



# IMPLEMENTATION GUIDANCE SESSIONAL & FULL DAY CARE

*Childminding and Day Care for Children Under Age 12  
Minimum Standards*

**Version 3**  
**October 2016**

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## Introduction

The Health and Social Care Board is issuing this Implementation Guidance (Version 3, October 2016) with the endorsement of the Department of Health and following consultation with Health and Social Care Trusts, the regional membership organisations (NICMA, Early Years Organisation, and PlayBoard) and other stakeholders.

The Implementation Guidance (Version 3) has been developed to be helpful to providers and registering social workers and aims to promote a shared interpretation of the Minimum Standards for Childminding and Day Care for Children Under Age 12, by providing explanatory and additional information.

From a legal perspective early years practice is governed by Part XI of the Children Order (NI) 1995 and the associated Regulations. The Department of Health has also issued Volume Two of the Departmental Guidance and Regulations – Family Support, Child-minding and Day Care.

In 2012 the Department published the Minimum Standards for Childminding and Day care for Children Under Age 12 under their powers from the Health and Personal Social Services (Quality Improvement and Regulation) (Northern Ireland) Order 2003. The publication of the Minimum Standards reflects the importance of having access to an up to date framework for the registration and inspection of childminding and day care services.

The Minimum Standards (as interpreted by the Implementation Guidance) are compulsory. The Standards and the Implementation Guidance issued by the Health Social Care Board, would be referred to by any Court considering, a challenge to a decision, in respect to registration, by a Trust. The Implementation Guidance must always be read in conjunction with the Standards and is not designed as a stand-alone document.

While the Minimum Standards and Implementation Guidance are issued primarily for HSC Trusts in regulating services they are also for use by providers and staff to inform and promote self-assessment of their services. Many providers aspire to exceed these standards and develop their service in order to achieve excellence. The HSC Trusts, local Childcare Partnerships, and membership organisations are committed to providing support to providers towards continuous improvement, and to deliver a high quality service for children.

## **Definitions (supplementary to *Introduction in the Minimum Standards*)**

### **Definition of Full Day Care**

Full day care is care for children aged 0-12 years for a continuous period of four hours or more in any day, in premises which are not domestic. The children do not necessarily have to attend for more than four hours, but if the facility is open for longer than this, it is defined as a full day care setting.

### **Definition of Sessional Day Care**

Sessional day care includes playgroups, out of school clubs, schools providing breakfast clubs and wrap around care where the main purpose of the provision is care. It is additional to statutory education provision and is open for two or more hours on any day. Recognising that the practices for different ages of children will vary based on the purpose and function of a sessional day care; inspections will consider this accordingly.

Facilities registered for sessional day care during term time will remain as sessional day care during school holidays and will always be inspected as such. The maximum number of places for which an out of school club can be registered is 30. If a setting provides more than one different service e.g. playgroup in the morning and out of school club in the afternoon, each type of session will require a separate registration unless the leader remains the same for both. There must be a minimum of 30 minutes between sessions when different children attend.

The minimum age a child can attend a playgroup is 2 years and 10 months and they can remain in this provision until they reach compulsory school age. The maximum number of places for which a playgroup can be registered is 26. If an application is made for more than this maximum number, the request must be made to the HSC Trust which in turn, will seek approval from the Health and Social Care Board to raise the maximum number. Only in exceptional circumstances will the request be granted for an agreed period of time.

### **Definition of a Developmental Programme for Two Year Olds**

The Developmental Programme for Two Year Olds was developed for children in their penultimate pre-school year. It focuses on constructive play in group settings to enhance children's social and emotional development, build on their language and communication skills and encourage imagination through play. The Programme has an emphasis on engaging with parents, providing a joint care and learning environment and supporting a seamless transition from home.

The Programme has been aligned within Sure Start, as one of the ranges of core services offered to children and their parents in the most disadvantaged areas. As with a crèche this will be registered as sessional day care.

### **Definition of a Crèche**

A crèche is a group care facility for children 0-12 years whose parents are occupied in a time limited activity on site. Whilst the facility may be open for a full day, no child can attend for more than four hours. Crèches will be registered under sessional day care requirements. These requirements should be proportionate to the service provided and appropriate provision should be made for sleeping and changing/toileting. The maximum number of places for which a crèche may be registered is 26. The staff ratios and space requirements for each age group will be taken into consideration at registration.

### **Definition of Occasional Day Care**

Occasional day care provision for children under 12 years is that which is provided in particular premises for less than 6 days per year. This means occasional day care may be provided in a commercial setting i.e. a hotel, less than six times in a one year period. In the case of occasional day care, the requirement to be registered will be disregarded. However, the HSC Trust must be notified of the intention to provide any occasional day care service including the location, numbers and age-range of children, numbers of staff and intended opening times.

### **Definition of Holiday Scheme**

A holiday scheme provides care for school age children only during the school holidays. A holiday scheme may operate with a maximum of 30 children per group.

Maximum numbers in full day care and sessional day care are determined by the requirements set out in the Children Order Guidance and Regulations Volume 2 (Family Support, Child-minding and Day Care) (DOH 1996).

## Section 1 – Quality of Care

### **STANDARD 1 - Safeguarding and Child Protection**

In all group-based settings a room where children play must be supervised by at least two members of staff at all times, in keeping with the required ratio.

However, if a playroom has an annexe or small room off it, where children and staff can be clearly seen and heard by other staff, it may not be necessary to have additional staff. This is subject to assessment by the Registering Social Worker.

All staff and volunteers working directly with children must complete a minimal three hour face to face formal certificated Safeguarding/Child Protection course every three years. (It is currently a requirement of the Safeguarding Board of Northern Ireland that training must be face to face). All staff and volunteers must have a valid Safeguarding/Child Protection certificate at all times.

All group-based services must have at least one person identified as a Designated Officer for Safeguarding and Child Protection. In full day care this should be a member of staff. In sessional care this should be a named individual. Designated officers must have a current certificate for Designated Officer Training valid for three years, in these circumstances they are then not required to update their safeguarding training every three years as well.

Designated officers must be clearly identified to all staff and volunteers and must be contactable at all times during the opening hours of the service.

All childcare providers and their staff must have sufficient understanding and use of English to ensure the wellbeing of children in their care. For example, providers and staff must be in a position to keep records in English, to liaise with other agencies in English, to summon emergency help, understand the content of core training and to understand instructions such as those for the safety of medicines or food hygiene.

### **STANDARD 2 - Care, Development and Play**

All registered settings are required to have a Play Policy. The Play Policy should be underpinned by the principles of Playwork and recognise children's capacity for development through play. For ease of reference the principles of Playwork are stated here <http://www.playboard.org/wp-content/uploads/2014/11/Playwork-Principles.pdf>.

The importance of observation to support individual children's development is reinforced but, while it is good practice for there to be written records of observations in out of school or crèche settings, it is not a requirement.

### **STANDARD 3 – Children's Health & Wellbeing**

The reference to up to date Paediatric First Aid training in Standard 3 refers to approved and accredited training. Certificates do have to be renewed on a three-yearly basis to maintain validity.

At least one member of staff in each group-based setting/location must hold a current Paediatric First Aid certificate. This must be a certificate provided by a training organisation which is registered with an awarding body such as the Health and Safety Executive to provide Paediatric First Aid training. The certificate must be valid for three years. E-Learning, blending or any other form of distance learning is not a valid form of delivery of Paediatric First Aid. Due to the important skills based element of training it must be delivered face to face.

A staff member qualified in paediatric first aid must be on the premises at all times when children are being cared for in case of emergencies.

All medicines must be inaccessible to children. Additional consideration needs to be given to medicines that need to be kept in the fridge. Control of Substances Hazardous to Health Regulations (Northern Ireland) 2003 (COSHH (NI)) recommend that medicines and hazardous substances are locked up.

Children only require their own hairbrush and toothbrush if they need to use these while at the setting.

All settings should have a policy on Infection Prevention and Control. Should a child have an infectious illness which is not on the exclusion guidance list, continuing to provide care is at the discretion of the Provider and following consideration of the views of the parents of other children attending the setting.

A best practice guide has been published by the Public Health Agency.  
[http://www.publichealth.hscni.net/sites/default/files/Nursaries\\_Infection\\_Prevention\\_LR\\_07\\_11%20\(2\).pdf](http://www.publichealth.hscni.net/sites/default/files/Nursaries_Infection_Prevention_LR_07_11%20(2).pdf)

## **STANDARD 4 - Health & Safety in the Setting**

Inspecting staff should be satisfied that a provider has appropriate written policies and procedures in relation to health and safety for the setting.

All settings must register with the local Environmental Health Service and comply with regulations and guidance.

Reference is made to staff being “under the influence of any substance”. This relates to alcohol or drugs (illegal or prescribed) and includes ‘legal highs’.

**Fire Safety Risk Assessments** do not need to be carried out by a fire safety specialist. However if the Provider feels that he/she is not competent to complete this, due to the complexity of the premises, a specialist should be hired to provide this service. The Fire Safety Risk Assessment should include details of the setting’s approach to regular fire drills and be reviewed at intervals and updated in line with Northern Ireland Fire and Rescue Service Guidance. Refer to <http://www.nifrs.org/firesafe/guidance.php> for more information.

Settings that may have a Fire Safety Certificate for historical reasons do not need to renew this. Such settings however do need to complete a Fire Safety Risk Assessment.

The Registered Person must have adequate Employers and Public Liability insurance. Further advice on this can be found at: <http://www.hseni.gov.uk/about-you/employer.htm> and [http://www.hseni.gov.uk/leaflet\\_employers\\_liability\\_insurance\\_employers.pdf](http://www.hseni.gov.uk/leaflet_employers_liability_insurance_employers.pdf)

All settings must have a regular and routine cleaning schedule. Childcare staff should not be used to clean when children are being cared for. Cleaning activities should not be taking place when children are being cared for, with the exception of an immediate clean up following activities, accidents and meal times.

The use of sluice sinks is only required if indicated as a requirement by the local Environmental Health Office.

ROSPA no longer recommend socket covers. For more information refer to <http://www.rospa.com/home-safety/resources/policy-statements/electricity/>

A nappy changing mat must be used at all times. Guidance from Environmental Health about the positioning of nappy changing facilities must be followed.



A 'Safety Emergency' (Minimum Standards DOH 2012 page 58) could cover a wide range of eventualities including flooding and security alerts. It is good practice to have a policy to cover situations like Security of the Setting, Fire Safety Risk Assessment and Managing Emergencies.

### **STANDARD 5 - Food and Drink**

The setting's Policy on providing food and drinks and weekly menus should be brought to the attention of parents.

It is not always possible or required to have a separate dining room in a full day care setting. Mealtimes can be held in a playroom with proper differentiation between play and dining when meals are being served.

The requirement referred to in Standard 5 is a Level 2 Food Hygiene Certificate (also known as the Level 2 Food Safety Certificate) and should be a certificate provided by a training organisation which is registered with Ofqual to provide Food Safety Certificated training.

For further guidance about healthy eating refer to the Public Health Agency.

<http://www.publichealth.hscni.net/publications/getting-good-start-healthy-eating-one-five-english-and-translations>

<http://www.publichealth.hscni.net/publications/enjoy-healthy-eating-0>

<http://www.enjoyhealthyeating.info/>

Sessional day care (playgroups, crèches, and developmental programme for two year olds, out of school clubs and breakfast clubs) are not required to provide non-dairy protein e.g. meat, fish, eggs, beans. For holiday schemes open for more than four hours, a packed lunch provided by parents would be appropriate.

### **STANDARD 6 - Promoting Positive Behaviour**

As required in Standard 6, all providers should have a clear written policy on behaviour management. This should outline to parents, staff and volunteers, the provider's strategies for promoting positive behaviour with all children, including age and developmentally appropriate responses to behaviour which is challenging in a group based setting.

The Childcare Partnerships and membership organisations (Early Years Organisation, PlayBoard, Altram, NICMA and other independent organisations), provide training about “Promoting Positive Behaviour” and providers are encouraged to avail of this.

### **STANDARD 7 - Working in Partnership with Parents**

Standard 7 recognises that children’s well-being and development is best promoted through carers and parents collaborating together in the interest of a child’s development.

The minimum requirement in relation to the contents of a statement of purpose is available in the Minimum Standards DOH 2012 Page 58.

Please refer to the guidance regarding the records which should be to be kept about each child which is available in the Minimum Standards DOH 2012 Page 59.

In order to facilitate continuous improvement providers should ensure that the views of parents are sought on a regular basis. The views of parents are also required for the Annual Inspections carried out by HSC Trusts. Parents must be made aware that with their permission, a provider may share their contact information, with the Trust Early Years Teams to allow the them to consult with parents during the inspection process. This consultation may include the views of all parents that have used the facility within the inspection year.

Providers should make inspection reports available to parents and also advise parents that inspection reports will, in the future, be available to read online at [www.familysupportni.gov.uk](http://www.familysupportni.gov.uk).

### **STANDARD 8 - Equality**

Providers must adhere to the requirements of any Equality Legislation with regard to the construction of admission criteria, the treatment of children and their parents and the employment and training of staff and volunteers working in the setting.  
[www.equalityni.org/employers-service-providers/serviceproviders](http://www.equalityni.org/employers-service-providers/serviceproviders)

## **STANDARD 9 - Additional Needs**

Providers should work closely and confidentially with the parents of a child who may have additional needs to ensure the needs of the child may be fully met, as far as possible.

If a child is identified as a child in need (Article 17 Children (NI) Order 1995) the person in charge, with permission from their parents, may give appropriate information to other agencies.

## Section 2 – Quality of Staffing, Management & Leadership

### **STANDARD 10 - Management and Monitoring Arrangements**

Standard 10 is primarily concerned with good governance arrangements. In settings where the Registered Person and the Manager/Person in Charge are different people, all reporting arrangements apply as written in Standard 10.

Where a management committee or Trustee's meetings take place, comprehensive minutes should be held which demonstrate that:

- (i) appropriate monitoring is being undertaken
- (ii) action is taken to address issues related to compliance with the Minimum Standards.

Monitoring reports must review the quality of the service and be sufficiently comprehensive to address issues of compliance with the Minimum Standards and should be produced at least quarterly.

Monitoring reports will be made available to the HSC Trust staff as part of the Inspection Process. HSC Trusts will view a sample of minutes during an inspection or will request a sample in advance with the Self-Evaluation Report. This is an opportunity for providers to evidence effective management process which ensure governance, including Safeguarding and Child Protection systems are working.

All paid staff included in the staff:child ratio should be 18 years or over. Although it may be possible to achieve a qualification before a person's 18<sup>th</sup> birthday, staff can only be included in the ratio when over 18 years old (Standard 10 Minimum Standards page 30).

## **STANDARD 11 - Organisation of the Setting**

### **All Settings**

#### **(a) *Absence of Person in Charge***

A manager or deputy manager must be present at all times in full day care and sessional day care. All planned and unplanned absences by the person in charge, regardless of duration, must be covered under the agreed deputising arrangements in full day care and sessional day care settings. The designated deputy/deputies reflect the management structure and therefore will have appropriate levels of experience and qualification. There will seldom need to be more than two designated deputies for any childcare setting.

#### **(b) *Lead-in Time for Application for Managers Post***

The requirements for staff qualifications included a lead-in time (Minimum Standards DOH 2012 Page 37). Where this has not been achieved providers must as a matter of priority agree a timeframe with Trusts within which the qualification(s) is to be achieved. The provider must keep the Trust apprised of progress in relation to this. Failure to achieve the qualification within the agreed timeframe must be referred to the Trust Early Years Panel. It is reasonable that the qualification should be achieved within a two year timescale from the date of registration for the course. New appointees to management posts will usually have the QCF Level 5 qualification. However, in certain circumstances (e.g. where there are particular recruitment difficulties) the Trust Early Years Panel can agree that a manager can take up post without the required qualification, on the strict condition that it is achieved within an agreed time frame. This applies mainly to employees, existing and future, who are **not** currently working in a managerial role in the sector.

A manager currently employed who has a Level 3 qualification or equivalent can apply for another manager's post without having to gain a higher qualification.

Those currently employed in a deputy manager or other child care role are required to agree with the employer to complete a Level 5 qualification within an agreed period of time if applying for the post of manager.

In the event of a person acting in a manager or deputy manager role on a temporary basis, the planned arrangements for post holders to achieve the required Level 5 qualification must be agreed with the Registering HSC Trust.

Qualification requirements for the early year's sector are subject to review. Future revisions to the list of qualification within this document, agreed by DOH, will be shared with the regional membership organisations and published on the Childcare Partnership website [www.childcarepartnerships-ni.org](http://www.childcarepartnerships-ni.org).

The Standards refer to FE Colleges as the training providers for QCF Level 5. Training may also be provided by other recognised training organisations, providing they are linked to the principles of delivery agreed by the Northern Ireland Social Care Council (NISCC) and the Sector Skills Council.

The following qualifications have been agreed by DOH as those that meet the requirements for the Manager/Deputy Manager **Full Day Care** role:

- BA Hons Degree in Early Childhood Studies, or Degree level qualification in Early Years or Playwork;
- QCF level 5 Diploma in Children's Care Learning and Development (Management) Wales/NI QCF;
- QCF Level 5 Diploma in Playwork QCF;
- **or**
- a relevant occupational qualification in early years' education, social work, nursing, teaching or health visiting
- **and** at least two years' experience in employment working with children of the age group relevant to the setting they will be working in. Volunteer experience can be included providing it is with the same age group relevant to the setting.

All managers must have a current Safeguarding and Child Protection Certificate. If this is not the case, this must be achieved as part of the induction process and within one month of appointment.

If the Manager is the Designated Child Protection Officer, evidence of certificated training must be in place prior to commencing duties.

### **Sessional Care**

The following qualifications have been agreed by DOH as those that meet the requirements for the Person in Charge/Leader and Deputy Leader role **Out of School Clubs** role:

- BA Hons Degree in Early Childhood Studies, or Degree level qualification in Early Years or Playwork;
  - QCF level 5 Diploma in Children’s Care Learning and Development (Management) Wales/NI QCF;
  - QCF Level 5 Diploma in Playwork QCF;
- or**
- a relevant occupational qualification in early years’ education, social work, nursing, youth work, teaching or health visiting
  - **and** 2 years’ experience working in a play, education, youth or day care setting. Volunteer experience can be included providing it is with the same age group relevant to the setting.

All leaders must have a current Safeguarding and Child Protection Certificate. If this is not the case, this must be achieved as part of the induction process and within one month of appointment.

If the Leader is the Designated Child Protection Officer, evidence of certificated training must be in place prior to commencing duties.

The following qualifications have been agreed by DOH as those that meet the requirements for the Person in Charge/Leader and Deputy **Pre-school Sessional Care** or **Crèche** role:

- BA Hons Degree in Early Childhood Studies, or Degree level qualification in Early Years or Playwork;
  - QCF level 5 Diploma in Children’s Care Learning and Development (Management) Wales/NI QCF;
  - QCF Level 5 Diploma in Playwork QCF;
- or**
- a relevant occupational qualification in early years’ education, social work, nursing, teaching or health visiting
  - **and** 2 years’ experience working in a play, education or day care setting. Volunteer experience can be included providing it is with the same age group relevant to the setting.

All leaders must have a current Safeguarding and Child Protection Certificate. If this is not the case, this must be achieved as part of the induction process and within one month of appointment.

If the Leader is the Designated Child Protection Officer, evidence of certificated training must be in place prior to commencing duties.

Leaders or supervisors should have at least a qualification at QCF Level 3 Diploma in Child Care, Learning and Development or Playwork.

Where staff in any setting, have previously attained Level 2, 3 or 5 NVQ qualifications in Playwork or Early Years Care and Education, this will be an acceptable alternative to QCF Diplomas.

**(c) Qualifications**

Existing staff that do not hold an appropriate qualification set out in the Minimum Standards do not have to attain a new qualification while remaining employed at the same grade in any provision regulated by the HSC Trusts. Staff are encouraged however to undertake training.

Existing staff holding previously appropriate qualifications will continue to have their qualifications recognised. An example of this would be that those holding NVQ 2 or 3 in CCLD or Playwork will not be required to do QCF qualifications as these previous qualifications will remain current. Staff members are however encouraged to progress their knowledge and skills through continuous professional development, which may be attained by both short courses and accredited qualifications.

The recruitment of unqualified staff (including those coming through training schemes) is permitted as long as the minimum level of 50% of staff with a qualification is maintained. New staff without a qualification (including relief staff) must receive appropriate induction training before they provide care to children. Induction training must cover the areas outlined in the Minimum Standards DOH 2012 (page 32).

**New employees** who are within the 50% unqualified staff group must register within the first year of employment with vocational training which will lead to a relevant qualification (QCF). This should be completed within a reasonable period of time. (This will include relief staff used on a regular basis).

In a registered setting there should be no more than two students/trainees on placement per 50 children attending (in settings where less than 50 children in attendance there should be only one student/trainee at any one time). Providers must take cognisance of the importance of having consistent care givers for children in any decision to facilitate the placement of students. They must ensure that appropriate supervision arrangements are in place at all times. It should be noted that students/trainees on placement cannot be included in the staff to child ratio.



Volunteers working in a setting can be included in the staff to child ratio as long as the qualification requirements for the setting are still met. It remains the responsibility of the Registered Provider to ensure that all requirements for volunteers, as for paid staff, are met. Full consideration also needs to be given to the issue of continuity of care for children when using volunteers.

**(d) *Minimum Number of Staff Available***

If all children are resting or sleeping on mats or low beds, it is acceptable that the staffing arrangements, as per the required ratios, do not have to be met but a minimum of two staff must remain with the group of children. In the case of babies sleeping in cots staff do not need to be present in the room on condition there are sufficient baby monitors in operation, and there are regular checks on the children by staff. The Registering Social Worker will advise the Provider on this issue.

Although staff breaks must be covered, it is accepted that in some circumstances of very brief duration, cover by two staff members may not be required, e.g. when one member of staff accompanies a child to the toilet or is checking sleeping babies nearby. The Registering Social Worker will advise the Provider on this issue.

**(e) *Staffing Ratios***

In pre-school sessional care facilities which offer places for children from the age of 2 years and 10 months, the 1:8 adult to child ratio is acceptable as long as no more than 4 children of this age are in the setting at any time (Minimum Standards Page 35). This is reasonable due to the short time the child attends the session. Where more than 4 children under 3 years are attending, the adult to child ratio must be reduced for the entire room to 1:4.

**(f) *Provision of Rooms***

Within a sessional day care setting (crèche, out of school clubs breakfast clubs and developmental programme for two year olds) different age groups of children may be accommodated in one room.

In a full day care setting each age group should have their own room. It is necessary to provide some means of separation of babies and mobile children to ensure safety.

**(g) *Babies & Toddlers***

Babies under the age of 2 years should not be cared for in a group size exceeding 12. Children aged 2-3 years should not be cared for in a group size exceeding 20 children.

**(h) *Mixing of age groups in Full Day Care***

There are situations when age groups may be mixed:

- At the beginning and end of the working day children may be in mixed age groups for up to 30 minutes. This is when there are one or two children of each age group. In this situation, the staff to child ratio and space requirements for the youngest age group should be met for the whole group.
- The mixing of age groups may be permitted in exceptional (usually temporary) circumstances, where otherwise the group is unsustainable. This must be agreed by the Registering HSC Trust who will consider the individual circumstances at an Early Years Panel. The Provider must draw up an action plan showing how registrations may be increased and a review of the action plan with the HSC Trust. If, at the point of review, the plan has not increased registrations the arrangement will have to cease and the registration for that age group be reconsidered. In the temporary situation, prior to review, the staff ratio and space requirements for the youngest children in the group should apply to the whole group.

**(i) *School Aged Children***

“Compulsory School Age” replaces the previously used term “Under 5 Years”. Compulsory school age children reach their fourth birthday before July 1<sup>st</sup>.

School age children, cared for in a full day care setting, an out of school or holiday scheme should be cared for in separate rooms from children under school age. Providers who have been registered prior to September 2013 may continue to provide for children in their pre-school year with children of school age in the same room, on condition the accommodation is appropriate and staffing ratios for the youngest children are in place (a minimum of 2 separate staff for each group is provided).

Group size should never exceed 30 school aged children in one room in any setting.

Children may attend a holiday scheme in July and August prior to commencing Primary 1.

In all settings, the upper age-limit for registration is defined as 30<sup>th</sup> June in the academic year in which a child reaches 12 years and not the child's 12<sup>th</sup> birthday. When children aged 12 and 13 years of age are attending, their presence should be taken into consideration in setting a maximum number for registration of children under 12 years. Providers should carry out a Risk Assessment if considering providing places for additional children and this should be shared with parents of the children on the attendance register.

**(j) *Daily Register***

The daily register should be used to record:

- (i) The names and dates of birth of all children attending
- (ii) The names of the person in charge, all staff, volunteers and students on the premises
- (iii) The actual time of arrival and departure of children.

Providers should maintain a record of all visitors to the setting.

The drop-off and collection arrangements with appropriate consents should be retained in each child's own record. However, it would be operationally effective to have this information available in the daily register for staff to refer to. The daily register can be held in an electronic format.

**(k) *Excursions/School Pick-ups***

When a setting is taking children on outings, proper arrangements for their health and safety should be observed. If additional adults are required to ensure proper supervision on an outing but are not employed or vetted by the provider, the additional adults should not be left unsupervised at any time.

A Risk Assessment is required for outings plus written permission from a parent/guardian of each child.

It is acceptable that settings can use one member of staff to collect children from school, adhering to the arrangements noted above.

**STANDARD 12 - Suitable Person**

All persons who are in regulated activity with children must be deemed suitable to do so. The term "substantial access" therefore does not only refer to those employed to care for children in a setting, but anyone who has access to the children throughout the period of time in which care is provided, including the Registered Person.

All contracted services within a day care setting including specialist staff, cooks, cleaners, caretakers, drivers, taxi-drivers, chairperson/deputy chairperson and committee members who have substantial contact with children or who may provide emergency cover, must be vetted.

Vetting does not only refer to a criminal record checks but includes medical references, employment and personal references and Social Services checks. Vetting will be carried out in line with the Regional Vetting Procedure. For full details on the vetting process refer to **VET/1 document Childminding and Day care Vetting Procedure**.

Registered person/chairpersons, persons in charge, deputy persons in charge and the Designated Officer with responsibility for Safeguarding and Child Protection (if different) will be required to participate in a Fit Person Assessment which will be processed by the Registering HSC Trust. Minimum Standards DOH 2012 page 38.

The Fit Person Assessment will be conducted using the Regional Fit Person Assessment Framework. This assessment will be completed by the HSCT before the person commences employment. The Fit Person Assessment will remain valid if a person moves to a post of a similar grade within three years, however any changes in training, personal circumstances and work performance should be taken account of by a new employer and will be taken into account in the inspection process.

It is the responsibility of the employee to advise an employer of any circumstances which may invalidate or significantly impact on the standing of the Fit Person Assessment.

It is recommended that the applicant/registered person, manager/leader or deputy should be the Designated Officer for Safeguarding and Child Protection.

A day care provider cannot provide care for children until the HSC Trust Clearance and Registration Certificate for the day care provision has been received.

When recruiting, it is good practice for the employer to inform the job applicant that an offer of employment is subject to a satisfactory Fit Person Assessment. If deemed “not fit” the employer will be informed by the HSC Trust that the applicant cannot be employed. The applicant will have a right to appeal through the Early Years Panel process.

## Section 3 – Quality of Physical Environment

### **STANDARD 13 - Equipment**

Equipment in all settings must be age appropriate and suitable to meet the needs of the children using it. Trust staff can advise providers about the appropriateness of equipment in a room. Useful guidance can also be sought from the Childcare Partnership membership organisations.

When out of school care is provided it is essential that the play equipment is wide ranging to cater for this large age range. It is good practice to take into consideration the views of the children when play materials are being purchased.

Providers should be aware of safety standards in relation to all equipment placed within the reach of children and their liability for this. There are also standard safety measures to consider. Some examples of safety measures are:

- High chairs must have a five point harness.
- Baby walkers should not be used at all.
- All fixed outdoor play equipment must be safely secured with consideration given to the surface on which it is placed.
- Advice must be sought on the safe fitting of car seats and the type of car seat required depending on the height and weight of the child.
- Staff should have access to comfortable seating which allows them to feed a bottle to or nurse an infant.
- All furniture, play equipment and safety equipment must conform to BSEN safety standards. Should BSEN standards be superseded by European Standards, then these should be complied with.

### **STANDARD 14 - Physical Environment**

Standard 14 clearly outlines the minimum clear space for each child. This provides a means of determining the number of children for whom any provision may be registered.

The minimum space for each child in a Full Day care setting is:

- 0-2 years - 4.2m<sup>2</sup> (this includes the sleep space for each child with a minimum of 3.2m<sup>2</sup> in the play area)
- 2-5 years - 2.8m<sup>2</sup>
- 5-12 years - 2.3m<sup>2</sup>

In a sessional day care setting, such as a playgroup, crèche and an out of school club, the minimum space requirement for each child is 2.3m<sup>2</sup> (p.44 Minimum Standards).

Clear space is usable floor space and therefore does not include fixed storage cupboards or sink units. Clear floor space is determined by measurement and HSC Trusts will use an exact measurement. If Inspection staff considers that the space is too cluttered with play equipment and the clear space is compromised they will discuss this with the Provider to agree a resolution.

The temperature range for rooms in which children are cared for is 18°C - 21°C. It is necessary to monitor this on an ongoing basis and it is useful to have a thermometer in each room.

Providers must ensure that equipment used to heat/cool the room/facility must be Risk Assessed and any concerns addressed to ensure children are not exposed to direct contact.

**(a) Outdoor play space**

It is best practice that children in full day care provision should have access to a safe and secure outdoor play space adjacent to the premises. Where this cannot be provided, registration should not be refused if alternative arrangements are put in place to use local parks and playgrounds with appropriate supervision provided based on a completed Risk Assessment.

Where there is outdoor play space, a Risk Assessment must also be completed. One element of security is the requirement of a barrier, e.g. fence or wall, to a minimum height of 1.0 metres. It may be necessary for this to be higher depending on any risks assessed. All ponds must be made safe by using a rigid cover. It should be noted that staff to child ratios remain the same for outdoor play as for indoor play. Outdoor areas are required to be safe and suitable (this must be evident prior to registration).

While usually outdoor space is exclusively for use of the children in the setting, on occasion it may be a shared space with other groups e.g. school. In these circumstances children from the different settings may occupy the outdoor space at different times. The Trust Early Years Panel must ratify the arrangements usually as part of the registration process.

**(b) *Sleeping arrangements – Full Day Care***

A full day care setting must have a separate sleep room for babies (0-2 years). For the small number of providers who did not have a sleep room on registration prior to September 2013, this will not be required until and unless structural work or an extension to the facility is completed. The exemption also remains if and when the Provider wishes to re-organise rooms.

Where ownership of a facility changes, the new owner will be required to provide a sleep-room, as a condition of the registration and to ensure full compliance with the Minimum Standards DOH 2012.

If a facility requests registration for children under two years for the first time, a separate sleep-room will be required as part of the requirements within the Minimum Standards.

All babies under the age of 2 years must have appropriate sleeping arrangements.

If cots are used, a minimum of one cot for each two babies would be appropriate; this would also depend on and take into account the needs of a particular group of babies and each child's unique routine.

Each baby should have their own bedding and ideally their own mattress; it is, however, acceptable to have a waterproof wipe-clean cover that can be washed between each use by different babies.

Use of travel cots in a full day care setting is not recommended due to Infection Control guidance. A good practice guide has been published by the Public Health Agency

[http://www.publichealth.hscni.net/sites/default/files/Nursaries\\_Infection\\_Prevention\\_LR\\_07\\_11%20\(2\).pdf](http://www.publichealth.hscni.net/sites/default/files/Nursaries_Infection_Prevention_LR_07_11%20(2).pdf)

For toddlers over 2 years, it is not necessary to have a separate sleeping room but an area is required to be made suitable for their sleeping arrangements. The Registering Social Worker will advise the Provider on this issue.

Where parents have requested in writing, alternative arrangements for their child's sleeping the Provider must undertake a risk assessment before agreeing that the arrangement is appropriate.

It is not appropriate for babies or toddlers to sleep in rockers, car seats or buggies in a setting as it is better for them to sleep on their back on a flat surface. However, in situations where a parent requests (in writing) that their child (aged over 18 months) sleeps in their buggy, this may be permitted if the Provider agrees. It is important that providers can satisfy the registering Trust that they have written permission from parents for these departures from the Minimum Standards.

**(c) *Sleeping arrangement – Sessional Day Care***

In sessional day care arrangements for sleeping or resting should reflect the age of the children attending, hours attended and the level of activity children are participating in. The above advice in relation to sleeping arrangements also applies.

**(d) *Food preparation area***

The provision of a separate food preparation area in a full day care setting means the provision of a separate kitchen. In full day care and sessional day care facilities, children should not have access to the food preparation area unless taking part in a supervised activity.

**(e) *Office area***

By way of ensuring privacy in a full day care, a room separate from the play area is required to ensure that records are securely maintained, for confidential discussions with parents and for staff supervision.

**(f) *Staff room***

The provision of a staff room in full day care settings is necessary to enable staff to have a break away from direct contact with children (Standard 14 p43). This room should not be in the kitchen where food is prepared unless approved by Environmental Health.

**(g) *Toilet Facilities***

It is always preferable to ensure that toilet facilities are separated by age-group and gender (for older children) and from others not associated with the facility, such as other users of a centre where the setting is located. Where this is not possible, staff should ensure the associated risks are managed through a full and on-going risk assessment.



Toilet facilities should be in the same building as the registered rooms. Where this is not possible they should be in the existing premises, and Registering and Inspection staff must risk assess any proposals and refer to the HSC Trusts Early Years Panel for a decision.

Separate toilets are not required for people with a disability, but toilets must be accessible. If Building Control/Planning Department state disabled toilets are required this requirement must be met.

## Section 4 – Quality of Monitoring & Evaluation

### **STANDARD 15 - Documentation**

All records, including those pertaining to children and staff, must be accessible to the HSC Trust's Registration and Inspection staff. The Registered Person must advise parents at the time of admission and staff on commencement of their employment that this is the case. This requirement should be included in policies on Data Protection and Partnership with Parents (Standard 7).

Observations recorded for the purposes of planning for individual children, may also be accessed by HSC Trust staff.

The reference to Article 126 of the Children (NI) Order 1995 relates to the requirement to keep a record of the name and address of:

- (i) Any child looked after on the registered premises;
- (ii) Any person who assist in looking after any such child; and
- (iii) Any person who lives, or is likely at any time to be living, at those premises.

Providers should also be aware that accidents may need to be reported to the Health & Safety Executive in relation to:

- work-related deaths/serious injuries (to staff or children)
- “over three-day” injuries
- work-related diseases
- dangerous occurrences (near miss accidents)

[Further information on employer responsibilities can be found at [www.HSENI.gov.uk/riddor\\_booklet.pdf](http://www.HSENI.gov.uk/riddor_booklet.pdf)]

Providers should also note that home incidents/accidents may need to be referred to:

- Environmental Health (advice from the local Council)
- Public Health Agency in relation to Infection Control ([www.publichealth.hscni.net](http://www.publichealth.hscni.net))

The HSC Trust must be notified of accidents or incidents which are referred onward.

Guidance on retention of records should be sought from the Provider's own legal advisers and insurers.

## **STANDARD 16 - Complaints**

The management of complaints is an important part of the governance arrangements in any setting. It is important that:

- there is a complaints policy, clearly outlining how to make a complaint, the steps taken to investigate and the feedback arrangements to a complainant. This includes the contact information for both the Registering Social Worker and the HSC Trust Early Years Team where the complaint is relevant to the quality of care, fabric of the setting or safeguarding and child protection. Complaints related to matters of business will be addressed by the Provider;
- all parents/users of the service know about the policy and the arrangements for dealing with complaints;
- all staff know how to deal with a complaint from a parent/service-user;
- Owners, Managers and Committee Members know their responsibilities in dealing with complaints.

## Section 5 – Policies & Procedures

HSC Trusts, in their regulatory capacity, will wish to be satisfied that providers have the range of policies and procedures as outlined in this section. It would be helpful if the policies available in settings adhered at a minimum to the list on Page 50 of the Minimum Standards for Childminding and Day care for Children under the Age of 12.

As a requirement each setting's Policies & Procedures must reflect the content of the Minimum Standards. Appendix I cross references recommended policies to the Standards. One policy may cover several of the required elements cited in Section 5 Policy and Procedures in p50.

It is important that policies and procedures are **used** to inform activities and should be working documents known to and followed by all staff. It is also good practice to share them with parents.

It is important that all Policies & Procedures including Risk Assessment are reviewed on an annual basis. Providers should be aware that membership organisations will be able to advise on the content of Policies & Procedures.

## APPENDIX 1

List of Policies from the Minimum Standards DoH 2012 (page 50) cross referenced to the individual Standards for ease of reference :

### Absence of the Manager

**Standard 11 - Organisation of the Setting** requires that a suitably qualified person is in charge at all times and therefore could form the basis for this policy.

### Accidents

**Standard 4 - Health and Safety** in the Setting requires that proper precautions are taken to prevent accidents and minimise risks. This policy could also be included in the comprehensive risk assessment for the setting which is also required in Standard 4.

### Additional Needs

**Standard 9 - Additional Needs** requires a policy which addresses how the setting will respond to children with additional needs including both special educational needs and disability.

### Allegations against Staff

**Standard 1 - Safeguarding and Child Protection** requires a policy on reporting child protection concerns based on the Regional Child Protection Policy and Procedures.

**Standard 15 - Documentation** refers to information that is required to be passed to the HSC Trust without delay, in certain circumstances, and could therefore form the basis of this policy.

### CCTV

**Standard 1 - Safeguarding and Child Protection** requires a policy and written procedures on the use of CCTV.

### Complaints

**Standard 16 – Complaints** requires a policy on complaints that is publicised and made available to parents.

### Confidentiality

**Standard 1 - Safeguarding and Child Protection**

**Standard 9 - Additional Needs** refers to a child's right to privacy and respect when confidentially discussing potential additional needs.

**Standard 15 – Documentation** refers to the safe storage of documentation including children’s records.

### **Consent**

**Standard 3 - Children’s Health and Wellbeing** refers to parents giving permission for their children to have contact with animals, the administration of medication and the application of sunscreen and therefore could form the basis of this policy. This is not an exhaustive list of consents to be gained from parents.

### **Data Protection**

**Standard 15 – Documentation** requires a statement about compliance with Data Protection.

### **Equality**

**Standard 8 - Equality** refers to all matters in relation to equality and would provide the basis for this policy. The admissions policy should be covered in the Statement of Purpose (Minimum Standards page 58).

### **First Aid**

**Standard 3 - Children’s Health and Wellbeing** requires a Risk Assessment on the number of First Aid boxes a setting has. This policy could be contained within the Risk Assessment. Reference to staff with Paediatric First Aid is also within this Standard.

### **Infection Prevention and Control**

**Standard 3 - Children’s Health and Wellbeing** requires a stated policy on the exclusion of children who are ill or infectious.

### **Intimate/Personal Care**

**Standard 1 - Safeguarding and Child Protection** requires a policy and procedure for intimate/personal care.

### **Maintenance and Replacement of Play Equipment**

**Standard 13 - Equipment** requires a policy on the maintenance and replacement of play equipment.

### **Managing Aggression**

**Standard 6 - Promoting Positive Behaviour** requires a policy on behaviour management including bullying.

### **Managing Emergencies**

**Standard 3 - Children’s Health and Wellbeing** requires a policy and procedure on dealing with medical emergencies.

**Standard 4 - Health and Safety** in the Setting requires a policy and procedure on how to deal with safety emergencies.  
Both policies could be combined to meet this requirement or could remain separate.

### **Management of Medicines**

**Standard 3 - Children's Health and Wellbeing** requires a policy and written procedures on the management of medicines.

### **Management of Records**

**Standard 15 - Documentation** requires a Record Management policy. This could also include the policy on retention, safe storage and destruction of records which is also required in this Standard.

### **Management of Risks Associated with the Care of Individual Service Users**

The Standards require a number of Risk assessments to be completed as follows:

- Standard 3 Contact with Animals
- Standard 3 Contents of First Aid Boxes
- Standard 4 Health and Safety of the Premises
- Standard 4 Fire Safety
- Standard 11 Outings
- Standard 14 Drop off and pick up of Children
- Standard 14 Outdoor Play space

### **Menu Planning**

**Standard 5 - Food and Drink** requires a policy on the provision of food and drinks. Menu planning could be incorporated within this and include allergy information and dietary preferences for religious reasons.

### **Mobile Phones**

**Standard 1 - Safeguarding and Child Protection** requires a policy on the use of Information and Communication Technology (ICT) Equipment and Code of Conduct in relation to the use of mobile phones.

### **Parents Access to Records**

**Standard 15 - Documentation** refers to records about a child being made available to parents and therefore could be the basis for this policy.

### **Participation**

**Standard 7 - Working in Partnership with Parents** refers to the involvement of parents in their child's care and they are encouraged to participate in the work of the setting. Therefore this could form the basis of this policy. This Standard also refers to the Statement of Purpose setting out information for parents.

### **Photography and Videography**

**Standard 1 - Safeguarding and Child Protection** requires a policy and procedures on the taking of photographs.

### **Play**

**Standard 2 - Care Development and Play** refers to the care developmental and play needs being met and could therefore form the basis of this policy.

### **Provision of Food and Drink**

**Standard 5 - Food and Drink** requires a policy on the provision of food and drinks. Menu planning can be incorporated within this.

### **Reporting Adverse and untoward Incidents**

**Standard 15 - Documentation** refers to information that requires to be passed to the Registering HSC Trust and could therefore form the basis of this policy.

### **Safeguarding and Child Protection**

**Standard 1** - This policy should contain the information as set out on page 10 of the Standards Document and include the responsibility to report suspected or actual child abuse or neglect.

### **Security of the Setting**

**Standard 4 - Health and Safety** in the Setting refers to a Risk Assessment for the setting and therefore this policy could be incorporated in this Risk assessment.

### **Smoking**

**Standard 3 - Children's Health and Wellbeing** refers to all buildings and grounds being smoke free. This could therefore form the basis of this policy.

### **Social Networking**

**Standard 1 - Safeguarding and Child Protection** requires a policy on the use of Information and Communication Technology (ICT) Equipment and a Code of Practice in relation to the use of mobile phones.

### **Staffing**

**Standard 10 - Management and Monitoring Arrangements, Standard 11 - Organisation of the Setting and Standard 12 - Suitable Person** all cover issues with regard to staffing and could be used to form the basis of this policy.

### **Transport**

**Standard 4 - Health and Safety** in the Setting requires a policy and procedures on the transport of children.

**Whistle Blowing Standard 1 - Safeguarding and Child Protection** requires a stated whistle blowing policy.



## APPENDIX 2

### Methods of calculating numbers of children for registration

It is recognised that few calculations result in whole numbers. It is therefore permissible to use “rounding up” and “rounding down”.

e.g. for children aged 2 – 5 years:-

- Room size  $28\text{m}^2 = 10$  children
- Room size  $33\text{m}^2 = 11.87$  children – round up to 12 children
- Room size  $29\text{m}^2 = 10.35$  children – round down to 10 children

## APPENDIX 3

# Estates and Facilities Alert

### Action

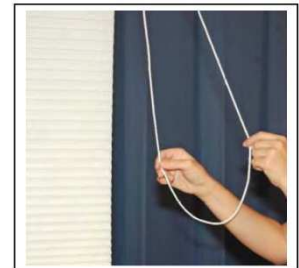
Ref:EFA/2015/001

Issued: 26 Jan 2015

### Device

**Window blinds with looped cords or chains.**

**All types.**



### Problem

Looped cords and chains on window blinds continue to present a strangulation hazard to children and vulnerable adults.

There have been a number of deaths associated with these types of blind cords throughout the UK despite an on-going campaign of awareness.

This alert provides new information on the procurement of blinds and updates the information previously contained in EFA/2010/007.

### Action

- If you have premises where children under the age of 42 months are present or likely to have access, you **must** only install blinds which are compliant with the child safety requirements of BS EN 13120:2009+A1:2014.
- Further Actions given on page 2.

### Action by

Risk managers, staff and contractors involved in the specification, installation, maintenance or risk assessment of window blind systems. The suggested onward distribution list should be noted.

### Contact

Further advice may be obtained from the British Blind and Shutter Association (BBSA).

BBSA website: [www.makeitsafe.org.uk](http://www.makeitsafe.org.uk)

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[Short version only – complete details below]  
[If the alert is generic, say something like]  
Enquiries about specific type of equipment should be directed to the relevant manufacturer or supplier.

## Problem

1. In early 2014 the standards regarding the manufacture, supply and professional installation of internal window blinds changed significantly. It is now illegal to supply or professionally install an internal window blind which does not comply with the child safety requirements of BS EN 13120:2009+A1:2014. Although the law has changed it is estimated that there could be up to 100 million blinds installed prior to this and fatalities in domestic settings continue to be reported involving children and looped blind cords/chains.
2. In May 2009, following a Fatal Accident Inquiry in Scotland into the death of 2½ year old Muireann McLaughlin, Sheriff David Mackie made the following statements in his determination:

*“It was the pathologist’s chilling evidence that death in such circumstances can occur in a matter of 15 to 20 seconds or a little longer.”*

*“The means of avoiding or minimising the risk associated with free hanging looped blind cords [are] known and understood. They are, in the main, simple and cheap.”*

When a child becomes entangled or suspended by the neck in a looped cord, death or serious injury can occur quickly. This is particularly true for children under 4 years old.

3. Since 1990 the incidence of deaths of children, mainly under 4 years of age, by strangulation associated with blind cords has been approximately one per year, primarily within a domestic environment.

## Action

4. If you have premises where children under the age of 42 months are present or likely to have access, you **must** only install blinds which are compliant with the child safety requirements of BS EN 13120:2009+A1:2014.

5. Given the extremely short period of time in which a child can suffer injury or death, it would be unwise of healthcare establishments to rely solely on supervision of children by parents or staff. Therefore you should also consider applying the same blind safety standard to areas that have children over 42 months with learning and physical difficulties. Note - these measures may not present suitable protection against self-harm, which may need to be considered separately.
6. If not already documented as part of EFA/2010/007 a risk assessment should be carried out on all existing looped blind cords and chains, where children and vulnerable adults are likely to have access. All blind cords and chains deemed to be potentially hazardous should be modified or secured out of their reach. The BBSA leaflet accompanying this Alert provide options for reducing associated risks and should provide a valuable resource in managing this risk.
7. Organisations should consider making the BBSA leaflet available in public waiting areas to raise the awareness of the potential risk in the domestic setting. The BBSA leaflet has been translated into a limited number of different languages; copies of which can be downloaded from [here](http://www.publichealth.hscni.net/publications/make-it-safe-2014-legal-requirements-internal-window-blinds). <http://www.publichealth.hscni.net/publications/make-it-safe-2014-legal-requirements-internal-window-blinds>.
8. Best practice requires healthcare organisations to take a holistic approach and conduct regular risk assessment of the environment for patients who are at risk and should update the assessment criteria in the light of any new information. Where the users of the premises are children or vulnerable adults, there is a greater duty of care to ensure their safety.
9. Best practice requires healthcare organisations to take a holistic approach and conduct regular risk assessment of the environment for patients who are at risk and should update the assessment criteria in the light of any new information. Where the users of the premises are children or vulnerable adults, there is a greater duty of care to ensure their safety.
10. Report all incidents of this nature to your relevant contact point, given below.

## Suggested Onward Distribution

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li>• Directors with responsibility for patient safety</li> <li>• Directors of Estates &amp; Facilities</li> <li>• Directors of Nursing</li> <li>• Medical Directors</li> <li>• Risk Manager</li> </ul> | <ul style="list-style-type: none"> <li>• Health &amp; Safety Managers</li> <li>• Care Quality Commission</li> <li>• Care provider representative bodies</li> <li>• GP's</li> <li>• Dentists</li> </ul> |
|--|--|

## Additional information for Northern Ireland

The above sections of this Alert were compiled by the Department of Health in Northern Ireland and distributed nationally without modification.

Action required by this alert should be **underway by: 1 February 2015**

Action required by this alert should be **completed by: 31 March 2015**

This Alert updates and replaces the advice given in EFA/2010/007

Enquires should quote reference number EFA/2015/001 and be addressed to:

Northern Ireland Adverse Incident Centre (NIAIC) Health Estates Estate Policy Directorate Stoney Road Dundonald Belfast BT16 1US	Tel: 02890 523868 Fax: 02890 523900 E-mail: NIAIC@dhsspsni.gov.uk Website: <a href="http://www.dhsspsni.gov.uk/niaic">http://www.dhsspsni.gov.uk/niaic</a>
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### How to report adverse incidents

Incidents relating to medical devices, estates equipment and plant in Northern Ireland must be reported to the Northern Ireland Adverse Incident Centre (NIAIC) as soon as possible. Further information about reporting incidents can be found in DB(NI)2010-001; and downloadable report forms are available from the NIAIC's website (<http://www.dhsspsni.gov.uk/niaic>).

Alternatively, further information and printed incident report forms are available from: NIAIC at the address above.

(An answer phone service operates outside normal office hours)

**Estates and Facilities Alerts are available in full text on the NIAC website**

Further information about SABS can be found at <http://sabs.dhsspsni.gov.uk>

This Alert can be found on the following websites

<http://www.dhsspsni.gov.uk/niaic> and <http://sabs.dhsspsni.gov.uk>

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Addressees may take copies for distribution within their own organisations



**make it  
safe**

**BBSA**®  
BRITISH BLIND & SHUTTER ASSOCIATION



## **2014 legal requirements for internal window blinds**

**What to look for in new blinds and how to make  
existing blinds safer - this leaflet will tell you how**



## **“Make it Safe”**

### **says Mum of three, Rachael Maynard**

“My daughter, Megan, became entangled in a window blind chain in her bedroom when she was two and a half years old. She spent four days in hospital on a life support machine before we knew she was going to recover. Something as simple as an unrestrained window blind cord or chain can present a real danger to young children but with awareness and by taking some simple actions, any hazard can be eliminated. **Make sure you always Make it Safe.”**



#### **It's the law**

In early 2014 the standards regarding the manufacture, supply and professional installation of internal window blinds changed significantly. It is now illegal to supply or professionally install an internal window blind which does not comply with the child safety requirements of BS EN 13120:2009+A1:2014

**Blinds that are ‘safe by design’ are deemed to be fully compliant with this new standard.**

#### **Don't leave things to chance - Get expert advice**

An accredited BBSA member or Make it Safe dealer can provide you with expert advice. They will be able to show you the safety features on new blinds and can help you make your existing blinds safer. Just visit [www.makeitsafe.org.uk](http://www.makeitsafe.org.uk) to find an approved expert nearest to you. If you are installing your own blinds or fitting your own safety devices make sure you follow all instructions provided by the supplier.

#### **Mandatory requirements:**

**The new standard aims to protect babies and small children by:**

- ✓ Installation of child safe blinds to ALL HOMES whether children are present or not
- ✓ Limitations on cord and chain lengths
- ✓ Safety devices for preventing any cords or chains from creating a hazardous loop
- ✓ The fitting of safety devices on cords and chains at the point of manufacture
- ✓ The testing of all safety critical components of internal blinds
- ✓ Safety warnings and product instructions

**Any professional installer of internal blinds must fit safety devices - by law**



#### **The British Blind and Shutter Association**

The BBSA is the UK's only trade association representing companies that manufacture, supply and install interior and exterior blinds, awnings, security grilles and shutters. The BBSA launched the Make it Safe campaign in 2009 and has campaigned for safer blinds so welcomes mandatory standards for internal window blinds. To see more about the BBSA's Make it Safe campaign visit: [www.makeitsafe.org.uk](http://www.makeitsafe.org.uk)

### **Advice in this brochure and the Make it Safe campaign is supported by:**

#### **The Royal Society for the Prevention of Accidents**

RoSPA's mission is to save lives and reduce injuries in all areas of life and has achieved significant changes through its campaigning work over the 90 years since its inception. [www.rospace.com](http://www.rospace.com)

#### **Child Accident Prevention Trust**

A leading UK charity working to reduce the number of children and young people killed, disabled or seriously injured in accidents. [www.capt.org.uk](http://www.capt.org.uk)



#### **British Blind and Shutter Association**

PO Box 232, Stowmarket, Suffolk, IP14 9AR

E: [info@bbsa.org.uk](mailto:info@bbsa.org.uk) W: [www.bbsa.org.uk](http://www.bbsa.org.uk)

**See the window blind safety video at:  
[www.makeitsafe.org.uk](http://www.makeitsafe.org.uk)**

This leaflet is intended only to give general and preliminary guidance and is for information purposes only. It does not, and is not intended to, give professional or technical advice. The reader should always seek specific advice from a professional. The BBSA accepts no liability in contract or tort, and is not responsible for any loss (howsoever caused), and whether arising directly or indirectly, as a result of any action taken based upon the information contained in this leaflet.

03/14 ©BBSA 2014

# What to look for in your new blinds

Blinds come in an endless range of colours and finishes but when buying new blinds for your home, you must consider the way they are operated.

## Safe by design >

A blind which is safe by design is one that is cordless or has concealed or tensioned cords.

Typically these blinds are pushed or pulled into position.

Motorised blinds also remove the need for operating cords. Wooden shutters and external blinds are other cordless styles of window dressing.



Wand operated vertical blinds - pushed and pulled into position by the wand which when twisted tilts the louvres



Spring operated roller blind - some styles operate with a decelerator so the blind retracts at a constant, gentle speed



Tensioned pleated blind - all cords are held under tension and the blind is just pushed or pulled into position



On this venetian blind the slats are tilted and the blind raised or lowered with the wand on the right of the blind

## In-built safety systems >

In-built safety systems are those that are built into the product and so do not require additional installation or operation in use.

Some window sizes or shapes may not lend themselves to cordless window blinds or you may specifically wish to co-ordinate with your existing blinds. If this is the case then choose a blind style with an in-built safety device, such as a chain break connector where the chain is designed to separate under any undue pressure. Breakaway tassels at the bottom of cords work in the same way.

Note: By law there are limitations on cord and chain lengths for in-built safety systems.



Chain break connector will part under any undue load but after inspection can be clipped back together again



A breakaway device on the cords of a roman blind. The blind raises and lowers normally but cords will separate under undue loads

## Separate safety systems >

Separate safety systems are those that require additional installation and/or operation in use.

If cordless options or those with in-built safety devices are not suitable for your specific situation then the only alternative is to use a blind with a separate safety device such as a tensioning system or an accumulation device like a cleat. Make sure the device is securely fitted and always used.

Note: By law there are limitations on cord and chain lengths for separate safety systems.



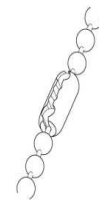
Cord and chain tensioner for vertical blinds to hold cord and chain taut



Chain tensioner to hold a single chain or cord taut

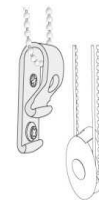
## Making your existing blinds safer

If you have a window blind which has an operating cord or chain that could form a loop you must keep it out of the reach of babies and young children. There are a range of safety devices available for every type of blind.



### Chain-break connector

These will break apart when undue pressure is applied on the operating chain but, after inspection, can be reconnected again. Chain sizes vary so you **must** use the chain-break connector which is designed to be used with your specific chain.



### Cord/Chain tidys & tensioners

These devices should be securely fixed to an adjacent surface and at the maximum distance from the top of the blind so the cords and/or chains are held permanently taut by the device.



### Cleat

This should be securely fixed to an adjacent surface out of the reach of children and at least 1.5 metres from the floor. The cord must be secured as shown after each and every operation of the blind.

Young children can be strangled by loops in pull cords, chains, tapes and inner cords that operate the product. To avoid strangulation and entanglement, keep cords out of the reach of young children. Cords may become wrapped around a child's neck.

Move beds, cots, highchairs and playpens away from window covering cords and chains.



Make sure all cords and chains are always secured out of reach of babies and young children. Do not tie cords or chains together. Make sure cords or chains do not twist and create a loop.



Move furniture away from window covering cords and chains as children love to climb.



**By Law:** All internal blinds sold **must** comply with the 2014 standards

**By Law:** Professional installers **must** fit compliant (safe) blinds in **all** homes



## APPENDIX 4

# The Playwork Principles

These Principles establish the professional and ethical framework for playwork and as such must be regarded as a whole. They describe what is unique about play and playwork, and provide the playwork perspective for working with children and young people. They are based on the recognition that children and young people's capacity for positive development will be enhanced if given access to the broadest range of environments and play opportunities.

1. All children and young people need to play. The impulse to play is innate. Play is a biological, psychological and social necessity, and is fundamental to the healthy development and well being of individuals and communities.
2. Play is a process that is freely chosen, personally directed and intrinsically motivated. That is, children and young people determine and control the content and intent of their play, by following their own instincts, ideas and interests, in their own way for their own reasons.
3. The prime focus and essence of playwork is to support and facilitate the play process and this should inform the development of play policy, strategy, training and education.
4. For playworkers, the play process takes precedence and playworkers act as advocates for play when engaging with adult led agendas.
5. The role of the playworker is to support all children and young people in the creation of a space in which they can play.
6. The playworker's response to children and young people playing is based on a sound up to date knowledge of the play process, and reflective practice.
7. Playworkers recognise their own impact on the play space and also the impact of children and young people's play on the playworker.
8. Playworkers choose an intervention style that enables children and young people to extend their play. All playworker intervention must balance risk with the developmental benefit and well being of children.



The Playwork Principles were developed by the Playwork Principles Scrutiny Group, convened by Play Wales and adopted by SkillsActive in 2005