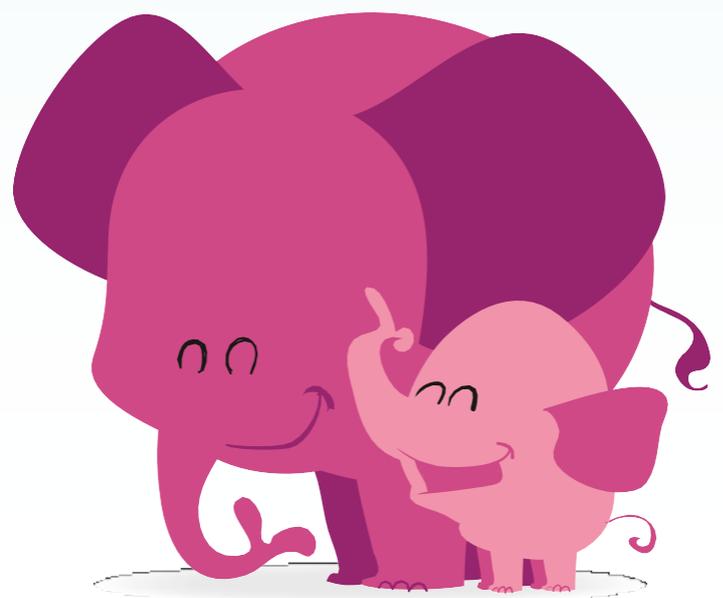




Health and Safety Policy

Day Care 't Olefantje

Nieuwegracht



't Olefantje



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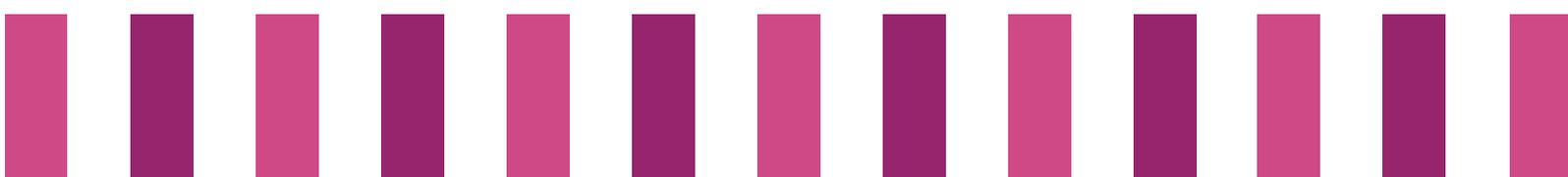
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I. Introduction

1.1 Introduction

This is the Health and Safety Policy of Day Care 't Olefantje. This Policy clarifies how we work at our location. We want to provide children and staff with the safest and healthiest work, play and living environment possible, where children are protected against dangers with major consequences and learn to deal with minor risks.

1.2 Version management

The original can always be found at www.olefantje.nl.

The holder, with the consent of the Parents' Committee, has the right to make changes to this Policy before receiving an advice from the Parents' Committee, provided that this is necessary for reasons of timeliness and that the advice request has been sent to the Parents' Committee.

Before using this document, always check that this document is the most recent available at the website mentioned above.

Date (=version number)	By (name)	Short description of change (evaluation)
28-12-2017	Alexi Jordan	Launch of new policy as of 1 January 2018
28-06-2018	Alexi Jordan	Review accident registration forms and action list; review policy; no changes planned.
15-01-2019	Alexi Jordan	Plants in group rooms to promote air quality.
17-06-2019	Alexi Jordan	Review accident registration forms and action list; review policy; no changes planned.
18-09-2019	Romee Joekes	Consultation with educational worker of each group (including out-of-school care). Minor changes to text 5.1 (Poisoning). Protocol baby milk has been distributed to baby groups.
04-02-2020	Alexi Jordan	Review policy. Minor change in text 5.1 (falling from height).
02-03-2020	Alexi Jordan	Water pipes checked and water tested for lead. Result negative.
11-05-2020	Alexi Jordan	Protocol additional measures concerning Corona

1.3 Up-to-dateness

This document needs to be up to date. Therefore, the publication date should never be more than 6 months old. If you notice a date beyond 6 months, please report this to infong@olefantje.nl.



2 How 't Olefantje operates

The starting point of our Policy is to continuously learn from experience and any information from the work field available. This means that we evaluate occurrences and take action.

This means that:

1. All accidents are registered on a form available for that purpose.
2. Once the forms have been completed, the accidents are placed on a list.
3. The list is assessed by the manager:
 1. Did a known risk occur?
 2. Was the Policy adequately implemented and the solution provided?
 3. If not, the Policy is adjusted if necessary.
4. The filtered cases are discussed at the next team meeting (at location level).
5. The results of this discussion is safeguarded in this Safety Policy.
6. Even if there is no reason to change the Policy, the manager will update the Safety Policy at least once every 6 months to make its being kept up to date visible.

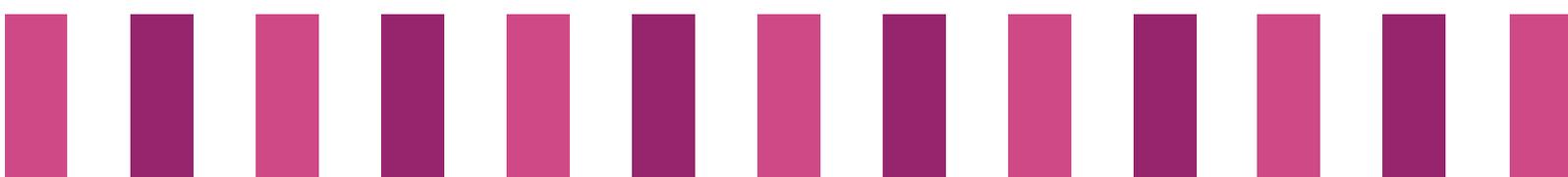
In addition, we carry out a risk inventory for all new activities to be developed. This applies to new equipment, new rooms and new ways of working. At each Policy update, the manager assesses whether one of these situations has occurred or is taking place at the moment.

The employee is a professional who is able to spot any risks to children. The employee may, where appropriate, with this Policy in mind, decide to deviate or assess risks differently because the situation calls for it. If this is reasoned and contributes to the proper development of the children, this is expressly permitted.

3. Communication of risks

The risks within our day care are not only for the management, but for all of us. This Risk Policy is therefore accessible on our website, where the most up-to-date version can always be found. The experiences from the evaluations can be found in abbreviated form in the version management; upon request, anyone can view the complete accident registration (with the exception of personal data) via a request to: infong@olefantje.nl.

Parents are invited to take a look at this Policy; we are happy to include the risks they have put forward in this Policy.





4. Learning to deal with risks with minor consequences

Children learn by trial and error. Without small pains or aches, children will not learn their limits, or learn to deal with danger. It is therefore not the intention to eliminate all risks; children should be able to experiment.

Our starting point is that a situation should not lead to a child hurting themselves in such a way that they are permanently injured.

Safety: you can do or try things yourself. Even if it may cause you to fall or otherwise hurt yourself. The child's own skills are the boundary here, which is drawn by the educational workers based on their own assessment. This may result in one child being allowed to do something that is considered too risky for another child. Discovering these limits and giving them room to do so has a positive influence on motor skills. It increases self-confidence, self-reliance and perseverance. It is acceptable to have bumps and scrapes on the knees. However, accidents that require more than comfort and a plaster should only occur in exceptional cases.

Health. Here we draw one single line. In general, when staying in a larger, mixed group, the risk of contagious health problems is higher. We cannot completely prevent the transmission of viruses, bacteria and head lice, but we can effectively contain them by taking hygiene measures. In doing so, we base ourselves on the current state of science, accompanied by an assessment of what is practically feasible and socially desirable.

Undesired behaviour: Children are discovering their context in relation to more intimate interaction with others. They will also do so during the day care. Our most important starting point is that we correct them if they cross each other's boundaries; this is supervised by the educational workers. In addition, we believe that day care staff have no role to play in this playful discovery; they keep their distance and limit their role to correction and explanation of generally accepted standards. The starting point is that experiences may lead to a scare, but never to fear.

5. Risks we want to avoid

Permanent injury is undesirable, and we want to protect children from it. This means that our environment is designed as much as possible on the basis of a risk assessment. This applies not only to physical measures, but also to our way of thinking and acting.

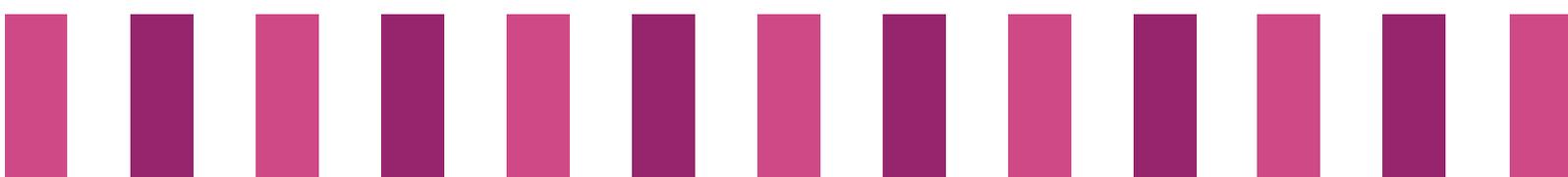
Nevertheless, not all risk can be excluded, they are part of life. If, for example, we travel with children we will always be exposed to a small risk of serious accidents, no matter how careful we are.

It is therefore important that we remain aware of this, realise what we can and cannot do to reduce risks, and remain constantly alert to new situations that should be included in this Policy.

This chapter describes the main risks that can lead to serious accidents, incidents or health problems at our location. The risks are classified into the following categories:

- The main risks with a major impact on children's safety;
- The main risks with a major impact on children's health; and
- The risk of undesired behaviour by professionals, professionals in training, interns, volunteers, other adults present and children;

For each category, we have identified the most important risks and the associated measures that have been or will be taken to minimise the risk.





5.1 The main risks with a major impact on children's safety

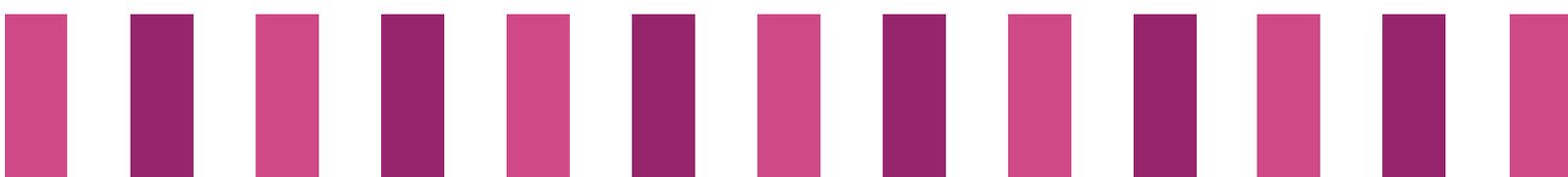
- Falling from height. Measures taken: Children are not left unsupervised on the changing table. The beds are locked when the children are lying in them. We check for children climbing and clambering, both indoors and outdoors. Climbing in the gym is only allowed under supervision.
- Suffocation. Measures taken: Children eat while seated and under the supervision of a teacher. Grapes, tomatoes, etc, are cut into smaller pieces. We are on the lookout for small objects, and small toys are only used under supervision. Soothers are checked for cracks and removed if necessary. Children sleep without cords. Exceptions are signed in an agreement by the parents.
- Poisoning. Measures taken: no poisonous plants are placed in the garden. Overhanging plants from neighbours are kept trimmed so that they remain out of the reach of children. Cleaning products are stored up high or behind a locker with a safety hook. Professionals are called in for pest control. The plants in the group rooms (hedera and spathiphyllum) are placed out of the reach of children and are kept trimmed. Loose leaves are removed immediately. Hazardous substances in the washroom are stored up high.
- Burning. Measures taken: Supervisors do not drink hot tea in the presence of children. The kettle is up high and is never left unattended. There are no matches or lighters within reach of the children. In the event of nice weather, sunscreen should be applied to the children before going outside.
- Drowning. Measures taken: The children are never allowed to play with water unsupervised. If we go on an excursion outside of the day care premises, the children walk 2 by 2, under sufficient supervision of the teachers.
- Missing child. Measures taken: Children are counted regularly when they play outside of the regular group. We ensure safe transport when we leave the day care premises. The exit doors cannot be opened by the children themselves. In the event of an evacuation after a calamity, the children are counted.

In the unlikely event that accidents do occur with the serious consequences mentioned above, there are enough supervisors present with a first aid diploma, who can respond adequately. In a serious case, we will contact a general practitioner or call in other emergency services. Such situations will be evaluated and discussed afterwards, and measures will be taken if necessary.

5.2 The main risks with a major impact on children's health

- Gastroenteritis (e.g. diarrhoea);
- Food infection or food poisoning;
- Waterborne infection (legionella);
- Skin infection (e.g. impetigo);
- Respiratory tract infection (e.g. RS virus).

We prevent the spread of and contamination with these health risks in the following ways:

- Cough and sneeze discipline; we sneeze in our elbow; we use tissues; we set a good example for the children.
 - Regular ventilation and airing of the group rooms and bedrooms.
 - Placing air-purifying plants in the group rooms.
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- The hands of the supervisors and children are washed regularly and at crucial moments, in any case:
 - a. Before preparing food and eating;
 - b. Before and after wound care;
 - c. After coughing, sneezing and blowing nose in the hands;
 - d. After toilet use;
 - e. After changing;
 - f. After wiping the buttocks of a child;
 - g. After contact with bodily fluids;
 - h. After playing outside;
 - i. After contact with dirty laundry or garbage;
 - j. After cleaning.
- Good personal hygiene.
- We adhere strictly to our clinical picture and certain contagious diseases require children to be picked up.
- Food and drink that has been opened is always tagged with a date and depending on the product, limited to a number of days. The children generally all get their own cup, bowl or plate with food.
- The garden hose is emptied completely in summer before the children are allowed to play with it.
- There is a protocol for storing and preparing baby milk.
- Good cleaning, we use cleaning lists for this.

We regularly discuss the above measures during team meetings. In addition, we call each other to account for compliance with these measures. In the event of an outbreak of infectious diseases, we inform parents via the information board.

5.3 The risk of undesired behaviour

- Psychological injury caused by third parties (e.g. exclusion, insulting or belittling).
- Physical injury through the actions of third parties (e.g. biting or hitting).
- Sexual insecurity.
- Child abuse.

Undesired behaviour by adults or children can have a huge impact on the well-being of the affected child. At our location, therefore, this has our special attention. During team meetings, the subject is regularly discussed in order to create an open culture where employees dare to address each other. In the Educational Policy Plan, we have included that children are taught how to interact with each other, with respect for values. This teaches children what is and what is not allowed, and which behaviour is desirable or undesirable. In addition, we teach children that it is important that they learn to indicate when they experience certain undesirable behaviour. We help them speak up at times when this is necessary.

The following measures are taken to prevent undesired behaviour:

- All employees have a Certificate of Good Conduct (Verklaring Omtrent Gedrag, VOG Verklaring).
- We work with a four-eyes policy.
- The educational workers have an individual responsibility. We ensure a safe educational climate in the groups, we talk to each other and to the children about undesirable behaviour. The teachers set a good example in the way we deal with each other. We teach children to approach each other in a positive way.
- A child who regularly hurts another child gets our special attention. A plan is made to prevent this behaviour. We discuss how to respond with each individual situation. This is also discussed with the parents. If necessary, easily accessible third parties are involved.

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- The topic of undesired behaviour is regularly discussed during our team meetings.
 - We work with the reporting code “domestic violence” and “protocol response if child abuse is observed”.

Should a situation arise where a teacher exhibits such undesired behaviour, this teacher will be suspended and further measures will be taken, as described in the reporting code.

5.3.1 Four-eyes policy

The day care at our location is organised in such a way that an educational worker, educational worker in training, intern, volunteer or other adult can only perform their duties while they can be seen or heard by another adult.

We do this in the following ways:

- The teachers will be on their own in the building as little as possible.
- The deployment of interns increases the presence of eyes and ears.
- Parents may enter our premises at any time of the day (unannounced) with their own key.
- In addition, we inform parents about their role in this during an intake.
- Our branches consist of many windows so that you can always look inside each room and the teachers have a lot of contact with each other.
- In all bedrooms, we work with baby monitors.
- In a number of rooms, we have a large window so that people walking by can always look inside.
- The curtains in front of the windows may not be closed beyond halfway, so that there is always external transparency as well. The doors must be open (not locked).

6. Support in the event of calamities

A number of times a year, we hold evacuation exercises in order to be well prepared for calamities. We follow our evacuation plan. Calamities can be understood to mean, for example: fire or an accident or illness of a child for which an acute doctor’s visit is considered necessary. In case of calamity, someone can always be called up to ensure that good care is guaranteed in terms of continuity, safety, hygiene and health. We can call up this “back-up” from one of our branches. This means that an additional person can always be present at the location where the care is taking place within a short period of time. As soon as help has been arranged, we will also inform the parents concerned as soon as possible.

The majority of our teachers have followed a first aid course specifically aimed at children, so they know how to provide first aid in the event of an accident. A number of the staff members also have an Emergency Response (*BHV*) certificate.

