

General Safeguarding and Welfare Requirement: Safety and Suitability of Premises, Environment and Equipment

Providers must have a no-smoking policy, and must prevent smoking in a room, or outside play area, when children are present or about to be present

8.7 No-smoking

Policy statement

We comply with health and safety regulations and the Safeguarding and Welfare Requirements of the Early Years Foundation Stage in making our setting a no-smoking environment - both indoors and outdoors.

Procedures

- All staff, parents and volunteers are made aware of our No-smoking Policy.
- No-smoking signs are displayed prominently.
- The No-smoking Policy is stated in information for parents and staff.
- We actively encourage no-smoking by having information for parents and staff about where to get help to stop smoking if they are seeking this information.
- Staff who smoke do not do so during working hours, unless on a scheduled break and off the premises.
- Staff who smoke during working hours and travelling to and from work must not do so whilst wearing a setting uniform, or must at least cover the uniform.
- E-cigarettes are [permitted/not permitted] to be used on the premises. [If permitted, describe any conditions or restrictions.]
- Staff who smoke or use e-cigarettes during their scheduled breaks go to [insert suitable non-enclosed locations], or well away from the premises.
- Staff who smoke during their break make every effort to reduce the effects of odour and passive smoking for children and colleagues
- Smoking is not permitted in any vehicles belonging to the setting.
- Staff are made aware that failure to adhere to this policy and procedures may result in disciplinary action.
- It is a criminal offence for employees to smoke in smoke-free areas, with a fixed penalty of £50 or prosecution and a fine of up to £200.

Legal framework

- The Smoke-free (Premises and Enforcement) Regulations (2006)
- The Smoke-free (Signs) Regulations (2012)

This policy was adopted by

(name of provider)

On _____ *(date)*

Date to be reviewed _____ *(date)*

Signed on behalf of the provider

Name of signatory

Role of signatory (e.g. chair, director or owner)