

Breastfeeding Support Groups Standard Operating Procedure

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1. Introduction

The benefits of breastfeeding are set out in Department of Health – Early Years High Impact Area 3 - Breastfeeding. The longer a woman continues to breastfeed the greater the benefits to both mother and baby in the short and long term. It links with promoting health and development and the Breastfeeding Support Groups are recommended as a way of reducing isolation; improving relationships in communities and families; and helping mothers to breastfeed for longer.

Following the Health Visiting implementation plan and 1001 Critical days; working within the Community level of Health visiting Service in Doncaster, the aim of the Breastfeeding Support Group (BS) is to offer pregnant women and breastfeeding mothers a strong support network in an informal, relaxed and friendly environment which promotes breastfeeding as the best way to feed their baby. Practical advice, reassurance and support on all aspects of breastfeeding are available from Health Professionals and trained Peer Supporters, through building of community capacity. The BS Groups are available to all pregnant women and breastfeeding mothers who would like an additional support network for breastfeeding.

The Standard Operating Procedure has been developed to ensure that a consistent and high quality service is delivered, as well as providing a framework to follow in relation to administrative procedures, governance and performance monitoring.

2. Aim

The aim of this Standard Operating Procedure (SOP) is to give guidance and a framework to those healthcare staff responsible for the facilitation of Rotherham Doncaster and South Humber Trust (RDash) delivered Breastfeeding Support Groups. It should promote consistency in the way these groups are administered, facilitated.

In addition, this document should ensure the delivery of a high standard of service to those accessing the service.

3. Scope

The Children's Care Group Children, Young People and Family (CYP&F) 0-5 service is committed to promoting breastfeeding amongst pregnant women and partners and those mothers who have given birth.

CYP&F- Breastfeeding Support Groups are delivered through Breast Start and First Friends and Growing Friends groups and contribute to the breastfeeding initiative across the Doncaster Borough, and in most cases have very close links with their locality's Family Hubs and Midwifery Services.

4. Link to overarching policy

This Standard Operating Procedure is linked to the Infant Feeding Policy.
<https://www.rdash.nhs.uk/27126/infant-feeding-policy-doncaster-community/>

5. Procedure roles and responsibilities

5.1 CYP&F Management Team for the Community Level in Public Health Nursing and the Infant Feeding Co-ordinator

Members of this team will have overarching responsibility for the effective delivery, supervision, and service development of CYP&F Breastfeeding Support Groups within Doncaster.

5.2 Infant feeding Co-ordinator

Will ensure:

- Staff leading and facilitating Breastfeeding Support Groups are trained to the appropriate Breastfeeding Friendly Initiative (BFI) standard
- Staff are kept informed/updated on national and local recommendations with regard to infant feeding.
- Will ensure positive links are maintained between partner agencies.
- Will provide group supervision for the breast feeding group facilitators on a quarterly basis.
- Will audit quality following the BFI standards on a 3-4 monthly basis.
- Ensure communication of relevant information amongst identified facilitators via supervision group
- Staff are informed about updates from the Starting well Partnership group.

5.3 Management team at Community Level

Will ensure:

- Effective communication links with Managers and healthcare professionals.
- Breastfeeding Support Groups are established within their areas and are running on a regular basis in accordance with the SOP
- Will act as a nominated lead for groups, but not necessarily need to be present at groups
- Facilitate the ordering of items/ resources needed by groups
- Ensure that the group is operating efficiently and in accordance with the SOP.
- Operational issues are dealt with as necessary
- Administrative processes are in place on behalf of the Breastfeeding Support Group
- Breastfeeding Support Group sessions are appropriately staffed
- Additional support and advice is available/accessible from a Public Health Nurse, especially in relation to safeguarding children and maternal mental health
- Changes in relation to the Breastfeeding Support Group (including change of Lead Facilitator) are communicated to the CYP&F Leadership team.
- The management team must have the appropriate level of training in accordance with the BFI standards.

5.4 Children, Young People Lead Facilitators

Lead Facilitators will be the key members of staff involved with the running and delivery of the Breastfeeding Support Groups. Each Breastfeeding Support Group may have more than one Lead Facilitator.

Lead Facilitators will:

- Assess client/service users' needs to provide the appropriate support, advice and guidance
- Offer information and support in a non-judgemental way to enable mothers to make informed choices
- Provide supportive material and resources to help strengthen information given
- Offering up to date up information in line with (BFI) standards.
- Be knowledgeable about nutrition and recognition of when a baby is ready for solids, suitable first solids ways to offer solids, encouraging self-feeding and combining solid food with breastfeeding beyond six months
- Co-ordinate and prepare the venue for each session, including the purchase of any fresh produce (e.g. milk for refreshments)
- Discuss/ Sign-post to the Single Point of Contact (SPOC) if additional support and advice is required.

5.5 Breast Feeding Champions

- Will lead on nominated breastfeeding support group
- Will support with breastfeeding peer support programme.

5.6 Peer Supporters

To volunteer in; Breastfeeding support groups, First friends and Growing Friends groups following appropriate training and induction. To link with Infant Feeding Policy RDaSH volunteer policy (see end of document for links)

5.7 Partnership Working

The delivery of Breastfeeding Support Group models has involved close partnership working with local Family Hub's. This is a key factor for success and continues to be strongly encouraged; CYP&F will involve its partners in the delivery of these groups.

6. Training

All members of staff who manage, lead, facilitate and/or support CYP&F Breastfeeding Support Groups will be trained in breastfeeding management skills, in accordance with UNICEF Baby Friendly Initiative accreditation. This involves an initial 2 day training and annual updates. Appropriate training will ensure a high quality of support and advice is being given to women and their partners.

Breast feeding peer support volunteers will undertake a 7 week Solihull Breastfeeding Peer Support Training package and then yearly updates following the BFI standards.

Updates in relation to national guidelines and any information from the Starting well Partnership group will be communicated to relevant staff to ensure they are kept as up to date as possible.

7 Setting up a Breastfeeding Support Group

- The establishment of a CYP&F Breastfeeding Support Group must be organised in liaison with the leadership team and Infant Feeding co-ordinator in conjunction with effective networking with partner agencies
- The relevant Community level lead will need to ensure that there are sufficient resources to staff the group on a regular basis and act as the nominated lead.

The Lead Facilitator, in partnership with other professionals, will need to consider the following points:

- Venue
- Health, safety, fire and security issues (including lone working)
- Equality Impact Assessment
- Infection Prevention and Control Issues
- Official launch (please refer to section under Purchasing Resources)
- Resources, e.g. books, leaflets, posters
- Furnishing
- Publicity

7.1 Organising a Launch Event

An official launch of a newly established Breastfeeding Support Group should be considered to gain maximum publicity and encourage attendance. The following points might be useful considerations as part of the planning process:

- Timing of the event
- Provision of catering and refreshments
- Displays and promotional items
- Guest list
- Publicity
- CYP&F Facebook page and Instagram

When organising an official opening, consideration must be given to the guests being invited, in addition to the prospective users of the service.

7.2 Publicity and Communication

It is important that consideration be given to the ways in which an official opening should be publicised, as well as continuing to promote the breastfeeding support group on a regular basis. The use of social media

including the Health Visiting Facebook site, Instagram and website page will support publicising the groups.

The Corporate Communications Team will be able to offer advice with regard to the official opening, as well as giving guidance about contacting local media. The relevant CYP&F Manager must be kept informed of any arrangements made.

The CYP&F leadership team keeps an up to date list of Breastfeeding Support Groups, including their opening times, venue and relevant contact details. This is distributed to key contacts when updates are made and this information should be cascaded onwards as necessary; therefore, it is important that any changes are communicated to the CYP&F Leadership team.

8 Organisational Policies

It is the responsibility of all staff involved in the delivery of the groups to make themselves aware of policies and procedures in relation to Breast Feeding.

9 Visitors Accompanying Pregnant and Breastfeeding Mothers

There may be occasions when pregnant women and breastfeeding mothers are accompanied by friends, relatives, and spouses/partners. These situations will need to be managed by Lead Facilitators on an individual basis. It is important to ensure that all other pregnant and breastfeeding mothers attending the Breastfeeding Support Group are comfortable with the visitors being present.

10. Resources

10.1 Equipment

Consideration must be given to infection prevention and control standards, i.e. surfaces that can easily be decontaminated. Equipment and items such as toys must be wipable using Clinell universal wipes. Any items that cannot be decontaminated safely must be disposed of if contaminated. Advice is always available from the Trust Infection Prevention and Control Team. Trust staff will adhere to the Trust Hand Hygiene CYP&F procedures.

10.2 Refreshments and Snacks for Breastfeeding Support Group Sessions

Requests for basic requirements, i.e. tea, and coffee, should be directed to the CYP&F leads at Community level. Other items, or those that need to be purchased on a regular basis, e.g. milk, soft drinks, should be purchased by the Lead Facilitator and reclaimed by Staff completing a petty cash form signed by a Team Leader and taken to Petty Cash on the Tickhill Road site.

The provision of snacks may be considered in order to promote an environment that is relaxed, supportive and friendly. It is advisable to keep these purchases to a minimum wherever possible, unless other sources of funding are available to purchase them.

Healthy Eating and Drinking Guidelines have been specifically developed in partnership with the Doncaster Bassetlaw Hospital Foundation Trust (DBHFT) Dietetics Department for use by Lead Facilitators (Appendix 1). This is an excellent opportunity to encourage healthy eating and drinking alternatives.

10.3 Use of Reference Materials

The use of materials, such as books, public health leaflets, DVDs and posters, are good ways of promoting the breastfeeding message and are good sources of information. Consideration should be given to having these available during all Breastfeeding Support Group sessions.

To ensure compliance with the UNICEF BFI accreditation, health staff must not be shown to support any branded products. Where there is any doubt, Lead Facilitators must consult with the Infant Feeding Co-ordinator.

11. HEALTH AND SAFETY

11.1 Health and Safety Considerations at venue

The environment in which Breastfeeding Support Groups are held must be as safe as practicably possible.

For all venues a current Fire Risk Assessment must be in place. This can be obtained from the responsible person for the premises.

These risk assessments will need completing where groups are being held in venues other than Children's Centres.

When a venue for a Breastfeeding Support Group has been identified, the Lead Facilitator must make contact with the Corporate Health and Safety Team, to arrange for a risk assessment to be carried out.

11.2 Weekly Checks

Lead Facilitators must conduct regular checks of their environment before each Breastfeeding Support Group session. It will provide assurance that key aspects of the environment are as safe as possible for those attending. Lead Facilitators must use the Weekly Hazard Identification Checklist devised for Breastfeeding Support Groups. (Appendix 2).

Completed forms must be retained for audit purposes and collated by the Leadership team

If any significant changes occur to the environment in which Breastfeeding Support Groups are held, the Lead Facilitator must carry out a full hazard identification check, using Appendix 3.

11.3 Annual Checks

Lead Facilitators must conduct a full health and safety check of the Breastfeeding Support Group environment on an annual basis. This will ensure that environments that have changed over a 12-month period are

being fully assessed for health and safety purposes. The Annual Hazard Identification Checklist (Appendix 3) must be used.

Annual checks should be conducted at the beginning of the financial year, i.e. beginning of April.

Completed forms must be retained for audit purposes, and a copy sent to the CYP+F Leadership Team.

11.4 Hot Drinks

Lead Facilitators should be aware of the risks around the serving of hot drinks. There are some useful guidance notes within the Annual Hazard Identification Checklist (Appendix 3).

The Breastfeeding Support Group's host organisation (e.g. Family Hub) may have its own policies, and these will take precedence with regard to the provision of hot drinks.

12. Data Collection and Performance Monitoring

12.1 Performance Monitoring

Lead Facilitators must maintain clear and accurate records for their Breastfeeding Support Groups. Attendees will be recorded in SystmOne. The Family Hub collates their own attendance sheets for those attending their building. No health information is shared from the health teams to the Family Hub. If this was required then consent and aspects of General Data Protection regulation (GDPR) will need to be considered.

The type of data and information being collected will be subject to change and data collection templates will need to be amended accordingly. On these occasions, new templates will be distributed to all Lead Facilitators.

Group supervision of Lead Facilitators will be offered on a quarterly basis.

12.2 Evaluation Exercises

Audit and evaluation will be carried out following the BFI Quality Standards on a 3-4 monthly basis by the Infant Feeding Co-ordinator to contribute to the report to ensure that CYP&F is delivering an efficient, quality service and meeting the needs of its service users, as well as identifying areas where provision can be improved.

12.3 Your Opinion Counts

RDaSH has a corporate method of collecting the views and comments from service users via the feedback form called Your Opinion Counts. Lead Facilitators must ensure that those attending Breastfeeding Support Groups have access to Your Opinion Counts forms.

13 Non Breastfeeding Mothers

The focus of the Breastfeeding Support Group encompasses the full range of breastfeeding experiences, including exclusive breastfeeding, combining breastfeeding with complementary foods or combining breastfeeding with formula feeding and to overcome any difficulties that may be experienced.

Mothers not requiring support with breastfeeding related issues may attend a Breastfeeding Support Group session. On these occasions, mothers should be made to feel welcome but the appropriate information/advice should be given and signposted elsewhere for the kind of support they may be seeking.

14. Breastfeeding Support Group Lead Facilitators' Supervision Group

Lead facilitators will attend Group supervision on a quarterly basis. It will be chaired by the Infant Feeding Co-ordinator and supervision documentation completed for the group.

The purpose and role of this Group will be detailed within the supervision contract but its main aims will be to:

- Give an opportunity for the sharing and giving of information around breastfeeding issues
- Discussing, debating and agreeing good practice
- To ensure consistent practice within all groups
- Contributing to the initiatives around the breastfeeding agenda

15. Breastfeeding Awareness Week

The Department of Health is keen to promote breastfeeding by leading Breastfeeding Awareness Week.

Lead Facilitators are urged to promote this calendar event within their groups. Consideration may be given to organising a special celebration to support this nationally-led campaign. This may be leading on something within their own groups, or a joined up event with other groups.

It is advisable to organise any activities well in advance to help with any ordering, advertising etc that may be required.

16. References and Websites

- CYP&F Facebook and Instagram
<https://www.facebook.com/doncasterhealthvisitors>
- Association of Breastfeeding Mothers - www.abm.me.uk
- Food Standards Agency – www.food.gov.uk
- Healthy Start - www.healthystart.nhs.uk
- La Leche League - www.laleche.org.uk
- National Childbirth Trust – www.nct.org.uk
- RDaSH Health Visiting web page. <http://healthvisitors.rdash.nhs.uk/>
- National Institute of Clinical Excellence – www.nice.org.uk/guidance
- UNICEF Baby Friendly - www.babyfriendly.org.uk

- Infant Feeding Policy <https://www.rdash.nhs.uk/27126/infant-feeding-policy-doncaster-community/>
- RDaSH volunteering policy - <https://www.rdash.nhs.uk/24924/volunteers-policy/>

Breastfeeding Support Groups

Food and Drink Guidelines

1. AIM

The following guidelines aim to ensure the provision of food and drink in Doncaster Breastfeeding Support Groups is in line with local policies, guidelines and evidence in respect of healthy eating and health and safety messages.

2. BACKGROUND INFORMATION

A Breastfeeding Support Group is a drop-in group, generally open once a week. It aims to provide support to all pregnant or breastfeeding mums and partners on all aspects of breastfeeding and its impact on daily life.

It is recommended that Breastfeeding Support Groups provide a comfortable, relaxed environment where women, and those supporting them, can relax with each other and receive any necessary help and support with breastfeeding. This environment involves the serving of refreshments including hot drinks. Lead Facilitators must provide a safe environment for those attending, including young children accompanying their mothers. Where the host venue has its own food and drink policy, this should take precedence.

3. GUIDANCE ON DRINK PROVISION

3.1 Adults

Breastfeeding mothers have increased fluid requirements and must consume sufficient fluid to prevent against dehydration (FSA, 2009). It is therefore important that suitable fluids are available during Breastfeeding Support Group sessions. Water should be available at all times.

Water, semi-skimmed milk and pure fruit juices are all appropriate drinks to be offered during a Breastfeeding Support Group session.

Fruit juice drinks, fizzy drinks and squashes contain high levels of sugar and are not recommended to be served

Drinks such as tea, coffee and hot chocolate containing caffeine which passes directly into breast milk. Therefore breastfeeding women should be advised to take these drinks occasionally in moderation.

The provision of hot drinks must be balanced with the health and safety risk of hot drinks to babies, children, breastfeeding mums and their supporters (Appendix 2 Weekly Identification Checklist and Appendix 3 Annual Hazard Identification Checklist). A risk assessment should be completed when serving hot drinks. Parents/carers should be made aware that they are responsible for the safety of their own child/ren at all times.

The local policy of the host venue regarding drink provision should take precedence.

3.2 Infants and children

Breastfeeding mothers may be accompanied by older children to the group who require a drink. Water should be available at all times.

Exclusive breastfeeding is recommended for the first six months of an infant's life. Breastfed babies do not usually require any additional fluid; however, tap water which has been boiled then cooled can be given. From six months of age tap water does not need to be boiled.

From 12 months of age, full fat cow's milk can be given as a drink. Semi-skimmed milk can be given as a drink from two years of age.

Children should be encouraged to use a suitable drinking vessel. A free flow cup should be introduced from six months of age, to replace a feeding bottle by 12 months of age. A free flow cup or beaker should be used from the age of one year

Baby juices, juice drinks, fizzy drinks, other sugary drinks and squashes are not suitable to offer due to the sugar and acid content that can be damaging to teeth. Reduced sugar squashes, diet fizzy drinks, low-calorie and no added sugar drinks contain artificial sweeteners that are not designed for young children. Also, like the full sugar versions they have a high acid content so are still damaging to teeth and not recommended for young children.

Tea and coffee should not be given to young children due to the caffeine and tannin content that act as a stimulant and inhibits the absorption of iron.

4. GUIDANCE ON FOOD PROVISION

4.1 Adults

As part of the Breastfeeding Support Group environment, snacks may be provided. Breastfeeding women are recommended to consume a healthy balanced diet, in line with the Eat well plate and general healthy eating guidelines (FSA, 2009). Nutritious snacks can contribute to the increased energy and calcium requirements of breastfeeding women.

To support local and national healthy eating guidelines, the following snacks are recommended to be served in groups:

Fruit	Vegetables	Starchy Foods	Other
Fresh and tinned fruit in natural juice, e.g. Apples Bananas Pears Oranges Kiwi fruit Strawberries Mango Melon Grapes Nectarines Peaches Pineapple Note: Dried fruit has high sugar content and due to its sticky nature can be damaging to teeth. It is therefore recommended that it isn't consumed as a snack on a regular basis but taken as part of a main meal. It can also be a choking hazard in young children.	All vegetables, eaten raw or lightly cooked e.g. Carrots Cucumber Celery Tomatoes Peppers	Breads /Toast Crumpets English muffins Scones Teacakes Fruit bread Bread sticks Plain popcorn Oat cakes Crackers Rice cakes Pitta breads Note: Offer reduced fat spread rather than full fat spreads/butter and choose high fibre varieties where possible.	Yoghurt, Fromage frais, Cheese, cheese spread, cottage cheese, humus, salsa could be, for example, made into sandwiches, or served with pitta bread, or vegetable sticks <u>Note: offer reduced fat varieties</u>

It is advised not to provide foods high in fat and/or sugar (such as cakes, biscuits and crisps). These provide little nutritional value and are not in line with healthy eating guidelines for adults or children.

The local policy of the host venue regarding food provision should take precedence.

4.2 Infants and Children

Young children under two years have high energy and nutrient requirements compared to their body size. It is therefore recommended that they consume a nutrient dense diet including full fat dairy products e.g. milk, yoghurts, cheese and full fat spreads and low fibre foods e.g. white bread.

An adult style healthy eating diet e.g. low fat/high fibre isn't suitable for children under two years and some snacks provided in groups may not be suitable for young children. If babies/older siblings are given a snack, it is the responsibility of the parent/carer to ensure that it is an age and texture appropriate food and suitable for their child to eat. Infants and children should be supervised by the parent/carer at all times.

4.3 Special Cultural/Festival Celebrations

It is recognised that on such occasions e.g. Christmas, Mawlid - Birthday of the prophet, Pongal - Hindi festival, the group may wish to hold a celebratory event. At such an event, a balance of healthy and less healthy options may be provided that are culturally sensitive, if agreed upon by that setting.

4.4 Allergies

It cannot be guaranteed that food and drink served in breastfeeding support groups is free from food allergens including nuts, milk, gluten etc. Therefore, staff facilitating breastfeeding support groups will pro-actively address this at the start of each session, to ask those attending to declare any known allergies. It remains the responsibility of the individual to ensure any food they consume is appropriate for themselves and their infants/children.

4.5 Food Safety and Hygiene

All staff associated with the preparation and serving of food must be aware of, and carry out good food hygiene practices. Key staff involved in the preparation and serving of food must hold a current Food Hygiene Certificate. Named Leads and Facilitators of the Breastfeeding Support Groups have a responsibility to ensure they hold a current certificate, and their line managers have a responsibility to ensure appropriate checks are in place.

Named Leads and Facilitators will ensure that users of the Breastfeeding Support Groups are aware of hygiene standards as part of their induction to the group.

5. REFERENCES

- Doncaster & Bassetlaw Infant Feeding Good Practice Guidance (2004/05) Edition This guidance is currently under review (September 2018, no date available for expected publication).
- Food Standards Agency (2009). Breastfeeding your baby – what to eat?

WEEKLY HAZARD IDENTIFICATION CHECKLIST

To be completed before the start of every Breastfeeding Support Group session. In the event of significant changes within the environment, please conduct a full health and safety check using the Annual Hazard Identification Checklist.

SITE:	
DATE:	
TIME:	
COMPLETED BY:	

PART ONE

INSPECTION	YES	NO	COMMENTS
1 GENERAL			
First Aid Kit			
Accident Book			
Fire exits unobstructed			
Floor clean and clear			
Food preparation areas – clean			
Food content – possible causes for allergic reactions, e.g. nuts			
Hot drinks policy verbally given to service users at start of session			
Parents verbally made aware that they are accountable and responsible for supervising the child/children in their care			
DCH Breastfeeding Pledge displayed			
2 MISCELLANEOUS (specific to the individual Breastfeeding Support Group)			
3 HAZARDS IDENTIFIED			
Have any hazards been identified: YES <input type="checkbox"/> NO <input type="checkbox"/>			
If YES , please complete section overleaf.			
SIGNATURE:		DATE:	
DESIGNATION:			

Please keep the completed form in your files for future reference.

PART TWO

HAZARDS IDENTIFIED				
Hazard	Control Measure(s) used during session	Action taken (including who reported to)	Timescale for completion	Date action completed
Please list to whom this sheet has been copied to for information and/or action			Date:	
			Date:	
			Date:	

Form completed by:			
SIGNATURE:		DATE:	
DESIGNATION:			

Please keep the completed form in your files for future reference.

ANNUAL HAZARD IDENTIFICATION CHECKLIST

To be completed when a Breastfeeding Support Group is established and annually thereafter, or as often as required.

SITE:	
DATE CHECK COMPLETED:	
CHECKED BY:	
LEAD FACILITATOR : (if different from above)	

Notes for completion:

- **Tick** appropriate boxes and make comments where necessary
- **Set Priority for any action required** using an agreed rating system ie: **Priority 1:** Immediate, or within 1 week -

Priority 2: Soon, within 1 month - Priority 3: Within 6 months

INSPECTION	YES	NO	COMMENT	PRIORITY	ACTION
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1 FABRIC					
a) Are floor coverings in good condition?					
b) Are ceilings in sound condition?					
c) Are windows properly maintained (still, dirty, draughts)?					
d) Are window poles available if required?					
e) Are doors properly maintained (closing, locking)?					
f) Are walls clean and in good repair?					
g) Is there adequate procedures for cleaning spillage ie notices, cones?					
h) Is toilet provision suitable and adequate?					

2 SERVICES					
a) Is lighting adequate for all purposes?					
b) Are fluorescent light diffusers clean?					
c) Is heating adequate and suitable?					
d) Is ventilation adequate and suitable?					
e) Are there radiator covers in place?					
f) Are there adequate electrical sockets?					
g) Have trailing electrical cables been eliminated?					
h) Are electrical sockets etc in good condition?					

3 FURNITURE AND TOYS					
a) Are there provisions to remove faulty equipment from service?					
b) Is step stool available, suitable and used when necessary(working at height risk assessment)					

INSPECTION	YES	NO	COMMENT	PRIORITY	ACTION
c) Is all furniture assessed/purchased to meet requirements ie fire regulations, infection control, health and safety					
d) Is all furniture adequate and in good repair?					
e) Are all toys/playthings cleaned/wiped down in line with infection control measures after each session?					

4 FIRE PRECAUTIONS					
a) Are fire drills carried out on a regular basis?					
b) Are evacuation notices prominently displayed?					
c) Is sufficient/suitable fire fighting equipment available?					
d) Have all staff attended fire safety training recently?					
e) Are staff instructed not to attempt unauthorised electrical repairs?					
f) Are staff instructed not to attempt unauthorised repairs/maintenance on other equipment?					
g) Are aisles, passages, doors and exits free from obstruction?					
h) Have all staff carried out Fire Induction?					

5 KITCHEN					
a) Are hot water boilers safe and permanently plumbed in?					
b) Are boilers regularly maintained and free from defect?					
c) Are small appliances (eg kettles, toasters and fridges) adequately maintained and free from defect?					
d) Are cookers adequately maintained and free from defect?					
e) Are microwave ovens adequately maintained and free from defect?					
f) Are work surfaces clean, in good condition and at suitable height?					
g) Are all COSHH suitably safely stored and labelled?					

6 MANUAL HANDLING					
a) Have manual handling risk assessments been carried out where necessary?					
b) Have staff received training in manual handling where required?					
c) Is suitable and adequate equipment available eg trolleys?					
d) Is the equipment used whenever practicable?					

INSPECTION	YES	NO	COMMENT	PRIORITY	ACTION
7 STORAGE					
a) Is all shelving secure and of adequate strength?					
b) Are heavy and bulky items stores at a low level?					
c) Can files/items above head height be retrieved and replaced without excessive effort or stretching?					
d) Are suitable and adequate ladders and kick stools provided and used? (inspected, instruction on use in place)					
e) Does mobile shelving move easily and safety?					
8 HAZARDOUS SUBSTANCES					
a) Where applicable, have COSHH assessments been carried out?					
b) Are staff aware of COSHH controls?					
c) Do they use them?					
d) Are all hazardous substances labelled and secured?					
9 HOT WATER PROBE TEST					
a) Required temperature is 43°					
b) Are low used water outlet adequately managed?					
10 FIRST AID POLICY					
a) Is first aid equipment available?					
11 DOMESTIC SERVICES					
a) Cleanliness of area					
b) Monitoring of services					
12 SECURITY & CONFIDENTIALITY OF ALL INFORMATION					
a) Is patient identifiable paperwork visible on workstations?					
b) Is there a system in place for securing patient identifiable information eg lockable drawers and filing cabinets?					
c) Are staff aware of data protection regulations and consequences?					
d) Is the office lockable?					
e) Are computers password protected?					
13 INFORMATION DISPLAYED					
a) Is the DCH Breastfeeding Pledge displayed?					

INSPECTION	YES	NO	COMMENT	PRIORITY	ACTION
14 SECURITY					
a) Have staff completed Appendix 5 of the Lone working policy?					
b) Is lockdown procedure in place and are staff all aware of this?					
c) Is there suitable provision of means of communication in the event of an emergency?					
d) Are systems in place to prevent unauthorised access, tailgating?					
e) Is there a record kept of key, door code holders?					

IMPORTANT NOTE – HOT DRINKS
<p>If hot drinks are to be served during a session, the following controls should be implemented to maximise safety.</p> <ul style="list-style-type: none"> a) Drinks should be made in a kitchen area, which is away from the main room and separated by a barrier to make it clear that no children are allowed in this area b) Drinks should be carried by hand to the table, no more than two at a time (one in each hand) to allow for any sudden movements. Trays should not be used c) Attention to and active management of furniture at the venue, i.e. tables and seating sited where the risk of hot drinks being knocked over is reduced and close to the kitchen area so drinks are carried over a short an area as possible d) Avoid passing hot drinks over babies or children, or over mothers carrying children e) Encourage adults to sit down when having a hot drink and to place drinks safely, e.g. away from the edge of tables, not on floor level f) Delay the serving of hot drinks to parents for as long as possible. (According to the Child Accident Prevention Trust hot drinks are the number one cause of scalds among under fives. A mug of tea/coffee (with milk) that has just been made is at least 70°C, scalding a young child in less than one second. A hot drink having stood for 15 minutes is around 55°C and can still scald a young child in 10 seconds.) g) Signs should be displayed reminding mothers that drinks are hot and that they have a responsibility for their children at all times. Also, it is suggested that hot drinks are given time to cool before being served

SIGNATURE:	
DESIGNATION:	
DATE:	

On completion please ensure the original copy is kept in a safe place for future reference. Please send a copy of the signed document to:

CYP&F Leadership Team