uterine cramps in females.

Because of the unpredictability of reactions, early symptoms should never be ignored, especially if the person has suffered an anaphylactic reaction in the past.

It is important to note that anaphylaxis can occur without hives.

If an allergic child expresses any concern that a reaction might be starting, the child should always be taken seriously. When a reaction begins, it is important to respond immediately, following instructions in the child's *Child Emergency Procedure Plan*. The cause of the reaction can be investigated later. The following symptoms may lead to death if untreated:

- Breathing difficulties caused by swelling of the airways.
- A drop in blood pressure indicated by dizziness, light-headedness or feeling faint/weak.

Identifying Individuals at Risk:

At the time of registration, parents/guardians are asked to report on their child's medical conditions, including whether their child has a medical diagnosis of anaphylaxis. Information on a child's life-threatening conditions will be recorded and updated on the child's Registration Form annually. It is the responsibility of the parent/guardian to:

- Inform the Manager when their child is diagnosed as being at risk for anaphylaxis.
- In a timely manner, complete medical forms and the Child Emergency Procedure Plan which includes a photograph, description of the child's allergy, emergency procedures, contact information and consent to administer medication. The Child

Emergency Procedure Plan should be posted in key areas such as in the child's playroom, the office, the feedback notebook etc., Parental permission is required to post or distribute the plan.

- Provide the Service with updated medical information at the beginning of each year and whenever there is a significant change related to their child.

Record Keeping – Monitoring and Reporting:

For each identified child, the Manager will keep a Child Emergency Procedure Plan on file. These plans will contain the following information:

- Child-Level Information
    - Name
    - Contact information
    - Diagnosis
    - Symptoms
    - Emergency Response Plan
- Service-Level Information
    - Emergency procedures/treatment
- GP section including the child's diagnosis, medication and GP signature.

Emergency Procedure Plans:

Child Level Emergency Procedure Plan:

- The Manager must ensure that the parents/guardians and child (where appropriate), are provided with an opportunity to meet with designated staff, prior to the beginning of each year or as soon as possible to develop/update an individual Child Emergency Procedure Plan. The Child Emergency Procedure Plan must be signed by the child's parents/guardians and the child's GP. A copy of the plan will be placed in readily accessible, designated areas such as the care room and office.

Where critical information is posted up in the Service it is always done so with a cover sheet. The Service does not allow this information to be posted publicly.

The Child Emergency Procedure Plan will include at minimum:

- The diagnosis.
- The current treatment regime.
- Who within the Service is to be informed about the plan – e.g. key workers, playmates?
- Current emergency contact information for the child's parents/guardians.
- A requirement for those exposed to the plan to maintain the confidentiality of the child's personal health information.
- It is a parent's responsibility to information the Service regarding any change/s in the child's condition.
- It is the Service's responsibility for updating the child's records.

Emergency Plans:

Management will consult with parents, staff and the insurance company to decide on an appropriate emergency plan on a case-by-case basis to ensure that an appropriate course of action is taken for the child. The following two plans A and B will be used in consultation with parents/guardians and then an individual plan will be written up.

Parents/guardians will be required to sign a declaration that they are happy for the staff to follow the decided emergency plan. In the event of an emergency designated staff will follow the plans as decided by parents/guardians and management.

The Manager or designated staff must ensure that emergency plan measures are in place for scenarios where the child is off-site (e.g. bringing additional single dose auto-injectors on outings).

Emergency Procedure Plan B:

We will use the following emergency procedure:

1. Administer the child's auto-injector (single dose) at the first sign of a reaction. The use of epinephrine for a potentially life-threatening allergic reaction will not harm a normally healthy child, if epinephrine was not required. Note time of administration.
2. **Call emergency medical care 999, 112 or 911**
3. Contact the child's parent/guardian.
4. A second auto-injector may be administered within 10 to 15 minutes or sooner, after the first dose is given IF symptoms have not improved (i.e. the reaction is continuing, getting worse, or has recurred).
5. If an auto-injector has been administered, the child must be transported to a hospital (the effects of the auto-injector may not last, and the child may have another anaphylactic reaction).
6. One person stays with the child at all times.
7. One person goes for help or calls for help.

The Manager or designated staff must ensure that emergency plan measures are in place.

Provision and Storage of Medication:

The location(s) of child auto-injectors must be known to all staff members. Parents/guardians will be informed that it is the parents/guardians' responsibility:

- To provide the appropriate medication (e.g. single dose epinephrine auto-injectors) for their anaphylactic child.
- To inform the staff where the anaphylactic child's medication will be kept (i.e. with the child, in the child's care room, and/or other locations).
- To inform the staff when they deem the child competent to carry their own medication/s) and it is their duty to ensure their child understands they must always carry their medication on their person.
- To provide a second auto-injector to be stored in a central, accessible, safe but unlocked location.
- To ensure anaphylaxis medications have not expired.
- To ensure that they replace expired medications.

Allergy Awareness, Prevention and Avoidance Strategies:

a) Awareness

The person in charge should ensure:

- That all the Service staff and persons reasonably expected to have supervisory responsibility of children receive training, in the recognition of a severe allergic reaction and the use of single dose auto-injectors and standard emergency procedure plans.
- That all members of staff including substitute employees, employees on call, and volunteers have appropriate information about severe allergies including background information on allergies, anaphylaxis and safety procedures.
- With the consent of the parent, the person in charge and the staff must ensure that the child's playmates are provided with information on severe allergies in a manner that is appropriate for the age and maturity level of the child and that strategies to reduce teasing and bullying are incorporated into this information.

Posters which describe signs and symptoms of anaphylaxis and how to administer a single dose auto-injector should be placed in relevant areas. These will may include care rooms and office.

a) Avoidance/Prevention

Individuals at risk of anaphylaxis must learn to avoid specific triggers. While the key responsibility lies with the child's family, the Service must participate in creating an "allergy-aware" environment. Special care is taken to avoid exposure to allergy-causing substances. Parents/guardians are asked to consult with the staff before sending in food to playrooms where there is food allergic. The risk of accidental exposure to a food allergen can be significantly diminished by means of such measures.

Non-food allergens (e.g. medications, latex) will be identified and restricted from playrooms and common areas where a child with a related allergy may encounter that substance.

Training Strategy:

A training session on anaphylaxis and anaphylactic shock will be held for all the staff.

Efforts shall be made to include the parents/guardians, and children (where appropriate), in the training. Experts (e.g. public health nurses, trained occupational health and safety staff) will be consulted in the development of training policies and the implementation of training. Training will be provided by individuals trained to teach anaphylaxis management.

The training sessions will include:

- Signs and symptoms of anaphylaxis.
- Common allergens.
- Avoidance strategies.
- Emergency protocols.
- Use of single dose epinephrine auto-injectors.
- Identification of at-risk children (as outlined in the individual Child Emergency Procedure Plan).
- Emergency plans.
- Method of communication with and strategies to educate and raise awareness of parents/guardians, children, employees about anaphylaxis.

Additional Best Practice:

Participants will have an opportunity to practice using an auto-injector trainer (i.e. device used for training purposes) and are encouraged to practice with the auto-injector trainers throughout the year, especially if there is a have a child at risk in the Service's care. Children will learn about anaphylaxis as part of the curriculum if there is a child present with a nut allergy.

Keeping Children In New Shapes After-school Safe and Comfortable During Hot Weather

In New Shapes After-school staff are aware that it is critically important to keep a close eye on young children when temperatures rise.

During heatwaves, children will need extra help from the staff to stay cool and comfortable. Some children may need more help than others, children playing outdoors, and those with certain medical or additional needs. `

Younger children find it harder than adults to control their body temperature and can be at increased risk of heat-related illnesses, ranging from mild heat stress and dehydration to potentially life-threatening heatstroke.

Keeping Children Hydrated In Hot Weather:

Staff in New Shapes After-school will ensure that children are drinking enough fluids to prevent dehydration and/or heat exhaustion.

Staff are aware that they must:

- Make sure cold drinks and water are readily available, frequently offered, and always accessible for children, and encourage them to drink.
- Encourage children to eat as normal, but provide more cold foods to the daily menu, particularly fruit with a high-water content.

Recognising That A Child is Dehydrated

The symptoms of dehydration are similar in children and adults. Thirst is an early sign that children need extra fluids. If a child tells you or otherwise indicates that they are thirsty, give them a drink immediately.

Older children may be going to the toilet less often.

Other symptoms include:

- complaining of a headache.

- less energetic or responsive than usual.

- dark yellow urine.

Staff are aware that if children in New Shapes After-school develop any of the signs or symptoms of dehydration, they may need medical help.

Recognising When A Child Is Developing Heat Exhaustion:

Heat exhaustion is an illness that can happen in the heat.

It can develop into heat stroke which is dangerous.

To prevent heat stroke, if a staff member suspects that a child has heat exhaustion, it is important that staff cool a child down.

If children in New Shapes After-school develop any of the signs or symptoms of heat exhaustion, they will need medical help.

- Children with heat exhaustion are usually tired, irritable or bad tempered. Other signs of heat exhaustion can include:
- intense thirst
- weakness or fainting
- cramps in the arms, legs or stomach
- no appetite, feeling sick or vomiting
- complaining of a headache
- sweating a lot
- pale clammy skin
- body temperature of more than 38 degrees Celsius (but less than 40 degrees Celsius)

Children with heat exhaustion may not have all of these symptoms, so it is important to be alert for any signs of heat exhaustion and follow the HSE guidance on how to cool down the child.

Heatstroke

When the body is exposed to high temperatures, heatstroke can develop if heat stress or heat exhaustion is left untreated, but it can also occur suddenly and without warning.

Heatstroke is a medical emergency and can be life-threatening.

Staff must act immediately if a child in New Shapes After-school is showing signs of heatstroke such as:

- still unwell 30 minutes after being treated for heat exhaustion
- feels hot and dry
- is not sweating even though they feel hot
- has a severe headache
- has a very high temperature of 40 degrees Celsius or above
- has fast breathing or is short of breath
- is confused
- has a fit (seizure)
- loses consciousness
- is unresponsive

If you suspect heatstroke

call an ambulance, 999 or 112. Inform parents immediately as per the emergency procedures. Make sure to have New Shapes Afterschool 's Eircode to hand when calling for an ambulance.

Eircode D22TH28

Appendix G: Tusla Notification of Incident Form

Child Care Act (Early Years Services) Regulations 2016

Part VIII, Article 31, Notification of Incident Form

Tusla ID No.:		Date of Notification	
Service Name and Address		Service Contact Number:	

Type of Service			
Full day care service	☐	Pre-school service in a drop-in centre	☐
Part-time day care service	☐	Childminding service	☐
Sessional pre-school service	☐	Overnight service	☐

Day of Event	Date of Event	Time of Event	Location of Event
Names of those present at time of incident:			

Type of Event Article 31			
Death of a Child in service	☐	Irregular Closure of a centre	☐
Death of a child in hospital /home following transfer from service	☐	Serious Injury to a child	☐
Diagnosed Infectious Disease Child	☐	Child missing from service	☐
Diagnosed Infectious Disease staff member	☐	Child removed without consent from service	☐

Sequence/chronology and description of the incident

Actions taken by the service to manage the incident

Actions taken by the service to manage the incident

Are there outstanding safety / risk matters to be addressed at the time of notification?

Notification Details				
Notified to	**Yes**	**No**	**Date**	**Details**
Parents/Guardians	☐	☐		
Ambulance	☐	☐		
Fire Services	☐	☐		
An Garda Síochána	☐	☐		
EHO	☐	☐		
HSE Public Health	☐	☐		
Registered provider (if offsite)	☐	☐		

Service Incident Report	
Has the service completed a separate incident report?	Name and contact details of person who wrote incident report?

Declaration (To be Completed by Person in Charge)	
I confirm that the information contained in this notification is accurate and correct	
Signature:	
Print Name:	
Date:	

SUN SAFETY

This policy has been communicated to parents/guardians, staff in New Shapes Afterschool and records retained of the communication.

Relevant staff know the requirements and have a clear understanding of their roles and responsibilities in relation to this policy. Relevant staff have received training on this policy.

Statement of Intent:

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

Policy:

The Service requests that parents/guardians:

- Apply sun cream to their child/children before they attend the Service. It is the responsibility of the parents to apply sun cream to their child/children.New Shapes Afterschool would encourage parents to use a SPF 50+ sunscreen that protects against both UVA and UVB rays and is suitable for children's skin.

Remember sunscreen will protect a child's skin from the sun, but it won't protect them from the heat.

We also ask that parents/guardians provide New Shapes Afterschool with:

- A wide brimmed sunhat
- Light coloured spare loose clothing
- Light coloured loose long-sleeved tops
- Footwear

The Service will ensure that:

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

We will work towards Sun safety through the following:

Education:

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

Protection:

- Large sun canopies/umbrellas may be used for shade around the garden.

Timetabling:

- Children will spend more time playing outside before 11.00am and after 3.00pm, and less time over lunchtime.

Clothing:

- We will actively encourage all children to wear a hat when playing outside – for any length of time.
- A small supply of hats will be available for those children who have forgotten their own.

Sunscreen:

- It is parents'/guardians' responsibility to apply sun cream to their children before entering the Service.

Drinks:

- Water will be available at all times in the classroom.
- Water will also be available in the garden while children are playing.

SUPERVISION OF CHILDREN – INDOOR AND OUTDOOR

This policy has been communicated to parents/guardians, staff in New Shapes Afterschool as outlined in the table above and records retained of the communication. .

Relevant staff know the requirements and have a clear understanding of their roles and responsibilities in relation to this policy.

Relevant staff have received training on this policy.

Statement of Intent:

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

Young children are curious about their environment where they see opportunities for exploration and investigation in their indoor and outdoor environment. Children are especially vulnerable and rely on responsible adults to care and protect them.

Policy and Procedure:

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

Appropriate Supervision:

- Each child attending the Service is under the supervision of a qualified staff member at all times.
- Children are supervised primarily by sight - that is, observation.
- Supervision for short intervals by sound (listening) is allowed as long as relevant staff can talk with the children who are out of sight (example: children who can use the toilet independently)
- Constant careful supervision by both sight and sound occurs to ensure children's safety, where risks are higher (examples: climbing trees, swimming, bonfires, ponds, water tables, sensory play activities)
- Supervision is appropriate at all times including during:
    - indoor activities.
    - outdoor activities.
    - mealtimes.
    - Toileting,

- Supervision considers:
  - the required adult: child ratio;
  - the individual children's needs;
  - the activities being engaged in;
  - staffing levels so that supervision of children is not compromised due to unexpected staff absences (examples: late arrivals, unplanned leave (sick leave)
- No person on the premises is under the influence of alcohol or any other substance that has a detrimental effect on their functioning or behaviour during the service's hours of operation. (Note: (foot note at the end of QFA p 75) The result of a wrong action or a failure to follow correct procedures that has a damaging or harmful effect. The person in charge must be satisfied and have documentary medical advice for relevant staff members taking medication, confirming that the medication will not impair that staff member's ability to care for children properly)

Food and Drink

Children are supervised while eating and drinking.

Toileting

Children who are able to use the toilet facilities independently are supported to do so. Staff are within hearing range of children in case help is needed.

Quiet Play

- Spaces, indoors and outdoors, where children choose or have the opportunity for alone time or quiet play are designed with visibility in mind that allows constant adult supervision in an unobtrusive way.
- Equipment and furniture are arranged to ensure effective supervision while also respecting children's wishes for alone time and space.

Indoor Area:

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

Entrance Area:

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

Corridor/Hallway Area:

- Staff must be constantly vigilant in this area and children must not be allowed in the corridor unaccompanied.
- Staff should teach children that this area is for hanging coats and their bags. The children should learn to move quickly into their appropriate rooms. Staff should talk to the children at this time about what activities will be happening in the room so that children's attention can be focused in getting to their rooms as opposed to spending time in the corridor.

Individual Rooms:

- A daily risk assessment of the rooms should take place.
- Staff should ensure that their presence and position in the rooms allows that all areas of the room are under constant supervision and that all children are in the sight of at least one member of staff, at all times.
- Staff should observe due care and attention when opening presses ensuring that children are not standing nearby.
- Child Care safety latches should be used at all times on the presses and the doors as appropriate.

- Staff should do regular headcounts and ensure they match with the child register.
- Staff should be aware of any ‘blind spots’ in the rooms
- The blinds/curtains on the windows should be used appropriately to ensure that the glare from the sunshine does not have an impact on the children.

Outdoor Play Area [See also Outdoor Play Policy]:

The staff child/ratios for outdoor play will be in compliant with the Child Care Act 1991 (Early Years Services) Regulations 2016. A minimum of one staff for every group will be present at any one time. Staff will be vigilant about supervising children outdoors. The outside time is play time for the children. The adult is there to supervise and lead games or play and ensure that the children are in no danger to themselves or their peers. Staff should not sit and should ensure they have a good view of the whole area.

- Staff should ensure that their presence and position in the outdoor play area allows that all areas of the outdoor area are under constant supervision and that all children are in the sight of at least one member of staff, at all times.
- The outdoor play area must be checked by a staff for safety before any children use the outdoor play area (see outdoor play policy).
- A regular headcount should be done with the children outside and this should be matched against the register, which should be brought outside.
- Children should be made aware of any rules for playing outside [for example use of equipment]
- Children should not be allowed interfere with the gate in outdoor area.

(Please also see our Missing Child policy where a child goes missing from the Service)

MANAGING BEHAVIOUR AND PROMOTING POSITIVE BEHAVIOUR

This policy is underpinned by the Children First: National Guidance for the Protection and Welfare of Children 2017 (Department of children and Youth Affairs) (“Children First 2017”), the Children First Act 2015 (as amended by the Child Care (Amendment) Act 2024, the Childcare Act 1991 (Early Years Services)

Regulations 2016, Standard 5 of Siolta Standards, Interactions, Guidance for Policy on Managing Behaviour and Promoting Positive Behaviour in Preschool and School Age Services, Tusla 2025 and in compliance with New Shapes After-school Staff Disciplinary Procedure

This policy has been communicated to parents/guardians, staff, children, for children in New Shapes After-school in the manner outlined in the table above and records retained of the communication.

It is also available in child friendly format to the children in the Service.

Relevant staff know the requirements and have a clear understanding of their roles and responsibilities in relation to this policy.

All staff have received training on this policy.

All staff are certified in relation to this policy.

All Mandated Persons in New Shapes After-school are aware that bystanding, failure to report, and/or fail to intervene when witnessing ill-treatment of any child or children in the care and control of New Shapes After-school is a serious breach of their professional and legal responsibility and will be treated as such.

All staff in New Shapes After-school are individually and collectively accountable for upholding the safety, dignity and rights of every child attending our Service. This duty supersedes all other operational considerations.

Policy Statement:

New Shapes After-school supports positive behaviour by the children attending our service.

This policy specifies our Service's approach for managing challenging behaviour of a child attending our Service and assisting the child to manage his/her behaviour as appropriate to the age and stage of development of the child.

New Shapes After-school is committed to:

1. Safeguarding children in our Service and to providing a safe, respectful and nurturing environment where each child and/or young person can play, learn, relax and develop.
2. Implementing safe, respectful, developmentally appropriate and child-centred strategies to manage and promote positive behaviour.
3. Ensuring that clear expectations for all staff regarding appropriate interactions and respectful practices with children and/or young people are detailed and understood.

New Shapes After-school Managing Behaviour and Supporting Positive Behaviour Policy is a core component of the Child Safeguarding Statement as required by Children First (2015).

New Shapes After-school supports and promotes positive social, emotional, and behavioural wellbeing reflecting up-to-date professional practice.

Please also see our Child Safeguarding Policies and Procedures and Child Safeguarding Statement.

Statement of Intent:

New Shapes After-school operates a "zero tolerance" policy in relation to any form of ill-treatment, abuse or inappropriate conduct towards any child or children in the care and control of our Service.

Any staff member found to have engaged in physical, emotional, psychological, verbal or sexual harm, rough handling, using threatening behaviour or any act

that breaches a child's right to dignity and safety will be subject to immediate disciplinary action up to and including dismissal.

We will work with the children to ensure they receive positive guidance, support, and encouragement to finding positive solutions to manage their own behaviour. The Service sets realistic expectations of behaviour in accordance to the age and stage of development of the child. We apply rules and expectations fairly and consistently to all children. We do not use any form of physical punishment. We encourage children to respect themselves, others and the environment.

We facilitate children to make positive decisions and choices about their own learning and development to develop a positive sense of self. We aim to facilitate a happy, caring environment with stimulating activities for all children. In the case of a particular incident, or persistent unacceptable behaviour, we will *always* discuss ways forward with the parent(s)/guardian of the child.

New Shapes After-school promotes positive behaviour and all strategies in place in our Service are developmentally and culturally appropriate for the children attending.

New Shapes After-school will:

- Ensure that staff are aware of trauma-informed approaches to supporting children and promoting positive behaviours.
- Approach and resolve any behavioural issues arising using a rights-based and considered process that takes account of what is right for the child or children concerned.
- Make every effort to ensure that strategies used support positive behaviours for children have the child's input where appropriate.
- Ensure that practices used to support positive behaviours are transparent and are communicated to parent/guardians and anyone connected to the service.

- Ensure that strategies to manage behaviours should be fair, developmentally appropriate and equitable for all children and young people.
- Ensure that processes for supporting positive behaviours should be subject to ongoing monitoring and review to uphold the service's commitment to providing safe and high-quality services for children, young people and their families.

Note: If child abuse or neglect is suspected, it is managed in line with the Service's Child Safeguarding Policy.

Working Proactively and in Partnership with Children on Behavioural Expectations:

Staff are encouraged to be responsive, reflective and caring in their approach to children, and aim to keep the delivery of the service predictable, consistent, responsive and secure for children and young people.

A key person approach is in place in the Service and this approach as a way of supporting children and young people to form secure attachments and build close relationships.

New Shapes After-school creates and fosters an environment in which each child and young person's well-being is supported and promoted.

Staff will always consider each child and young person's individual needs and requirements when developing plans to support and promote positive behaviours.

Supporting Positive Behaviour:

Our Service takes an open-minded approach to the support of positive behaviours and remain open to any opportunity for learning and service improvement.

Strategies for children and young people are proactive, and the Service supports children to develop skills such as negotiation, problem solving and asking for help, which may include group discussions or anti bullying programmes.

The Social and Emotional Wellbeing of all Children is Fostered

- Children are supported to recognise, express and cope positively with emotions.

  Examples:

  - Being supported to communicate their needs and wants, verbally and non-verbally (picture cards, hand signals) in a positive way.
  - Discussing and naming their wide range of emotions and feelings, while empathising with feelings of others (happy, sad, angry, feelings of exclusion and feeling hurt).
  - Assisting children to develop techniques that help them manage their positive and negative feelings OWL (observe, wait, listen).
  - Listening to children in a caring, gentle way when they express emotions and reassuring them that it is normal to experience positive and negative emotions at times.
  - Acknowledging and accepting children's feelings (positive and negative) and the relationships between children's actions and other responses.
- Children are supported to demonstrate self-confidence (example chose activities that foster children's feelings of competence).
- Children who show signs of social and emotional difficulties are given the appropriate care and support within the Service.

Children Are Supported to Develop Self-Regulation and Pro-Social Behaviour

- The social and physical environment is stimulating, challenging and interesting for children and is focused on their active engagement and involvement.
- Staff help children to recognise and understand the rules for being together with others (examples: waiting their turn, listening to each other, solving problems together, sharing).
- A climate is fostered where children know the boundaries and know how they're expected to behave within the Service.
- Staff support children to enter into social groups, develop friendships with other children and to learn to help and positively engage with other children and adults.
- Staff encourage and praise children for specific, positive and appropriate behaviours.
- Children are given positive alternatives rather than just being told "no"
- Children are supported in preventing, managing and resolving conflict.

  Examples:

  - Creating conditions that minimise conflict between children (providing enough popular equipment and materials).
  - Acting to prevent potential conflicts and encouraging the children to resolve conflict if it exists.
  - Responding promptly to children who are giving signals or cues expressing or indicating needs.
  - Encouraging children to negotiate and resolve conflicts peacefully, with adult intervention and guidance when necessary.
  - Actively supporting children in solving their differences and problems without being "told" or "ordered" what to do; and
  - Prompting and supporting children to remove themselves from situations where they are experiencing frustration, anger or fear.
- Children with on-going challenging behaviour are supported and helped to control their emotions and distress.

  Examples:

  - Reviewing the child's programme of care to ensure it is meeting the child's care, learning and developmental needs.

- Reviewing the approaches taken to address a child's on-going challenging behaviour, so that every opportunity is taken to make sure the behaviour improves.
- Engaging with the child's parents or guardians to work with them on addressing the issues relating to the child's behaviour (developing a behaviour management plan, assessing the need for help from external experts or professionals; and
- Developing a risk assessment to manage the risks associated with the behaviours to the child and to the other children and staff.

All staff are aware that the following practices are prohibited in New Shapes After-school

1. **The use of corporal punishment We will NEVER inflict corporal punishment on a child.**

2. **Practices that exclude children from their peers are prohibited in the Service.**

We will never use or threaten any practices that are disrespectful to children, young people and/or their families, degrading, exploitative, intimidating to a child or young person, isolating, emotionally or physically harmful or neglectful towards any child or young person. ~~to the child or neglectful of the child~~

Staff are aware that any threats expressed through body language and/or verbal interactions with children and young people are intimidating and will not be tolerated in New Shapes After-school

Child Safeguarding Statement:

All procedures in New Shapes After-school for the protection and welfare of children and young people in our Service are managed in line with our Child Safeguarding Statement.

A copy of our Service's current, up to date Child Safeguarding Statement is on display in a prominent place in our main hallway of the Service and accessible for staff to refer to.

Staff have received training in respect of our Child Safeguarding Statement and Child Safeguarding Policies and Procedures.

Staff have participated in online Children's First training and certificates for this training are held on file.

Staff are aware they are mandated persons under the Children First Act 2015.

Designated Liaison Officer in Georgina Barry

Our Designated Liaison Officer is Georgina Barry who can be contacted in person or at the Service phone number 085-1757680 or Service email address newshapesdublin@hotmail.com manage child protection issues in our Service.

Our Designated Liaison Officer have undertaken appropriate training and are aware of their responsibilities, including where safeguarding concerns relate to staff treatment of children.

All staff are aware of who these people are and how to contact them.

Supports for Staff to respond positively children's and young people's behaviours:

Staff in **New Shapes After-school** are be provided with the supports required to respond positively to children and young people's behaviours including but not limited to information, training, staff meetings and/or support and supervision.

Our Service ensures that staff are supported to work in partnership with parents/guardians to ensure that children receive a consistent and shared approach to responding to behaviour.

New Shapes After-school in partnership and with the consent of parents, may seek external advice and/or support from relevant agencies in developing appropriate and effective strategies for the child.

Our Service will at all times maintain children's confidentiality and dignity in any communication with parents/guardians. Any communications will be carefully planned to be respectful to the child/young person.

Please see our Anti-Bullying Policy contained within this policy, Partnership with Parents Policy, Child Safeguarding Policies and Procedures and Child Safeguarding Statement.

Staff Support:

Management is committed to supporting staff where challenging behaviour is displayed by offering mentoring, training and on-going support**.**

General Procedures for Promoting and Nurturing Positive Behaviour:

- During the induction period, all new staff are introduced to the behaviour policy and are asked to sign the policy to say they have read it and agree to implement the policy.
- Staff will adopt a reciprocal and positive relationship with the child.
- Staff will act as a role model and adopt a confident approach to encourage and support positive behaviour.
- Staff will work in a respectful manner and in partnership with other practitioners, children and parents/guardians.
- Staff are role models for the children and should treat one another with respect, use appropriate tone of voice and body language to one another and the children.
- Observation and recording will be used to inform and support staff to decide on appropriate methods and strategies of dealing with behaviour problems.
- The Manager is the person designated as the resource person for staff support on behaviour management issues.

- At an age appropriate level, children will be encouraged and supported in resolving their own disputes.
- Each child should be positively supported and recognised as an individual.
- Staff will practically engage children in resolving their conflicts using age appropriate methods. In doing this, children can explore their feelings and conflicts in a safe controlled way. Staff will positively support children in doing this.
- Training will be provided for staff where necessary.

Rewarding Positive Behaviour:

- Staff will acknowledge and praise positive behaviour as it occurs.
- Children are not rewarded with food, sweets or treats and all staff understand how to support positive behaviour, and how to encourage and facilitate it effectively.
- Positive language will be used rather than negative, and statements made. Rather than saying 'no' for example:
    - Say: *"I would like you to sit back down on the chair please John, because you will fall off and hurt yourself". Or "We are inside, and we don't climb on furniture or equipment inside". Or "I would like you to sit back down on the chair please, do you remember we only climb on things when we are outside"*
    - Rather than*: Don't stand on the chair"*
- While encouraging positive behaviour, the child's self-esteem should not be negatively impacted. The child should not be labelled through the use of certain words for example bold, naughty.

Mild Behaviour Issues:

In anticipating occasional inappropriate behaviour, we follow these guidelines:

- Staff will provide a calm, safe and stimulating environment which is age appropriate and of interest to all children present within the group.
- Children are involved where appropriate in the planning of activities and developing the curriculum.

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

Implementing Positive Steps to Supporting Positive Behaviour:

- Children should be made aware of the expectations and their responsibility.
    - *No hurting bodies*
    - *No hurting feelings*
- Positive behaviour should be supported and encouraged from all children consistently throughout the day by all staff.
- Incidents should be dealt with immediately by the staff who witnesses it.
- Staff should not speak about the child, or their behaviour in front of other parents/guardians, children or the child.
- The child should not be labelled by staff.
- Positive behaviour should be consistently encouraged to **all children**.
- Correct Child: Adult ratios should be implemented at all times.
- Positive behaviour should be implemented within the curriculum throughout various themes. Age appropriate activities prompts, and materials should be provided to children to explore their feelings and emotions throughout the year.
- The staff, where possible, should have a quiet area where children can retreat if they are experiencing negative feelings for example a quiet corner.
- At an age and developmentally appropriate level, when the child is calm, the staff should explore the behaviour with the child using prompts for example I noticed you got [feeling] when you were at the [area].... what could you do the next time you feel.... Do you know what I do when I am [emotion]...

Procedures for Supporting Positive Behaviour:

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

Minor Behaviour Problems:

In these types of situations, the child may have caused no issue and all day and suddenly their behaviour changes. Minor behaviour problems are behaviours in line with the child's age and stage of their development (See Appendix E1: Children and Behaviour).

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

Staff will assess each situation and use their best judgement in dealing with the matter. Situations may arise where the staff may allow the children 'resolve their own battles' or ignore minor incidents. A sensible approach is recommended in dealing with minor behaviour problems. It is not always evident to staff what the cause of an incident has been.

School Aged	**1. Approach calmly** **2. Stop any hurtful actions** **3. Acknowledge children's feelings** **4. Gather information** **5. Restate the problem** **6. Ask for ideas for solutions and decide on an outcome the child.**	• **Temper tantrums** • **Possessive of toys** • **Fussy feeder** • **Use of bad language** • **Whiny** • **Verbally hits out** • **May be bossy**

If a child has a temper tantrum, the age of the child is taken into consideration. A child **under** three years is more likely to have tantrum out of frustration. A child **over** three years is more likely to be linked to defiance.

Staff will take a gentler approach with the younger child and a firmer approach with the older child. Staff will explain to the older child in a calm clear way using simple words

why they cannot have what they want. If the tantrum continues and other children are getting upset or hit the child will be moved to another area in the room until they calm down.

The staff member should act in a calm and fair manner and allow the child to re-join the activity when they have calmed down as if nothing has happened.

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

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

Managing Moderate Behaviour Problems:

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

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

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

School Aged	**1. Approach calmly, and offer an immediate solution to any expected harmful behaviour [Step away, come sit down]** **2. Acknowledge child's feelings [I can see you are feeling angry]** **3. Gather information [What happened that has made you feel...]** **4. Restate the problem [I understand that …. has made you feel…]**

	5. Ask for ideas for solutions [How do you think we might make it better?] **6. Choose a decision together** **7. Be prepared to give follow-up supports for Supporting Positive Behaviour** **8. Observe the child**

Staff will ask the child what is wrong or bothering them. Emotion picture cards may be used with younger children to support how they may be feeling.

Observations will be used to assist making an assessment as to what may cause the behaviour. Observations will be used to capture when the child's behaviour is more positive as when behaviour is more challenging children are regularly corrected. Constant correction can have a negative impact on the child's self-esteem. Staff will use the observation of 'positive' behaviours to give plenty of encouragement and praise which should help to develop self-esteem.

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

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

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

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

Managing Severe and Challenging Behaviour:

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

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

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

1. ***Approach calmly, stopping any hurtful actions.*** 2. ***Make eye contact with the child*** 3. ***Acknowledge children's feelings.*** 4. ***Gather information.*** 5. ***Restate the problem and ensure the child understands*** 6. ***Suggest solutions and choose one together.*** 7. ***Be prepared to give follow-up supports for supporting Positive Behaviour*** 8. ***Observe the child***	• **kicking,** • **hitting,** • **bad language,** • **prolonged screaming, breath holding,** • **head banging,** • **on-going biting,** **Other behaviours may present as the child refusing to engage, being overanxious, avoiding contact with others and unusual behaviours.**

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

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

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

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

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

- Physical punishment (corporal punishment).
- Sending children out of the room.
- Isolating children from the group e.g. time out.
- Shouting or raising of your voice
- The use of or threat of any practices that are disrespectful, degrading, exploitative, intimidating, isolating, emotionally and/or physically harmful to the child or neglectful of the child.
- Bullying in any form
- Physical restraint for example holding will not be used unless it is required to prevent injury to child, other children, adults or property. Staff must ensure that no physical pain is inflicted upon the child(ren). In cases where it is required to hold a child in such manner, it **must** be recorded in the accident and incident report. Parents/guardians **must** be informed of the incident.
- It is not the Service's policy to use any kind of restraint in managing behaviour. If restraint is considered a last resort option the Service will seek professional advice and staff will attend specialised training on evidence -based methods to ensure it is used appropriately, safely and with respect so that the child's dignity is not undermined. Staff who feel under pressure due to a child's difficult behaviour should seek support from management so a plan can be devised. No staff member is permitted to use physical restraint routinely.
- Speaking negatively about the child to other staff *or* in front of the child/other children.
- The child should not be labelled.
- Staff should not expect unrealistic behaviour from a child in accordance with their age and stage of development.
- Once the incident is over, the staff member should not place emphasis or keep reminding the child of their behaviour.
- The child should not be humiliated.
- Withholding food or drinks.
- Showing favouritism.

- Failing to reassure or comfort a child.

Partnership with Parents/Guardians:

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

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

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

Anti-bullying:

Children are afforded a right to their own time and space. Depending on the child's age and stage of development, it may not be appropriate to expect children to share.

However, we feel it is important to acknowledge both children's feelings, and to support them in understanding how the other child may be feeling.

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

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

Identifying Bullying:

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

Definition:

Bullying consists of repeated inappropriate behaviour whether by words, by physical action or otherwise, directly or indirectly applied, by one or more persons against another person or persons which undermines the individual person's right to personal dignity.

Bullying Preventative Measures

- Staff ensure all children feel safe, happy and secure within the setting.
- Staff develop positive relationships with all children and encourage children to speak about their feelings.
- Staff are encouraged to recognise that active physical aggression in the early years is a part of children's development and recognise positive opportunities should be in place for children to channel this positively.

- Children are learning about their feelings, staff will support children in identifying their feelings and actions for example happy, sad, and angry.
- At an age and stage appropriate level, children will be encouraged to resolve their problems and take responsibility for their actions.
- Staff are encouraged to adopt a policy of intervention when they think a child is not being treated in a fair or appropriate manner.
- Staff are aware when play becomes 'aggressive' and will initiate an appropriate activity with the children.
- Any instance of bullying will be discussed fully with the parents/guardians of all involved to look for a consistent resolution to the behaviour.
- If a parent(s)/ guardian has a concern regarding their child's behaviour, the staff member or Manager will be available to speak to the parent. It is through partnership with parent(s)/ guardians which we can ensure a child will feel confident and secure in their environment, at home and in the setting.

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

What causes children to be aggressive?

Sometimes, aggression takes the form of instigating fights, sometimes the child may provoke other children to fight, or may antagonise or threaten other children. Other children do not like this behaviour and will often feel intimidated and insecure in their environment. Children who display aggressive behaviours will often have low self-confidence, poor social skills and may have difficulties with their speech. However, any child regardless of their age or stage of development may experience aggression at some stage. Aggression brings power and often children who are aggressive will seek the control and position which comes with it among their peers.

How can we support positive behaviour?

- Aggressive behaviour should never be ignored.
- Staff should not get into a power struggle with the child.

- Be firm but gentle in their approach. The child should not be given mixed messages at this stage.
- The child should always feel valued, respected, cared for, and included.
- One-to-one work should be initiated with the child, and a plan should be devised. For example, when I get angry, I will go to the … [area].
- Provide opportunity for the child to display positive behaviour, acknowledge and praise this behaviour.
- Provide the child with opportunities which demonstrates leadership and communication in a positive manner.
- The **ABCD** model should be used with the child, where age and stage appropriate, the child should make the choice and also take responsibility for their actions.
- The staff member should be fair in their expectations, and should be consistent, patient and understand change will take time.

Rough and Tumble Play/ Fantasy Aggression:

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

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

Phsically Intervening to Prevent Injury

- Physical restraint is not used within our Service except in circumstances where we have to intervene to prevent injury to the child or others and to prevent significant damage to equipment or property It is only used as a last resort.
- It ensures no pain is inflicted on the child.
- The incident will be recorded.
- Parents/Guardians will be advised immediately.
- Only staff who have attended certified training are permitted to physically intervene and will have been trained and certified in the method.
- Methods of intervention will be evidence based.

If children attending our Service display severe & aggressive behaviour, we will risk assess the child and staff will be trained on approved methods of physical intervention.

Biting:

Biting happens in almost all childcare settings where young children are together and dealing with biting can be challenging. Biting is a developmental stage which children may go through. All biting incidents are upsetting for children and will be dealt with in a calm and clear manner. The staff will use clear language and be consistent in their approach. Our aim is to put every effort in the first instance into our prevention procedures to help children to develop the necessary skills to reduce the risk of biting occurring. Where biting does occur, we will endeavour to establish the children's reasons for biting and to take proper measures to prevent further incidents wherever possibleWe aim to support children in developing self-control; however, the safety of each child is our primary concern.

Why do children bite?

Each situation is unique because of the different personalities involved - Children bite for a variety of reasons such as:

    - Children experience many emotions (positive and negative) that are difficult to express and at times control. These emotions may be caused by a number of things; over-excitement, frustration, stress, fear of being separated from people they love etc. all of which can lead to biting.
    - Biting can be used to communicate a basic need such as hunger, fatigue, illness, discomfort, etc.
    - Exploring Cause and Effect – From about 8 months on, children begin to learn and discover the connection that their actions have on the world around them.
- Imitation and Modelling – The biggest way young children learn is copying other's behaviours. This unfortunately includes copying and learning negative behaviours such as biting from other children.
- Attention –Young children love all attention and tend not to discriminate between positive and negative attention.
- Biting sometimes occurs for no apparent reason.

Biting Prevention:

It is our aim to ensure that all appropriate preventative measures are in place as a first step to reducing the risk of biting occurring such as:

- The correct child: adult ratios will be in place within the setting at all times.
- The layout of the room will be appropriate to the age and stage of development of the child and staff can see all children at all times from all areas of the room.
- We examine and develop our programmes so that the children are happy, stimulated and engaged in activities to prevent and reduce incidents of biting.
- Staff are vigilant to ensure there are sufficient toys/activities to allow children to release frustrations and energy based on age and stage of development.
- Staff will ensure that there are sufficient toys and materials in the room based on the number of children to avoid children competing for toys and becoming frustrated.

- Staff will be aware that a simple conflict over a toy or personal space could be enough to cause a child to bite**.**
- Staff are vigilant to the relationships between children and are aware of possible conflicts.
- Staff are aware of the temperaments of the children and look for any patterns of negative behaviour that may lead to biting.
- Staff will be proactive and intervene in advance if necessary to avoid incidences of biting/conflict where possible Eg separating children to avoid possible incidence of biting.
- Staff will encourage children to use language to express feelings/emotions. Staff may need to teach children words that are appropriate. Children who can verbally express themselves are less likely to bite due to frustration
- Staff are vigilant to particular times of the day that may lead to children biting Eg when tired/hungry arrival/collection times etc.

Where a child does bite, staff should follow these guidelines and try to distinguish a pattern or triggers for the biting:

- Are there particular times of the day which the child bites?
- Do toys seem to be causing biting incidents?
- Does the child focus on one particular child?
- Can something be offered to soothe the child's biting? For example, toys/food with textures or coldness.
- Do staff need to support the child to use their words or learn new strategies to use in place of biting based on age and stage of development.
- Has there been any changes in the child's life recently that may be causing them to bite Eg moving house, a new sibling etc.

Procedures to follow when biting occurs:

Usually the skin isn't broken, and the wound isn't serious. However, the appropriate first aid should be administered. Staff will always put on disposable plastic gloves prior to administering any kind of first aid

If the skin is not broken:

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

If the skin is broken:

- The human mouth is full of bacteria, and there may be a risk of infection. Serious bites to the face, hands, or genitals can be especially dangerous.
- Wash the area — but don't scrub —with mild soap and running water for three to five minutes, then cover it with a clean dressing.
- If the wound is bleeding, apply pressure with a clean, dressing and elevate the area if possible.
- If the skin is broken, the Service will advise the parents that a child may need to consult a doctor, who will clean and examine the wound. Unless the bite is very serious or on a child's face, the doctor will probably prefer not to give a \child stitches. Stitching the bite closed can increase the risk of infection. The doctor may prescribe a short course of antibiotics to prevent infection, depending on the location and severity of the bite.

Support for the child that's been bitten

- The child is comforted and reassured of their safety.
- The staff will explain to the child that was bitten that biting is wrong and the other child should not have bitten them.
- Staff will acknowledge the child's feelings Eg "I'm sorry you got hurt"
- Staff will stay with the child until they have fully recovered and are ready to re-join the daily routine or re-engage in play.
- The child who has been bitten and child who bit should not be forced to play together directly after the incident unless both parties agree.
- If a child is bitten more than once or repeatedly, staff will look to see if there are any triggers/patterns to the child being bitten and put any appropriate supports or measures in place to reduce/eliminate this risk.
- Staff will further support the child by teaching/modelling words and actions for setting limits, such as "no," "stop," "that's mine" or putting their hand up to signal stop or signal to an adult for help. This will teach the child skills to help manage and

cope in any future possible biting incidences and learn self-assertion and keeping safe.

Supports for the child that has bitten and procedures to follow:

- The Staff will explain to the child who has bitten using a firm but gentle approach that biting is not allowed.
- Staff will try to find out what caused the child to bite.
- Staff will acknowledge the child's feelings by using words that describe feelings: "Jack took your ball. You felt angry. You bit Jack. I can't let you hurt Jack. No biting."
- Staff will help the child to think of alternatives to biting in the future and/or offer solutions if needed.
- The person in charge will be informed, and details should be recorded in the Accident and Incident Report Form.
- The situation is dealt with professionally, and confidentiality is adhered to. Both sets of parents/guardians are informed separately, and the accident and incident report are signed.
- We will keep children's identity who bite confidential. This helps avoid labelling or confrontations that may prolong the behaviour.
- The staff should explain the methods which will be adhered to, so it does not occur again and highlight the importance of partnership with parents/guardians.
- If the child bites again, the child should be observed for a period of time to try and develop a pattern of behaviour.
- In the event of a child continuing to repeatedly bite, the Manager will speak to the parent(s)/ guardian to look at putting a behaviour support plan in place for the child to address the biting in conjunction with the parents so that all parties can agree a consistent way of supporting and responding to the child with the aim of reducing/stopping the biting behaviour.
- If all avenues have been exhausted, the person in charge may suggest seeking help/support outside the setting.

Please note that every effort will be made to support the biting child and we will work closely with the parents/guardians to find appropriate strategies. We will also support and train staff in this regard.

In rare circumstances our efforts to manage behaviour may not be successful. Sometimes as a last resort for risk management reasons and with the welfare and safety of all children in mind a child's place may need to be suspended temporarily until a solution is found. Our approach is always to find ways of retaining children in the Service rather than terminating places.

Where a Child Leaves the Service Unaccompanied and without Authorisation:

If a child attempts to and/or leaves the Service unaccompanied and without authorisation staff will:

1. Stay calm. Reason with the child. Contact the manager.
2. Reason with the child and ask them how they can be supported to make the correct choice/return. Staff will discuss the situation and try supporting them to resolve it.
3. Offer to phone parents to let them discuss it with them.
4. If a child still insists on going staff will keep trying to contact parents. Allow the child to speak to parent/guardian if phone contact can be made with them.
5. Stand at exit door. If child leaves the Service a staff member will follows if available.
6. The Service should continue to try contact parents.
7. The two staff will walk if possible and try to keep the child calm by speaking to them.
8. If parents or guardians cannot be contacted the other emergency number given by parents can be phoned.
9. If parents cannot be contacted and staff are concerned for the child's safety, Tusla and/or An Garda Síochána will be contacted.
10. When the child comes back to school a detailed investigation will be carried out. The school Code of Behaviour will be adhered to. A support plan will be put in place and reviewed within required timeframes.
11. Written records of the incident will be kept.
12. Once a child voluntarily leaves the school, the school is no longer responsible for the child.

* This Section is age relevant to the children attending the Service.

The Serve will ensure that children are supervised at all times and are protected from harm and that the premises is fully secure at all times without risk of escape.

Please also see the Service's Outings and Missing Child Policies and Dropping Off and Collection of Children (Including Authorisation to Collect Children) Policy.

Supporting Information:

Aistear Siolta: Using a key person approach

• Aistear Siolta: Practice Guide

• Barnardos: How relationships impact on children's behaviour in ELC

• Barnardos: Building Trauma awareness in ELC

• Department of Children, Disability and Equality: National Quality Guidelines for School Age Childcare Service's

• Linc Programme: Supporting Children's Emotional Wellbeing | Leadership for Inclusion

• National Child Safeguarding Programme: Safeguarding for Early Learning and Child Care Services

• Tusla Child and Family agency: Safeguarding Statement

• Tusla: Behaviour Management for your child

APPENDIX E1: CHILDREN AND BEHAVIOUR

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

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

Developmental: Behaviour will often reflect the age and stage of development of the child for example temper tantrums. Developmental delay in children's speech, mobility

or other areas can lead to a child feeling frustrated and may present in challenging behaviours. Management should be informed by parents/guardians of all concerns regarding developmental delay, as it is through this the child's needs can be fully supported within the setting.

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

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

Intellectual: Where a child's interests, abilities or background is not evident within a room, the child may not be stimulated. It is the responsibility of the early year's practitioner of that room, to ensure age and stage appropriate materials, opportunities and areas are present within the room for each child to utilize.

APPENDIX E2: METHODS TO SUPPORT POSITIVE BEHAVIOUR

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

- Children will be offered choice.
- Children will have an input to the curriculum.
- Children will be included in areas which affect them.
- Staff will implement fair and consistent expectations regarding behaviour.
- Staff will speak to children:

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

MISSING CHILD

This policy has been communicated to parents/guardians, staff in New Shapes Afterschool in the manner set out in the table above and records retained of the communication.

Relevant staff know the requirements and have a clear understanding of their roles and responsibilities in relation to this policy. Relevant staff have received training on this policy.

-

If a child goes missing the parents/guardians and the Gardaí

must be informed immediately and without delay.

Tusla, the Child and Family Agency must be informed within 3 days

Statement of intent:

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

Please also see our Outdoor Play and Outings Policies and our Health and Safety Statement.

Procedure:

- Children are welcomed into the setting by a designated member of staff, who marks their presence in the daily register.
- A member of staff remains on duty by the door throughout the arrival and departure period of the Service and until all parents/guardians have left the premises.
- The main door is kept secure at all times when a member of staff is not on duty at the entrance.
- Children's times of arrival and departure are noted on the register, and a note is made in the register if a child is to leave early or with another adult.
- The outdoor area is supervised when children are outside and securely fenced and the gate secure at all times.
- Staff are deployed throughout the setting during the session, ensuring that no child is left alone for any period without an adult being aware of their location.
- The outdoor area is supervised.
- The rooms in which the children play is never left unsupervised/out of vision of staff.
- Staff remains on duty within the main room at all times, unless all the children and staff are in the outdoor area together
- If all Staff and children are outside and a child needs to come inside, a member of staff will accompany them inside

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

- The premises will be searched thoroughly and immediately.
- The register will be called to determine which child(ren) are missing.
- The grounds surrounding the Service will be searched.
- Staff will call the local Garda immediately and without delay.
- Staff will inform the parents/guardians immediately and without delay.
- A full and thorough review of procedures and practices will take place to determine how the incident occurred and changes will be made if appropriate.
- An accident/incident form will be completed and appropriately signed

INSURANCE

This policy is available and communicated to parents, staff and relevant stakeholders.

Relevant staff know the requirements and have a clear understanding of their roles and responsibilities in relation to this policy. Relevant staff have received training on this policy.

Statement of Intent:

It is the policy of this Service to retain adequate insurance, evidenced by a current certificate of insurance relevant to the type of service being operated.

Insurance Cover

The Service's insurance includes the following where appropriate:

- Public liability insurance.
- Insurance against fire and theft.
- Buildings insurance.
- Motor insurance cover for vehicles used by the Service to transport children.

- Outings.
- Any other insurance requirements depending on the services provided as identified by the registered provider or the inspectorate.

Insurance Certificate

- The insurance certificate for the Service is available and in date on inspection.
- The information provided on the relevant insurance certificate includes:
    - The contact details for the insurance provider.
    - The name and address of the Service insured.
    - The categories of insurance cover for the Service.
    - The number of children covered by insurance within the Service.
    - The start date and end date of current insurance cover.
- The number of children in the Service at any time does not exceed the number for which the insurance is provided.
- Any vehicle used to transport children is appropriately insured for the purpose.
- Details of all relevant vehicle insurance policies and certificates are kept by the Service.

Signed: _____ **Date:** _____

Name:

Person responsible for approving the Policy

Smart Watch, Tablet and Device Use Policy

This policy has been communicated to staff, parents/guardians by the above-mentioned method.

A child-friendly version (signs) of this policy is on display inside the relevant care rooms.

Relevant staff have access to related tools and resources. Staff have a clear understanding of their roles and responsibilities in relation to this policy.

Relevant staff have received training on this policy: (Including Child Protection and Online Safety Training):

Online Safety Training Resource:

https://www.barnardos.ie/learning-development/training/online-safety-programme

Child Protection Training Resource:

https://www.TUSLA.ie/children-first/children-first-e-learning-programme/

No Phones

Children are not permitted to bring or use phones in our Service. Only designated staff are permitted, in strictly controlled circumstances (authorised to take photographs for the purpose of observations, documenting progress or for learning journals), to carry or use phones inside the care rooms of our Service during operational hours.

Tablets/Smart Watches

A Tablet device or 'Tab' (similar to an iPad) is a portable touch screen computer where access to the internet is available through either a Sim card insert or Wi-Fi connection. A selection of Apps normally come in-built in Tablet computers, such as cameras, games and email.

A smart watch is a small wearable computer and phone resembling a wristwatch. It is a device that functions as a digital watch but also synchronises with a Smartphone through, for example, the Bluetooth function. A smart watch user can also manually connect to a Wi-Fi network. Synchronising a phone to the smart watch is easy and involves simply downloading an app such as Android wear or Watch from Apple.

Smart Watch Use

Although a Smart watch is small and discreet, it functions similarly to a mobile phone. On most Smart watches, text messages, phone-calls and emails can be easily accessed, viewed, sent and/or received. Social media platforms can be viewed and interacted with through a Smart watch. A Smart watch can be used as a direct substitute to a mobile phone, i.e. a child or adult might leave their mobile phone at home or out of reach and use the functions of a Smart watch as an alternative.

There is a photo-taking function on some Smart watches that is synchronised directly to the Smartphone. For example, a function on some Smart watches can be used to activate the camera app on the synchronised mobile phone (when the app is left open on the phone) to capture and store a photograph.

New Shapes Afterschool recognises a Smart watch in the same way it recognises a mobile phone device. Please refer to our Service's following policies:

Internet, Photography and Recording Devices Policy [Incorporating Multimedia]

Internet and Email Usage Policy

Tablet Use (Photographs)

Where Services use Tablets for the taking and use of photographs [delete if camera/phone in use instead or not practiced]

Our Service recognises that photography of children is an important way of documenting their learning, interests, progress, achievements, and general engagement in day-to-day activities. The taking of photographs of children is also required for the completion of monthly observations on children's development and progress.

Where the Service shares/distributes photographs with written consent [Delete section if not relevant]

The sharing of photography of individuals or groups of children is welcomed by our families and facilitated by our Service. Consent to take photographs is first sought from parents/guardians and recorded in our child registration forms before the child commences in our Service. Any parent/guardian who does not give consent will not have photographs taken of their child for the purpose of sharing in closed groups. A selection of photographs of children's weekly activities are distributed to closed groups via email at the end of each week. The email addresses of parents/guardians have been provided to us for the purpose of such communication. GDPR is adhered to by using the Bcc feature on all email distribution.

Photographs are deleted from the device after they have been distributed by email, or after they have been uploaded onto a desktop for printing. The Tablet device does not leave the Service and is accessible to authorised staff members for their use only.

Tablet Use (music and song)

Where services use Tablets for the playing of music [delete if not practiced and CD player is in use instead]

Our Service also recognises the importance of music and song in the curricula and the joy and learning it invokes in the classroom.

Tablet Devices are also in use in each of our care rooms for the purpose of playing music and songs to the children to aid their interactive learning, for wind down periods, and to support curricula themes and topics.

Use of Spotify for playing of music [delete if app not in use or replace 'Spotify' with name of music playing app in use]

Where the 'Spotify' App is use on the Tablet for this purpose, playlists of the appropriate songs and music clips (pre-listened to by staff) will be formed for use. Our staff are aware that a playlist can be accessed offline from the Spotify App for up to 30 days.

Voice activation is a search method that is not permitted or in use to find or play music from the Tablet device in the classrooms. We have assessed the risks involved in this method and understand the importance of preselecting appropriate and dependable sources of music and sound clips to support children's curricula.

Apps that are not in use will remained locked on the device. Only necessary additional Apps, for the sole purpose of supporting curricula, will be downloaded onto the device. Management will be informed before any decision to download new Apps onto the Tablet Devices is made.

Restrictions, which enable the filtering of any inappropriate material, and/or Parental Controls will be pre-activated and/or installed on each Tablet Device before it is in use in care rooms.

The Tablet will be used in the 'offline' mode where possible.

YouTube Use for video or sound/music [delete if app not downloaded or in use on Tablet; replace with app name in use for video/sound/music]

Where the YouTube App is used to play music or show a curriculum-supporting clip, the clip will be previewed in full by a staff member before being shown to children. YouTube Clips will not be streamed or on 'live' mode. Where possible, the Kids YouTube App will be in use instead.

YouTube will never be used as a 'filler activity' at any time in our Service. The use of YouTube will be used selectively and sparingly to support specific aspects of the children's interactive learning and curricula. Children will not have unsupervised or sedentary viewing of video on any device in our Service.

Tablet Devices will not be accessible to children and close supervision will take place when it is in use by a staff member.

Staff are not permitted to have access to their phones while in ratio with children.

Tablets and School Age Children

Where School Age Children have Personal Tablets in Use for homework tasks [choose relevant paragraph]

Our Service recognises that Tablet devices are popular among children and that children may own/bring their own Tablet. The use by a child of their Tablet device in

our Service, with or without direct connection to the internet (for example, to view or complete Homework Tasks) always requires close one-to-one supervision.

Where an additional staff member to those in ratio is available to provide this one-to-one supervision (should homework tasks be required to be carried out on a Tablet), child use of a Tablet will be permitted for the period of time one-to-one supervision is available. Where an additional staff member to those in ratio is not available to provide this one-to-one supervision, the child's use of the Tablet will not be permitted.

Children will not have unsupervised access to Tablet Devices while in our care. Inaccessible box/basket storage will be provided to children who arrive at our setting from school with a Tablet device for storage when not in use.

[OR]

Our Service does not have the additional provisions for the required one-to-one supervision of children using Tablets to view/complete homework tasks. Therefore, New Shapes Afterschool does not permitted the use of Tablets by children in our care Service. Any child who arrives at the Service with a Tablet or similar device will be asked to have the device stored until the end of the care period. Box/basket storage will be provided**.**

New Shapes Afterschool provides children with secure storage facilities [STATE LOCATION and TYPE] for valuables such as mobile phones, tablets and Smart watches.

Device Distractions (Staff)

All notifications received to your mobile phone can be synchronised to a Smart watch. This means that a Smart watch will beep or vibrate on receipt of texts, calls, emails and social media notifications. Naturally, these alerts, when received, can divert the attention of adults caring for children during operational hours. New Shapes Afterschool recognises the risks posed to child safety and welfare as a result of device distraction.

Choose 1 option for staff in relation to Smart watch and 1 option for School Age children in relation to Smart watch:

STAFF:

Should a Smart watch be worn by members of staff working directly with children, all notifications/alerts must be switched fully off (including vibrate alerts). Notifications can be checked before or after hours of care to children, and/or during staff breaks.

SCHOOL AGE CHILDREN:

The wearing of a Smart watch is strictly prohibited by children in our care service. We ask that children keep smart watches at home. Any child who arrives at the Service wearing a smart watch will be asked to remove the device immediately until the end of the care period. A box/basket storage will be provided for inaccessible storage of smart watches until the end of the care period.

OR

New Shapes Afterschool provides staff and children with secure storage facilities [STATE LOCATION and TYPE] for valuables such as mobile phones, tablets and Smart watches. Access to devices will be strictly and closely supervised.

The following Contact Person(s) are permitted to carry and use mobile phones during the hours listed below. The following Contact Number(s) can be offered to anyone outside of the Service who may need to reach you in an emergency:

Contact Name		Number	Role in Service	Hours available to receive emergency calls
1			**Registered Provider/Manager**	
2			**Deputy Manager**	
3				

Child Safety and Welfare

New Shapes Afterschool has a duty of care for the safety and protection of each child in our care. Safeguarding of children from the risk of exposure to inappropriate/harmful online content forms part of our Service's Safeguarding Policy and Statement. Safeguarding of children from the risk of cyber-bullying or the taking, viewing, or distributing of any unauthorised photography forms part of our Service's Safeguarding Policy and Statement.

Apart from granting children the full undivided attention they deserve while in our care, it is also our intention to teach them important boundaries and device safety:

- It is never OK to make or receive unwanted contact with/from another person through a device.

- It is never OK to take a video, audio recording or a photograph of another person without their knowledge or consent.
- It is never OK to take, hold or use another person's personal details (number, texts, emails or email addresses, posts, photos, videos) without their knowledge or consent.

Staff members should not, in any circumstances, retrieve, retain or use the contact numbers or details of children for the purpose of communication in or out of the Service.

Signed: _____ **Date:** _____

Name: _____

Person responsible for approving the Policy

This policy has been communicated to parents/guardians, staffin New Shapes Afterschool in the manner outlined in the table above and records retained of the communication.

Relevant staff know the requirements and have a clear understanding of their roles and responsibilities in relation to this policy.

Relevant staff have received training on this policy.

Policy Statement:

In New Shapes Afterschool children's access to the internet is in line with up to date public health guidance.

Our Service acknowledges that the benefits of technology, the internet and social media need to be balanced with the rights of children, families and staff members to safety, privacy, personal integrity and dignity, and that there are risks that associated with the use of such devices and media.

Where technology, the internet, and social media are utilised in the Service, children's safety is fully considered.

The provisions of our GDPR policies and our Service's privacy and data protection policies in respect of the management of images and recordings are adhered to.

New Shapes Afterschool has a Data Controller is assigned to take responsibility for the collection, storage and use of all personal data including images (photos and video).

Our Data Controller is Georgina Barry

Statement of Intent:

The Service will ensure that the use of multimedia is age appropriate and supervised when used.

Policy and Procedure:

Computers:

Computer skills are considered essential for accessing life-long learning and future employment. The use of the computers is built into the curriculum within the Service. Children will be supervised by staff at all times when using computers at the Service.

- Access to computers is on a rostered, timed and turn taking basis.
- The software for the computers will be purchased by the Service only.
- The software purchased is educational (age and developmentally appropriate for the various age ranges that access the computers). The Service also purchases 'games' software for the computes which is also (age and developmentally appropriate for the various age ranges that access the computers).
- No software for computers may be brought to the Service by children or parents/guardians.

Internet Access:

The internet is now regarded as a valuable resource to support teaching and learning.

At the Service we have an obligation to provide children with as safe as possible internet environment.

At this Service, we access the internet using tablets for the purpose of (insert reason eg learning benefits) at (insert time).

Please see Parental/Guardianship Consent to Child's Use of the Internet at the end of this Policy

A risk/benefit assessment is conducted by the Manager, insert name, and kept on file in the Service to support this Policy.

Core Principles of Internet Safety:

Internet is becoming as common place as the TV or telephone and its effective use is an essential life skill. Unmediated internet access brings with it the possibility of placing children in embarrassing, inappropriate, even dangerous situations.

- **Guided educational use:** Significant educational benefits should result from Internet use including access to information from around the world. Internet use should be carefully planned and targeted within a regulated and managed environment
- **Risk assessment:** We have a duty to ensure that children in the Service are not exposed to inappropriate information or materials. We also need to ensure that

children know how to ask for help if they come across material that makes them feel uncomfortable.

- **Responsibility:** Internet safety in the Service depends on staff, parents/guardians and visitors taking responsibility for the use of Internet and other communication technologies such as mobile phones. It is the Service's responsibility to use technical solutions to limit Internet access and to monitor their effectiveness

Why it is important for Early Year's children to access the Internet?

The Internet is an essential element in 21st century life for education, business and social interaction. We provide children with quality Internet access as part of their learning experience.

Internet access will be tailored expressly for educational use and will include appropriate filtering. Children will learn appropriate Internet use. Staff will guide children in online activities.

The Internet is also used in the Service to support the professional work of staff, to allow effective planning and to enhance the Service management information and business administration systems.

How will filtering be managed?

Management is responsible for ensuring that the appropriate filters are applied to the PCs/laptops/tablets in the Service. Management will also review the sites accessed.

Staff will monitor the websites being used by the children during sessions.

If a member of staff uses the Service PCs/laptops/tablets for work, they must ensure that they logout immediately on completing the work.

If staff or children discover unsuitable sites with harmful, inappropriate or exploitative content have been accessed on the Service's PCs/laptops/tablets, they must be reported to the Manager immediately so that the filters can be reviewed.

Managing Content:

Staff are responsible for ensuring that material accessed by children is appropriate and for ensuring that the use of any Internet derived materials by staff or by children complies with copyright law.

Limiting Screen Time:

The use of screen time by children in New Shapes Afterschool will be limited children will only have access to the tablets from 4:45 pm after allother activites have been completed.

Technology Usage

- Technology is only used within the Service to enhance and support children's learning and development.
- Technology and interactive media should not take the place of everyday real interactions such as active play with adults and peers, especially in the outdoors, and the face-to-face social interactions and experiences that are essential for a child's holistic learning and development.
- New technology and interactive media need to be reviewed, risk assessed and evaluated on an ongoing basis to ensure that they support the Service's learning goals and are safe and appropriate to the children's age and stage of development.
- Staff should be positive role models for children through safe and careful use of their own and the Service's technology.
- Where the Service provides access to technology it will ensure the software is suitable for the child's age and stage of development and supports the programme to enhance critical thinking, problem solving and reasonable skills.
- Children with additional needs are accommodated to use technology independently as required.

Communication:

Children will not have access to e-mail. Staff using e-mail will use the company email address. This address must not be used for personal e-mail.

On-line Communications and Social networking:

On-line chat rooms and social networking sites such as Facebook or "X" (formerly Twitter) will not be used at the service.

Staff will not discuss individual children or their personal setting on Facebook, "X" (formerly Twitter) , Snapchat or any other social networking site.

Mobile Technologies: Refer to questionnaire

Mobile phones are not permitted within the classrooms. The taking of photographs on mobile phones is strictly prohibited anywhere in the service. Children may not bring mobile phones, tablets, or similar devices into the Service.

Television/DVD:

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

Or

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

The use of TV and DVD will be kept to a minimum and will be used occasionally as a treat. If and when such media is employed the programme/film chosen will be age and stage appropriate and will be educational in content. Parents/guardians will be informed with adequate notice of intended usage.

We will ensure that if and when if at all any DVD's watched by children are compliant with the Irish Film Classification Office. This will apply to DVD's rated General (G) or Parental Guidance (PG) only. The Irish Film Classification Office rate G films and PG films as:

General

- A film classified as 'General' should be suitable for children of school going age.
- Not every child will respond in the same way to particular themes, scenes and images. What might amuse one child, may upset, or frighten another, so parents/guardians, who know their own children best, should decide what is appropriate.

Parental Guidance

- A film with a 'PG' cert may be watched by unaccompanied children of any age.
- However, because some element within the overall film might be unsettling for younger children, parents/guardians are strongly advised to satisfy themselves in advance as to whether the film is appropriate for their younger children.

Should parents/guardians not wish their child to watch television/DVD, alternative activities will be arranged by the staff with those children.

The Manager will ensure that an up to date TV license is held.

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

Gaming machines are not used in the service.

Music CDs:

At the Service we value music because it is a powerful and unique form of communication that can change the way children feel, think and act. It also increases self-discipline and creativity, aesthetic sensitivity and fulfilment. The CDs used are appropriate for young children and will contain no offensive or inappropriate language. Radios stations will not be listened to in areas where children can hear them as the content may not be suitable. Music will not be played too loud so that the children's voices may still be heard.

Camera and Video Devices:

We are aware of the need for sensitivity when taking photographs and observe the following:

- Parental permission will always be sought before photos or videos are taken.
- Parental written permission is obtained at registration stage to allow a child to be photographed and/or recorded. Please see our Parental / Guardianship Consent to Allow a Child To be Photographed/ Recorded Form at the end of this policy.
- Only the Service's camera/video camera may be used to take pictures.
- Staff are not allowed to take pictures with phones/tablets or their own personal cameras. (If this is breached disciplinary action may be necessary).
- A photograph will only be taken if the child does not object to having his/her photograph taken. Children are entitled to choose not to have their photo taken or to be video recorded, and to have their choice respected.
- Photographs are used to show positive issues (e.g. a piece of work that the child has worked hard on or is pleased with, children playing cooperatively together etc.).
- Photographs may also be taken to record evidence of an accident/injury occurring to a child.
- We are inclusive so that gender, race, special educational needs and differing abilities are reflected in a balanced way.
- There may be cultural issues of which we need to be aware when taking photographs of children from different ethnic minority groups.

Photographs and video may be taken and shared outside the Service to promote the Service on social media and to share with parents.

Where photographs and videos are taken or even samples of children's work are to be displayed outside the Service, we seek parental permission for this to happen. Examples of this are newspaper reports, articles in early year's publications or exhibitions of children's work.

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

Videos are also occasionally used in the Service for many of the above purposes. In particular we may use them for observations of children's play to further our understanding, or for assessment and planning tools.

A risk/benefit assessment is carried out by the Manager insert name in relation to this Policy and retained on file.

Who May Photograph and Record Children in our Service:

Requests from students, visiting professionals, an external party to photograph or record children (eg a therapist, assessor, mentor, researcher, student) who need to take photographs or videos as part of their work, are made aware of the need for confidentiality and that children will not be named or identified in any other way. Further parental permission will be sought in this instance.

Parents/guardians, Visiting Adults or Other Children Photographing and Videoing Children:

Parents/guardians, visiting adults or other children may not take photographs or record children in the Service without the consent of the Management.

Where any parent/guardian, visiting adult or other children takes photographs or records children in the Service without the consent of Management, such parent/guardian, visiting adult or other children will be requested to immediately delete any such photographs or recordings from their devices.

Records: The following records will be maintained:

- when a person can have access to a recording and photographic device
- in what circumstances.
- for what purposes.
- who can view, listen, or retain photographs/videos?
- in what circumstances they can do this.
- for what purpose.

Access to Photographs/Recordings of Children:

In the Service:

Relevant staff in our Service have access to children's files/records, which hold photographs/recordings for the following purposes:

- Updating children records eg observations, attendance.
- To consult children's files/records in respect of medications or dietary requirements.

Staff are aware that confidentiality must be maintained at all times and that our GDPR Policies are complied with.

Externally:

The Service has written permission from parents/guardians to share photographs/recordings of the children in our Service to promote the Service on social media, on the Service's website and to share with parents.

Requests from students, visiting professionals, (eg a therapist, assessor, mentor, researcher, student) to access photographs/recordings of children in the Service, must be made to the Manager in writing to the Service address address*** or email email*** addressed to the Manager, and permission must be obtained in writing, in advance from the Manager in advance of any access being afforded. Access to such photographs/recordings is at the sole discretion of the Manager who may also seek a further parental permission for this access.

Any person granted such access to photographs/recordings of children in our Service Staff are aware that confidentiality must be maintained at all times and that our GDPR Policies are complied with.

Access to photographs and recordings of children in our Service does not extend to CCTV recordings. Recognisable images captured by CCTV systems are also personal data. They are therefore subject to the provisions of the Data Protection Act 2018 and the General Data Protection Regulation (GDPR) 2018. **Please see our CCTV policy .**

Use of Photographs:

Photographs are used throughout the Service for a variety of purposes. Generally, Child Care practitioners take photographs of the children throughout the year to capture a particular example of play or something that a child has achieved. In addition, we use photographs for:

Photographs – That have images of children	**Purpose:**	**Who can access these photographs**	**In what circumstances?**
Displays of children's work	A record of ideas and topic references	Staff, Parents, Visitors	In the Service [on the website, Facebook etc.]
Learning Journals	Observations	Children, Parents, Staff	In the Service and within the child's own care room only.
Examples of children playing	As a part of an individual child's profile	Staff, Parents, Visitors	In the Service [on the website, Facebook etc.]
Class albums	For children to look at and talk about	Staff, Parents, Visitors	In the Service
Special events and festivals	As a record of the year and for children and parents/guardians to look at and talk about	Staff, Parents, Visitors	In the Service [on the website, Facebook etc.]
Birthday display	Used as a class resource for talking about birthdays, months of year etc.	Staff, Parents, Visitors	In the Service and the child's care room only
Photos sent in from home	To act as a link between home and the service	Children, Staff, Parents, Visitors	In the Service and the child's care room only

Storage of Photos:

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

Social Media:

Photographs posted on social media e.g., Facebook or on our website will be removed after a period of not more than one year from the date the photograph was taken.

Disposal of Photographs:

In the event that we no longer require a photo it will be disposed of as confidential waste. When photos are destroyed:

- The CD disk will be made unusable.
- The memory card / USB stick erased.
- The computer file deleted.
- Hard/printed copies and any negatives are destroyed.

CCTV:

The system has been installed by the Service with the primary purpose of ensuring the safety of children in our care, and helping to ensure the safety of all staff, parents/guardians and visitors consistent with respect for the individuals' privacy.

Data Controller: We have a designated Data Controller, and they are responsible for the data/information collected using CCTV.

Management is responsible for the operation of the system and for ensuring compliance with this policy.

This will be achieved by monitoring the system to:

- Ensure that children are appropriately cared for.
- Assist in the prevention and detection of crime.
- Facilitate the identification of any activities/event which might warrant disciplinary proceedings being taken against staff and assist in providing evidence.
- Provide opportunities for staff training.
- To investigate accidents.

The system will <u>not</u> be used:

- To provide recorded images for the world-wide-web.
- To provide images for a third party, other than An Garda Síochána in the course of their enquiries.
- Daily monitoring of staff.
- Monitoring staff performance.
- A supervision tool.
- Recording any conversations.

NOTE:

If after viewing the CCTV for one the reasons stated that any inappropriate practice or breach of policies is observed this would be brought to the attention of the employee, they would have the opportunity to view same and depending on the matter this may result in invoking the discipline policy and procedure.

The Data Protection Acts of 1988 and 2003, and the 2016 General Data Protection Regulation (GDPR): CCTV digital images, if they show a recognisable person, are Personal Data and are covered by the Data Protection Acts.

Location:

The following areas are currently monitored by CCTV

- Each of the classrooms, staff room, kitchen, reception, play area, and car park.

Fairness:

Management respects and supports the individual's entitlement to go about his/her lawful business and this is the primary consideration in the operation of CCTV. Although there will be inevitably some loss of privacy with CCTV cameras are not used to monitor the progress or activities in the ordinary course of lawful business. They are used to address concerns, deal with complaints or support investigations. New employees will be informed immediately, at induction that a surveillance system is in operation. Parents/guardians will be informed when they enrol their child. They will be informed of the purpose of the CCTV and what it can and cannot be used to monitor.

Role of the Management:

- To ensure the system is always operational.
- To ensure that servicing and repairs are carried out as necessary to the system.
- To respond to any individual's written request to view a recording that exists of him/her or his/her children.
- To ensure prominent signage is in place that will make individuals aware that they are entering a CCTV area.
- To ensure that areas of privacy (toilets etc.) are not monitored using CCTV.
- To ensure confidentiality is maintained at all times. Recorded information will be stored in the office and will only be available to those directly connected with achieving the objectives of the system.

Traceability:

Recordings must be logged and traceable throughout their life in the system. They must be identified by a unique serial number indelibly marked on the media shell.

Time and Date Stamping:

The correct time and date must be overlaid on the recording image.

Copy/viewing Recordings:

Management will respond to a request to view a recording by allowing the viewing to take place, in the presence of management on the premises. This is to protect other children/staff that may be present on the recording. Copies of recorded information must be strictly controlled and only made in relation to incidents which are subject to investigation. They must only be given to authorised third parties. Copies can only be issued by management.

Retention:

Recordings are retained for one month

Access to Recordings:

There is no obligation on the Service to comply with a request that it considers unreasonable or vexatious or if it involves disclosing identifiable images of third parties. Third parties must give consent. Recordings will however be provided, if required by law or authorised agencies such as the Garda.

- *Requests for access to recordings must be made in writing.*
- *Sufficient information must be provided to locate the relevant recording, a specific date and reasonable time window.*

- *Viewings will take place, if appropriate, in the Service in the presence of management.*
- *Management will have 21 days to respond.*
- *If a copy of recording is given to a third party that third party must sign a declaration form that they will not share the tape with anyone else, copy it or use it for unauthorised purposes.*
- *An incident report will be completed for each incident requiring investigation.*

If access to or disclosure of the images is allowed, then the following should be documented:

a. The date and time at which access was allowed or the date on which disclosure was made.
b. The identification of any third party who was allowed access or to whom disclosure was made.
c. The reason for allowing access or disclosure.
d. The extent of the information to which access was allowed or which was disclosed.
e. The identity of the person authorising such access.

Where the images are determined to be personal data images of individuals (other than the data subject) may need to be disguised or blurred so that they are not readily identifiable. If the system does not have the facilities to carry out that type of editing, an editing company may need to be hired to carry it out.

If an editing company is hired, then the Manager or designated member of staff needs to ensure that there is a contractual relationship between the Data Controller and the editing company.

Data Subject Access Standards:

All staff involved in operating the equipment must be able to recognise a request by data subjects for access to personal data in the form of recorded images by data

subjects. Data subjects may be provided with a standard subject access request form which:

j) Indicates the information required in order to locate the images requested.

j) Indicate that a fee will be charged for carrying out the search for the images.

j) The maximum fee which may be charged for the supply of copies of data in response to a subject access request is set out in the Data Protection Acts, 1988 and 2003.

j) Ask whether the individual would be satisfied with merely viewing the images recorded.

j) Indicate that the response will be provided promptly following receipt of the required fee and in any event within 40 days of receiving adequate information.

Supporting Information:

• Aistear Siolta Practice Guide

• Barnardos: Children and the Digital World

• Barnardos: Young children's use of technology- A guide for parents

• CYPSC: Transforming the health and wellbeing of our children • Data Protection Commission. Taking photos at school events

• Early Childhood Ireland. Who's for a photo?

• Early Childhood Ireland: Do you wonder about young children's use of technology?

• Gov.ie: Be safe online

• HSE: Screentime for young children.

• NSPCC. Photographing and filming children

• NCSE: Screentime- advice for parents

• Tusla. Tips for your child on the internet

- Webwise: resources for parents and educators.
- WHO: To grow up healthy, children need to sit less and play more.

S

Policy Statement:

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Where technology, the internet and social media are utilised in the Service, children's safety is fully considered.

The provisions of our GDPR Policies and our Service's privacy and data protection policies in respect of the management of images and recordings are adhered to.

New Shapes Afterschool has a Data Controller is assigned to take responsibility for the collection, storage and use of all personal data including images (photos and video).

Our Data Controller is insert name

Statement of Intent:

The Service will ensure that the use of multimedia will be age appropriate and supervised when used.

Policy and Procedure:

Computers:

Computers are not available to children in the Service.

- Access to computers is on a rostered, timed and turn taking basis.
- The software for the computers will be purchased by the Service only.
- The software purchased is educational (age and developmentally appropriate for the various age ranges that access the computers). The Service also purchases 'games' software for the computes which is also (age and developmentally appropriate for the various age ranges that access the computers).
- No software for computers may be brought to the Service by children or parents/guardians.
- Health and Safety issues such as viewing distances, seat, height and posture and foot rests will also be considered when using computers with children.

Internet Access:

Children do not have access to the internet.

Or

The internet is now regarded as a valuable resource to support teaching and learning.

At the Service we have an obligation to provide children with as safe as possible internet environment.

The Service will obtain written consent from parents/guardians allowing a child to have access to the Internet.

At this Service, we access the internet using tablets, laptops, and white boards in the classrooms, for the purpose of (insert reason eg learning benefits) at (insert time).

Please see Parental/Guardianship Consent to Child's Use of the Internet at the end of this Policy

A risk/benefit assessment is conducted by the Manager, insert name, and kept on file in the Service to support this Policy.

Why it is important for Early Year's children to access the Internet?

The Internet is an essential element in 21st century life for education, business and social interaction. We provide children with quality Internet access as part of their learning experience.

Internet access will be tailored expressly for educational use and will include appropriate filtering. Children will learn appropriate Internet use. Staff will guide children in online activities.

The Internet is also used in the Service to support the professional work of staff, to allow effective planning and to enhance the Service management information and business administration systems.

How will filtering be managed?

Management is responsible for ensuring that the appropriate filters are applied to the PCs/laptops/tablets in the Service. Management will also review the sites accessed.

Staff will monitor the websites being used by the children during sessions.

If a member of staff uses the Service PCs/laptops/tablets for work, they must ensure that they logout immediately on completing the work.

If staff or children discover unsuitable sites with harmful, inappropriate or exploitative content have been accessed on the Service's PCs/laptops/tablets, they must be reported to the Manager immediately so that the filters can be reviewed.

Managing Content:

Staff are responsible for ensuring that material accessed by children is appropriate and for ensuring that the use of any Internet derived materials by staff or by children complies with copyright law.

Limiting Screen Time:

The use of screen time by children in New Shapes Afterschool will be limited to the recommended time for your child's age and stage of development currently our screen time is 4:45pm untill 5:30pm each day during school term and during non school term the screen time is 1:30pm each day.

Technology Usage

- Technology is only used within the Service to enhance and support children's learning and development.
- Technology and interactive media should not take the place of everyday real interactions such as active play with adults and peers, especially in the outdoors, and the face-to-face social interactions and experiences that are essential for a child's holistic learning and development.
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On-line chat rooms and social networking sites such as Facebook or "X" (formerly Twitter) will not be used at the service. Does the Service use Facebook or WhatsApp?

Staff will not discuss individual children or their personal setting on Facebook, "X" (formerly Twitter) , Snapchat or any other social networking site.

Mobile Technologies:

Mobile phones are not permitted within the classrooms. The taking of photographs on mobile phones is strictly prohibited anywhere in the service. Children may not bring mobile phones, tablets, or similar devices into the Service.

General

- A film classified as 'General' should be suitable for children of school going age.
- Not every child will respond in the same way to particular themes, scenes and images. What might amuse one child, may upset, or frighten another, so parents/guardians, who know their own children best, should decide what is appropriate.

Parental Guidance

- A film with a 'PG' cert may be watched by unaccompanied children of any age.
- However, because some element within the overall film might be unsettling for younger children, parents/guardians are strongly advised to satisfy themselves in advance as to whether the film is appropriate for their younger children.

Should parents/guardians not wish their child to watch television/DVD, alternative activities will be arranged by the staff with those children.

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A risk/benefit assessment is carried out by the Manager insert name in relation to this Policy and retained on file.

Who May Photograph and Record Children in our Service:

Requests from students, visiting professionals, an external party to photograph or record children (eg a therapist, assessor, mentor, researcher, student) who need to take photographs or videos as part of their work, are made aware of the need for confidentiality and that children will not be named or identified in any other way. Further parental permission will be sought in this instance.

Parents/guardians, Visiting Adults or Other Children Photographing Children:

Parents/guardians, visiting adults or other children may not take photographs or record children in the Service without the consent of the Management.

Whereny parent/guardian, visiting adult or other children takes photographs or records children in the Service without the consent of Management, such parent/guardian, visiting adult or other children will be requested to immediately delete any such photographs or recordings from their devices.

Records: The following records will be maintained:

- when a person can have access to a recording and photographic device
- in what circumstances.
- for what purposes.
- who can view, listen, or retain photographs/videos?
- in what circumstances they can do this.
- for what purpose.

Access to Photographs/Recordings of Children:

In the Service:

Relevant staff in our Service have access to children's files/records, which hold photographs/recordings for the following purposes:

- Updating children records eg observations, attendance.

- To consult children's files/records in respect of medications or dietary requirements.

Staff are aware that confidentiality must be maintained at all times and that our GDPR Policies are complied with.

Externally:

The Service has written permission from parents/guardians to share photographs/recordings of the children in our Service to promote the Service on social media, on the Service's website and to share with parents.

Requests from students, visiting professionals, (eg a therapist, assessor, mentor, researcher, student) to access photographs/recordings of children in the Service, must be made to the Manager in writing to the Service address address*** or email email*** addressed to the Manager, and permission must be obtained in writing, in advance from the Manager in advance of any access being afforded. Access to such photographs/recordings is at the sole discretion of the Manager who may also seek a further parental permission for this access.

Any person granted such access to photographs/recordings of children in our Service Staff are aware that confidentiality must be maintained at all times and that our GDPR Policies are complied with.

Access to photographs and recordings of children in our Service does not extend to CCTV recordings. Recognisable images captured by CCTV systems are also personal data. They are therefore subject to the provisions of the Data Protection Act 2018 and the General Data Protection Regulation (GDPR) 2018. **Please see our CCTV policy below.**

Use of Photographs:

Photographs are used throughout the Service for a variety of purposes. Generally, Child Care practitioners take photographs of the children throughout the year to capture a particular example of play or something that a child has achieved. In addition, we use photographs for:

Photographs – That have images of children	**Purpose:**	**Who can access these photographs**	**In what circumstances?**
Displays of children's work	A record of ideas and topic references	Staff, Parents, Visitors	In the Service [on the website, Facebook etc.]
Learning Journals	Observations	Children, Parents, Staff	In the Service and within the child's own care room only.
Examples of children playing	As a part of an individual child's profile	Staff, Parents, Visitors	In the Service [on the website, Facebook etc.]
Class albums	For children to look at and talk about	Staff, Parents, Visitors	In the Service
Special events and festivals	As a record of the year and for children and parents/guardians to look at and talk about	Staff, Parents, Visitors	In the Service [on the website, Facebook etc.]

Birthday display	Used as a class resource for talking about birthdays, months of year etc.	Staff, Parents, Visitors	In the Service and the child's care room only
Photos sent in from home	To act as a link between home and the service	Children, Staff, Parents, Visitors	In the Service and the child's care room only