

# Health and Safety in the Home

Guidance for foster carers, assessing social  
workers and supervising social workers

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## About This Document

Title	<b>Health and Safety in the Home</b>
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## Version Control

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February 2016	5.8	Include information about Gas boilers needing to be serviced every 12 months.	Rosemarie Cronin
December 2016	5.9	Delete information about covers on electrical sockets as these are no longer recommended	Rosemarie Cronin
August 2018	6.0	Updated information regarding contents of First Aid Kit	Rosemarie Cronin
August 2018	6.1	Included information regarding e-cigarettes and vaping	Rosemarie Cronin
August 2018	6.2	Updated information regarding child safety seats (cars)	Rosemarie Cronin
August 2018	6.3	Added information in regarding bedroom sharing and bunk beds	Rosemarie Cronin

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## 1. Introduction

**1.1** Essex County has a duty to provide a Fostering Service that maintains standards laid down by the National Minimum Standards of Fostering 2011. Standard 10 of these standards relates to the physical environment for the foster child with the intended outcome to be that “children live in foster homes which provide adequate space to a suitable standard. The child enjoys access to a range of activities which promote his or her development.”

- The foster home can comfortably accommodate all who live there including where appropriate any suitable aids and adaptations provided and fitted by suitably trained staff when caring for a disabled child.
- The foster home is warm, adequately furnished and decorated, is maintained to a good standard of cleanliness and hygiene and is in good order throughout. Outdoor spaces which are part of the premises are safe, secure and well maintained.
- Foster carers are trained in health and safety issues and have guidelines on their health and safety responsibilities. Avoidable hazards are removed as is consistent with a family home.
- Foster carers understand the service’s policy concerning safety for children in the foster home and in vehicles used to transport foster children. The service’s policy is regularly reviewed in line with the most recent guidance from relevant bodies.
- The foster home is inspected annually, without appointment, by the fostering service to make sure that it continues to meet the needs of foster children.
- In the foster home, each child over the age of three should have their own bedroom. If this is not possible, the sharing of a bedroom is agreed by each child’s responsible authority and each child has their own area within the bedroom. Before seeking agreement for the sharing of a bedroom, the fostering service provider takes into account any potential for bullying, any history of abuse or abusive behaviour, the wishes of the children concerned and all other pertinent facts. The decision-making process and outcome of the assessment are recorded in writing where bedroom sharing is agreed.

**1.2** There is a clear responsibility on the Fostering Service to ensure that Foster Carers meet the many and various needs of ‘looked after children’ including their health and safety. It is important to maintain a safe and hygienic home environment for the care of children/young people so that the risk is minimised for anyone getting hurt or becoming ill.

**1.3 To control risks and prevent children from being hurt, consideration must always be given to the age, understanding and mental and physical ability of the child. It is not the intention of this guidance to prevent children in foster care from undertaking activities but to**

**encourage them and their carers to undertake them safely and minimise risks.**

- 1.4** The Health and Safety Checklist used during the initial fostering assessment and updated annually is a helpful prompt when examining your home environment. A health and safety check will involve a complete inspection of all rooms in the foster home and outbuildings. This form should be completed together with your Supervising Social Worker. It highlights what could cause harm to people in the household and enables you to decide whether you have taken enough precautions or should do more to prevent harm. This guidance explains some of the issues further.

## **2. Hazardous Activities**

- 2.1** Children should be encouraged to develop their emotional, intellectual, social, creative and physical skills and should be supported to take part in school based and out of school activities.
- 2.2** The decision-making and any assessment of risk to the child or young person should be undertaken on the same basis as any reasonable parent would do. When making decisions regarding hazardous activities foster carers should consider what the risks are and whether the activity is supervised by a suitably qualified person if applicable.
- 2.3** This should be no different to any good parent. Foster carers should be clear that they have the delegated authority to decide regarding the activity. If a foster carer is unsure if they have this authority or has any concerns regarding the activity, they should discuss it with their supervising social worker and the child or young person's social worker.

## **3. Fire Safety**

- 3.1** Fire is probably the only single thing that can destroy beyond recovery an otherwise beautiful home and family. Fire can strike without warning in seconds destroying all that it touches including people.
- 3.2** The Essex County Council 'Fire Safety for Foster Families' booklet has been designed specifically, with the aid of Essex Fire Brigade. It will help you to identify any areas of risk and how to reduce the likelihood of fire. Essex Fire Service also provides a service where they will come to the home and do a fire safety assessment and give advice. It is expected that all foster homes have a fire safety assessment completed.

- 3.3** All fostering households should also have their own fire plan where they are considering how they would escape from the home if they should need to. They should also consider how they can share this information in an age-appropriate way with any children who are placed with them and ensure that all household members know what to do in case of a fire.

### 3.1 Chimneys

**3.1.1** Chimneys need to allow free passage of dangerous combustion gasses. Regular cleaning will remove soot and creosote, helping prevent dangerous chimney fires. Cleaning will increase the efficiency of some appliances and ensure that any bird nests, cobwebs or other blockages are removed. The frequency of sweeping will depend on a number of factors, e.g. type of fuel, appliance used, duration of use, content of wood fuel. The following is suggested by the 'Guild of Master Chimney Sweeps'.

<b>Smokeless fuel</b>	At least once a year
<b>Wood</b>	Quarterly when in use
<b>Bituminous Coal Bituminous coal</b>	Quarterly when in use
<b>Oil and Gas</b>	Once a year

## 4. Manual Handling

- 4.1** Essex County Council have a minimal lifting policy. This means that the Council acknowledges that there are times when an employee/individual working on behalf of Essex County Council may be required to lift i.e. take the full weight of the load. This includes foster carers and shared carers as well as other members of staff.
- 4.2** Manual Handling includes picking up, carrying, putting down, pulling, pushing and supporting.
- 4.3** Whenever possible avoid manual handling operations. When these cannot be avoided and in 'real life' this is often the case, consider the operation carefully. Look at the Load, individual, task and the environment (LITE).
- 4.4** **The load** - is it heavy, bulky or unwieldy, difficult to grasp, sharp or hot etc?
- 4.5** **The individual** - (completing the task), do they have any specific health problems (pregnant), does the operation require specific skills or strength?

- 4.6 The task** - does it involve holding objects at a distance from the trunk, does it involve twisting or poor posture, stooping reaching upwards, carrying distances, excessive pushing or pulling?
- 4.7 The environment** - is the surface uneven or slippery, are there variations in floor levels, is there enough space, do constraints prevent good posture?
- 4.8** If carers are undertaking manual handling then a manual handling assessment will be required. This can be arranged through a manual handling instructor. Further advice on this can be obtained from the supervising social worker or through learning and development services.

## 5. Personal Health and Hygiene

### 5.1 First Aid

- 5.1.1** It is important for Foster Carers to plan for the administration of First Aid and Medication. All foster carers must complete First Aid training.
- 5.1.2** Foster carers should keep First Aid 'Kits' in the car and in the home and make sure they are readily accessible and easy to identify.
- 5.1.3** [Further information regarding contents of First Aid Kits can be found on the NHS website](#)

### 5.2 Medicines

- 5.2.1** Medicines should be kept out of reach of children/young people and if possible, under lock and key.
- 5.2.2** Essex County Council has a Policy for the Administration of Medication. Foster Carers are required to work through and complete the Medication Workbook which will be signed off by an appropriately trained Supervising Social Worker. It will enable foster carers to competently understand and administer medication, the storing and labelling of medicines and recording and reporting procedures. This should then be reviewed annually.
- 5.2.3** **Homely Remedies** Non-prescription medicines ('over the counter' or 'homely remedies').
- 5.2.4** There is a recognised duty of care to enable carers to make an appropriate response to health needs or symptoms of a minor nature. This may be achieved by administering a non-prescription medicine (otherwise

known as a 'homely remedy' or 'over the counter medicine', a medicine which can be bought in a community pharmacy without a prescription).

- 5.2.5 The decision to administer a homely remedy (this includes vitamins and other supplements) may be taken by a carer but guidance must be sought from the young person's GP or local pharmacist on each occasion. It is important to consider the interaction between homely remedies and any regular medication the child/young person may be taking.
- 5.2.6 Administration of non-prescription medicines must be recorded appropriately, to include the reason for administration.
- 5.2.7 Symptoms appearing to be minor may be indicative of a more serious condition therefore treatment should not extend beyond 48 hours unless agreed by a GP.

### 5.3 Specialist Healthcare

5.3.1 Some young people may have specialist healthcare needs for example; emergency intervention in epilepsy, administration of oxygen, administration of medication or artificial feeding. Specific requirements for the individual will be identified before the placement commences and may include resources, equipment, transport and training needs which will be addressed and competency assessed and reviewed and a health care plan will be agreed.

### 5.4 Personal Hygiene

5.4.1 Children's good health is best promoted when you apply high standards of hygiene to prevent the spread of infection and illness. You can raise children's awareness of good hygiene by talking to them about hand washing, cleaning teeth etc and lead by example.

5.4.2 First Aid training will cover how to deal with blood borne infection, body fluids and spills. It is important that these precautions are always taken within the home. Training on communicable diseases would be given for general and specific situations.

### 5.5 Food Hygiene

5.5.1 As with personal hygiene good food hygiene techniques will prevent food poisoning and other related illnesses. It is important to use these few simple steps to safe food handling.

- Ensure that hands, clothes, equipment and work surfaces are clean when preparing food.
- Always store food at the correct temperature and keep it covered.

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- Cook food properly.
- Do not use food that has passed its sell-by date.
- Keep raw and cooked foods separate.
- Do not smoke when preparing food and never cough or sneeze over food.
- Keep pets away from food.
- Cover any cuts, sores or wounds with a waterproof dressing.
- If re- heating food, ensure the centre temperature reaches 70 degrees centigrade for at least 2 minutes.

## 6. Child Protection or Safe Caring

**6.1** Carers should have a copy of the Fostering Network Safer Caring Book.

**6.2** All fostering households should have a family safe care family plan which should be updated when new children or young people are placed.

**6.3** If carers have any concerns regarding any issues relating to safeguarding a child or young person, they should contact their supervising social worker and the child's social worker.

### 6.1 Beds and bedrooms

**6.1.1** For this, you should also refer to the bedroom sharing policy [on our website](#).

**6.1.2 Bedroom sharing** - Foster carers can have children up to the age of two in their bedroom. After the child's second birthday it is expected that they should have their own bedroom unless there are exceptional circumstances or needs. If this is case the SSW should undertake an assessment of the risks and issues and ensure this is recorded on the foster carer file.

**6.1.3** Where possible the fostering service will aim for all looked after children over the age of three to have their own bedroom. If children will be expected or would prefer to share a bedroom a risk assessment must be carried out for each individual child prior to the children sharing a bedroom.

**6.1.4 Bunk Beds** - Age guidance should be provided by manufacturers of bunk beds. However, the general rule unless manufacturers say differently is that children should not sleep on the top bunk if they are under 6 years of age or over 14 years of age.

### 6.2 Child Safety

**6.2.1 Stair Gates/Baby Equipment** - Stair gates must be fitted correctly and used to restrict access to stairs or steps where toddlers or young children could fall and any

rooms where it is necessary to restrict access by toddlers and young children. For example:

- cooking, pets or other hazardous activities
- All members of the family must use the gate/s correctly.
- Baby walkers should not be used.

**6.2.2 Moses Baskets** - If using a Moses basket, it is the responsibility of the carer to ensure that it is kept in good condition. The straps need to be sturdy if carrying a baby in the basket. The advice from the midwifery service is that Moses Baskets are safe to use for babies up to 12 weeks old.

**6.2.3 Blind/Curtain Cords** - If small children are in placement all blind and curtain cords should be securely attached and out of reach to small children.

**6.2.4 Glass/windows** - Children have been seriously injured by glass or falling from open windows. Any low-level glass must be safety, toughened glass or protected with safety film which can be applied to the window.

- Access to open windows should be prevented.
- Do not place furniture or shelves which could be climbed under windows.
- Place restrictors on open windows to prevent them opening more than 100mm.
- The bottom edge of opening windows should normally be at least 800mm above floor level.
- Open windows should not project into an area where children may collide with them.

**6.2.5 Televisions** - To prevent children being injured in television-related accidents, the following advice is provided by RoSPA (The Royal Society for the Prevention of Accidents):

- Free-standing, flat-screen televisions are placed on a wide, stable, manufacturer's base (designed to accompany the television), which reduces the risk of the screen toppling forwards
- Anti-tip straps are fitted. These are now available from leading suppliers of child safety products in the UK, and are an easy, inexpensive and effective way of ensuring that your flat-screen television stays safely upright. Straps are designed to be attached to the rear of flat-screen televisions (and other types of furniture) and then tethered securely to brackets fixed to the wall
- Children are kept out of the way while bulky, heavy objects such as televisions are being moved
- Toddlers are discouraged from pulling themselves up by holding on to a television set or furniture on which a television sits.
- If you are hanging your flat-screen television on a wall, take care to ensure it is fitted to a solid wall. Where internal walls are made of plasterboard, fixing

brackets should be attached to underlying wooden studs. If in any doubt about this, use the services of a skilled tradesperson. Always check and follow the manufacturer's instructions for additional information about hanging your television on the wall.

**6.2.6 Keys** - House and car keys should be kept in a safe, secure place out of sight from the outside. Car keys should not be easily accessible to children. It is easier to locate them if they are always kept in the same place. Keys to sheds, outbuildings etc. should be easily identified and kept safe/stored away.

**6.2.7 Baths** - Unfortunately several children a year die through drowning in the domestic environment. Bath time should be a pleasurable experience for the child and the foster carer. Never leave a small child in the bath even for seconds. Always put cold water into the bath first and ensure that the water is not too hot or too deep. Extra care should be taken for children who have epilepsy and may need to be supervised at bath times.

**6.2.8 Knives and Sharp Implements** - Knives, scissors and other sharp implements can be used by children to inflict self-harm and in some instances harm others. It is important that you are aware of any risks of this kind that the child's behaviour presents. All knives and sharp implements can be hazardous and should always be stored safely (this may vary with different children who are placed).

## 6.3 Alcohol, Cigarettes, E cigarettes (Vaping) and Passive Smoking

**6.3.1** See smoking policy for adoption and fostering [on our website](#).

**6.3.2** Children and young people should be made aware of the dangers of smoking and alcohol and foster carers should always lead by example. Alcohol and cigarettes should be stored where they cannot be accessed inappropriately and never left where toddlers or very young children can reach them. Care should also be taken as to the storage of smoking materials such as matches, lighters and cigarettes as these are one of the main contributors to domestic house fires. Carers should also consider whether they have fire retardant furniture.

**6.3.4 Smoking in Cars** - From 1 October 2015 it has been illegal to smoke in a car (or other vehicles) with anyone under 18 present in the car. The law was changed to protect children and young people from the dangers of second-hand smoke.

**6.3.5** Both the driver and the smoker could be fined £50. The law applies to every driver in England and Wales, including those aged 17 and those with a provisional

driving licence. The law does not apply if the driver is 17 years old and is on their own in the car. The law applies to any private vehicle that is enclosed wholly or partly by a roof. It still applies if people have the windows or sunroof open, have the air conditioning on, or if they sit in the open doorway of the vehicle. The law doesn't apply to a convertible car with the roof completely down.

**6.3.6** Every time a child breathes in second-hand smoke, they breathe in thousands of chemicals. This puts them at risk of serious conditions including meningitis, cancer, bronchitis and pneumonia. It can also make asthma worse.

**6.3.7 Passive Smoking** - The government advises that smoking should be conducted well away from children, in order to prevent the risks of passive smoking. The following information regarding passive smoking is from the NHS Choices website:

**6.3.8** "When someone smokes a cigarette, the smoke from the burning tip stays in the air. So does the smoke they breathe out. Smoke can stay in the air for up to two and a half hours. It may still be there even if you can't see it or smell it.

**6.3.9** This also applies in small, enclosed places, such as cars. Smoke may still be present in large amounts even after the person has stopped smoking. [For more information, see the guidance on new rules about tobacco, e-cigarettes and smoking.](#)

**6.3.10 Risks of passive smoking** - Passive smoking can damage your body because second-hand smoke contains more than 4,000 toxic (harmful) chemicals, many of which are known to cause cancer. Passive smoking from all forms of tobacco is harmful, including:

- cigarettes
- cigars
- pipe tobacco
- hand-rolling tobacco

**6.3.11** Frequent exposure to other people's smoke can increase your risk of [lung cancer](#), even if you're a non-smoker.

**6.3.12 Children and passive smoking** - Breathing in second-hand smoke is particularly harmful for children. Children who breathe in second-hand smoke have an increased risk of:

- cot death ([sudden infant death syndrome or SIDS](#)) - this is twice as likely in babies whose mother smokes.
- Developing [asthma](#) - smoking can also trigger asthma attacks in children who already have the condition.
- Serious respiratory (breathing) conditions such as [bronchitis](#) and [pneumonia](#) - younger children are also much more likely to be admitted to hospital for a serious respiratory infection.
- [Meningitis](#).
- [Coughs](#) and [colds](#).

- Middle ear disease, such as [otitis media](#) (a middle ear infection), which can cause [hearing loss](#).
- Children who grow up with a parent or family member who smokes are also about twice as likely to start smoking later in life". See also the Smoking Policy for Fostering and Adoption [on our website](#).

**6.3.13 Electronic Cigarettes (Vaping)** - E-cigarettes, also known as vaporisers, are not tobacco cigarettes. The use of them has become more widespread in recent years and can provide a route for smokers to help them reduce or give up smoking. Such products have been developed more recently and due to this the evidence about their use in terms of effects of health continues to evolve. At this time Essex will not preclude foster carers or adopters due to their usage of e-cigarettes/vaporisers. However, the following guidelines should be adhered to.

- E-cigarettes/vaporisers cannot be sold to children/young people under 18 years in the UK. Carers should not purchase such items for young people under 18.
- Equipment used for e-cigarettes/vaporisers must be kept safely and out of reach of young children. There has been an increase of cases of poisoning of young children associated with ingesting the liquid used
- If carers, or other members of the household, are using e-cigarettes/vaporisers, they should do so only when children (of all ages) are not present.
- Carers who do vape should not vape in the home or in the car.

## 6.4 Pets and Livestock

**6.4.1** Further Guidance on Dogs and Pets is available in the BAAF Good Practice Guide; Dogs and Pets in Fostering and Adoption, [on our website](#).

**6.4.2** Pets are an important part of many families' lives and they can bring great pleasure and many benefits to children. Getting to know and understand a pet and learning how to care for it can be very important for children.

**6.4.3** If you have a pet however, you will need to control the situation very clearly and firmly and lay down clear guidelines and ground rules. These will protect the children but also the pet from the possible dangers of causing accidents and injuries and passing on disease. If there are pets in the household a pet assessment should be undertaken.

**6.4.4** If foster carers also look after other people's dogs there should be discussion with the SSW as to how the dogs are assessed. Some carers also 'foster' dogs under an organised scheme. If this is the case then the carers should find out what assessments are completed by that scheme and then discuss with the supervising social worker if there is any other relevant information that may be required to ensure that risks are minimised.

6.4.5 If there are dogs or other pets in the household or surrounding area the supervising social worker/assessing social worker should discuss this with the foster carer. Considerations should include:

- Pet's temperament and behaviour towards children.
- Access or containment restrictions.
- How is animal excrement cleared away and disposed of.
- Supervision.
- Health and welfare of the pet (worming, fleas).
- Keep children away from feeding and litter trays.
- Teach children to always wash their hands after touching pets.

### 6.4.6 **Livestock** -

- Should be contained with well-maintained fences/barriers.
- Gates should be kept shut and appropriately secured.
- Children should be taught how to respect and how to approach animals.
- Small children should be kept away from large animals like horses and cattle unless supervised.
- Follow the Countryside Code.

## 6.5 Chemicals

6.5.1 Chemicals used in the home and garden can cause harm by contact, ingestion or inhalation which may have an acute, immediate or chronic, long term effects such as poisoning, burns or skin rashes.

6.5.2 It is important that you read the manufacturer's instructions on the use of cleaning products, weed killer, paint, inflammable materials, aerosols etc. and store them safely, keeping them out of reach of children /young people and in line with the instructions on the container.

- Ensure that instructions for use are adhered to.
- Use appropriate protective clothing if required.
- Store chemicals/substances safely:
  - i) Under lock and key.
  - ii) Out of reach.
  - iii) In cupboards with child-locks.
  - iv) Use child-proof stoppers.
- Do not store chemicals in inappropriate containers (i.e. milk bottles, plastic drinks cups).
- Be particularly careful with aerosols/sprays and always know what you use, where it's kept and make children and young people aware of the dangers.

## 7. Garden, Grounds and Outbuildings

### 7.1 Ponds, Pools and other water

- 7.1.1 Gardens and grounds can be exciting and interesting places to relax and learn for children. Unfortunately, every year children drown in domestic gardens, often in very small amounts of water. Small children can drown in a very small amount of water in a very short time.
- 7.1.2 Access to any pools, swimming pools, ponds, rivers or streams should be controlled according to the age and understanding of the child/children. Fences/barriers, locks and keys and pond covers or grids should be used. Swimming pools should never be used by children without supervision by an adult/s.
- 7.1.3 Any water activities must be suitably assessed and always supervised.

### 7.2 Glass

- 7.2.1 Keep children away from any external glass found in greenhouses, cold frames etc. and the surrounding areas. Broken glass is particularly dangerous so make sure panes are intact. The safest solution is to remove glass altogether, replace with plastic or Perspex or fence off to restrict access.

### 7.3 Plants

- 7.3.1 Whilst many plants are safe to handle and investigate, there are some which are poisonous or have poisonous parts. Some children may be particularly vulnerable because of asthma or allergies. A sheet to help identify poisonous plants is included in [the Foster Carer Handbook, on our website](#). It is also important to:
- Teach children to respect all plants.
  - Teach children not to touch their eyes whilst handling plants and not to taste any part of a plant unless absolutely certain that it is safe to do so.
  - Warn them, especially about attractive looking, berries, fruits and seeds.
  - Always wash hands after handling plants.
  - Be aware of what's growing in your garden, the weeds as well as the flowers and plants.

### 7.4 Bonfires or Barbecues

- 7.4.1 Often children have a fascination for fire and bonfires, if bonfires or barbecues are planned, they should be carefully considered. Considerations should include:

- Location or accessibility.
- Heat source and what is being burnt.
- When the fire or barbecue has finished, hot surfaces, smouldering materials.
- Bonfires and barbecues should always be supervised - this includes the lighting and materials used in the lighting.

### 7.5 Sand Pits

- 7.5.1 Sand pits should be covered when not in use to prevent access by animals.

### 7.6 Equipment or Machinery

- 7.6.1 Careful consideration should be given regarding children using machinery or appliances.

- 7.6.2 Machinery will include gardening equipment like lawn mowers, strimmer's, indoor appliances, sewing machines, vacuum cleaners, food mixers, workshop equipment etc.

- It is important that access to machinery is controlled by:
  - i) Proper storage.
  - ii) Under lock and key.
  - iii) Position (out of reach, in a cupboard, in rooms/building where access is restricted).
  - iv) Ignition keys should not be left in position when not in use.
- All machines should be correctly maintained.
- Adults using machines must operate correctly (lead by example).
- Guards must be used if required.
- Personal Protective Equipment (PPE) should be provided and worn.
- Instruction, training and supervision must be given to children using machinery.
- Children must not operate any machinery unless supervised/you have considered the risks.
- Residual Circuit Devices (RCD's) must be used on all external electrically powered equipment or where water or damp conditions exist.
- Correct precautions must be taken when re-fuelling.

### 7.7 Outbuildings

- 7.7.1 Garden tools, electrical equipment, petrol, oil and matches should all be safely locked away. Outbuildings should always be kept locked when not in use.

- 7.7.2 It is a good idea to know exactly what is in any outbuildings and of any risks to children that items may pose.

## 7.8 Outdoor Play Equipment

- 7.8.1 Keep all outdoor play equipment in good working order.
- 7.8.2 Consider the surface and immediate surroundings; ensure that there are no sharp edges or hard materials to fall on.
- 7.8.3 You may need to put down some sort of cushioning material such as sand or bark surrounding the equipment to cushion falls.
- 7.8.4 Make sure that the play equipment is suitable for the age and ability of the child/children.

## 7.9 Trampolines

- 7.9.1 There are specific rules that apply to trampolines, that may change dependant on the child in question. These include:
  - Should be separately risk assessed for individual children.
  - Should not be used for extended periods.
  - Must have safety nets and 'spring' cover pads.
  - Must be supervised.
  - Only used by one person at a time.
  - Children aged under 6 must only use trampolines designed for their age range and size, trampolines are not suitable for very young children and toddlers.
  - Children with Atlantio Axial Syndrome must not use a trampoline.
  - Smaller individual trampolines can be used by younger children, provided that are supervised and sited in a safe position.
  - **All children who have Downs Syndrome must have an assessment before they can engage in potentially dangerous activities like trampolining, this can also include activities such as horse riding etc.**

## 8. Firearms or Potential Weapons (Including Ceremonial Weapons)

- 8.1 Under the Firearms Rules 1998, a prescribed safekeeping condition is attached to all firearm and shotgun certificates. [Also see Foster Care and Firearms guidance on our website.](#)
- 8.2 The safekeeping condition attached to firearms or shotgun certificates requires that guns and ammunition must be stored securely to prevent as far as is reasonably practicable, unauthorised people taking them or using them. Any other person who does not hold a firearm or shotgun certificate is included in the term "unauthorised".

- 8.3 [Further information and guidance would be available from The Firearms, Shot Gun and Explosives Licensing section of Essex Police.](#)
- 8.4 [Further information can also be retrieved by email if you have specific questions.](#)
- 8.5 Other weapons (including ceremonial weapons) will need a risk assessment and should be safely stored. It should be recognised that such items can be used by children to inflict self-harm and in some instances harm others. Foster carers should be aware of any risks of this kind that the child or young person presents and this should be considered with any risk assessment. The risks may vary with different children or young people who are placed.

## 9. Child Safety Seats

- 9.1 Up to date information about the current law regarding car seats can be [found on the government website](#).
- 9.2 At the point of this review the current law regarding child car seats is as follows:
- 9.3 Children must [normally use a child car seat](#) until they're 12 years old or 135 centimetres tall, whichever comes first.
- 9.4 Children over 12 or more than 135cm tall [must wear a seat belt](#).
- 9.5 You can choose a child car seat based on your child's height or weight.

### 9.1 Height-based seats

9.1.1 Height-based seats are known as 'i-Size' seats. They must be rear facing until your child is over 15 months old. Your child can use a forward-facing child car seat when they're over 15 months old.

9.1.2 You must check the seat to make sure it's suitable for the height of your child.

9.1.3 Only EU-approved height-based child car seats can be used in the UK. These have a label showing a capital 'E' in a circle and 'R129'.

## 9.2 Weight-based seats

9.2.1 The seat your child can use (and the way they must be restrained in it) depends on their weight.

9.2.2 Only EU-approved weight-based child car seats can be used in the UK. These have a label showing a capital 'E' in a circle and 'ECE R44'.

9.2.3 You may be able to choose from more than one type of seat in the group for your child's weight.

Child's Weight (kg)	Group	Seats
0-10	0	Lie-flat or 'lateral' baby carrier, rear-facing baby carrier, or rear-facing baby seat using a harness
0-13	0+	Rear-facing baby carrier or rear-facing baby seat using a harness
9-18	1	Rear- or forward-facing baby seat using a harness or safety shield
15-25	2	Rear- or forward-facing child car seat (high-backed booster seat or booster cushion) using a seat belt, harness or safety shield
22-36	3	Rear- or forward-facing child car seat (high-backed booster seat or booster cushion) using a seat belt, harness or safety shield

9.2.4 Manufacturers can now only make booster cushions approved as group 3. This won't affect any existing booster cushions in group 2 and you'll still be able to use them.

## 9.3 Fitting a child car seat

9.3.1 You must only use a child car seat if your car's seat belt has a diagonal strap, unless the car seat is either:

- Specifically designed for use with a lap seat belt.
- Fitted using ISOFIX anchor points

9.3.2 You must also:

- Deactivate any front airbags before fitting a rear-facing baby seat in a front seat
- Not fit a child car seat in side-facing seats

## 9.4 Children with disabilities

9.4.1 The same rules apply for children with disabilities unless a doctor says they're exempt on medical grounds. They can use a disabled person's seat belt or child restraint designed for their needs.

9.4.2 [For further information regarding any situations where a child can travel without a car seat or any updates on the above information regarding car seats, this can be found online.](#)

## 10. Road Safety

10.1 To ensure this is maintained, it is important that:

- Access to vehicles and traffic by young children must be controlled by:
  - i) suitable fences and gates.
  - ii) Restraints on children (reins).
  - iii) Supervision.
- Children should not play in roads.
- Children should be given instruction on road safety.
- Cross at pedestrian crossings wherever possible.
- Carers own cars should never be left with the keys in the ignition.
- Children should not be left in cars without supervision.
- Children travelling in vehicles must be seated in the correct restraints for their weight, size/age.
- When children need to access vehicles parked on roads, they should always do so from the kerb.

## 11. Railway Safety

11.1 Railway crossings and tracks are always dangerous to young people. Carers who live near to railways must be vigilant about the whereabouts of children. It is good for all carers to talk to children about the dangers of the railway.

## 12. Bicycles

12.1 All bicycles used should be:

- The correct size for the child with stabilisers if required.
- Correctly maintained with working brakes.
- Only have one rider unless specific provision is made (tandem, child seats).
- Appropriate helmets should be worn.

- Reflective clothing should be worn on roads.
- Additional Personal Protective Equipment (PPE) may be required (Mountain Biking).
- Children should be supervised.
- Children cycling on the roads must understand Road Safety and comply with the law.
- Children should also be encouraged to attend cycling proficiency/road safety courses.

### 13. Toy Safety

**13.1** It is essential that children play with toys to encourage development, however this should be regulated by:

- Ensuring that toys are suitable for the age and ability of the child/children.
- Look for the mandatory European Community (CE) symbol. This is a claim by the manufacturer that the toy meets the requirements of the EC toy safety directive. Products without the CE mark may not be intended to be used as toys but novelties, which may not be safe for children to play with.
- The British Toy and Hobby Association's Lion Mark is a condition of the BTHA trade association membership and toys produced by its members meet safety requirements.
- Buy from suppliers with a good reputation, extra care needs to be taken if buying from jumble or car boot sales.
- Always check that small items such as buttons on toys would not cause choking to a child if swallowed.

### 14. Electrical Safety

**14.1** To ensure electrical safety is carried out to protect children in the home:

- Electrical equipment in the home should be regularly checked to ensure that it is in safe working order.
- Electric leads should be tidy and not trailing over walk areas.
- Any cubed adaptors should be replaced with a strip connector.
- Where recommended or appropriate a RCD (Residual Circuit Devices) should be fitted.
- It is advisable that a trip switch should be fitted.

## 15. Gas Safety

- 15.1** Maintenance and service checks by a CORGI registered engineer should be undertaken at least every 12 months.

## 16. Heat Sources

- 16.1** Heat sources can cause serious danger to children in the home, therefore:
- There should be fireguards around any open fires or portable heaters.
  - Are anti –topple brackets fitted to cookers and cooker safety guards when children are vulnerable.
  - Other heat sources could include radiators, electric fires, hair tongs etc. The precautions required will depend on the age and understanding of the child/children.
  - Care may also be needed with the temperature of hot water both at the tap and in baths etc. Checking processes need to be in place for young and vulnerable children.

## 17. Slips, Trips and Falls

- 17.1** This is an inevitable part of a child's risks; however, management should be completed to reduce the chances of serious harm. This can be done by following these steps:
- Stairgates should be in place to avoid injury from falls to babies/young children.
  - Carpets should be in good condition without worn areas which could cause trips and falls.

## 18. Bibliography

- 18.1** Fire Safety Booklet (updated 2011)
- 18.2** Essex Medication Policy
- 18.3** Smoking Policy for Fostering and Adoption
- 18.4** Foster Carers and Firearms Guidance
- 18.5** Bedroom Sharing Policy
- 18.6** Safer Caring – Fostering Network Publication (2012)