



# **Greater Horseshoe School Health & Safety Guidance Manual (Handbook)**

**To be read alongside Health & Safety Policy  
and Driving at Work Policy**

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# **COSHH- Control of Substances Hazardous to Health**

## **Introduction**

This guidance is aimed at showing how to control hazardous substances at work so that they do not cause ill health. It will help you understand what you need to do to comply with the Control of Substances Hazardous to Health (COSHH) Regulations 2002, which apply to the way you work with these substances.

## **The Regulations and how they affect you**

These provide a framework to help protect people in the workplace against health risks from hazardous substances. The substances may be used directly in the work (e.g. cleaning chemicals, chemical reagents) or may arise from the work (e.g. dusts, fumes and waste products). COSHH lays down a sensible step-by-step approach to the necessary precautions and is therefore a useful tool of good management. COSHH applies to virtually all substances hazardous to health. Exceptions include asbestos and lead (which have their own regulations) and substances which are hazardous only because they are radioactive, asphyxiants, at high pressure/temperature or have explosive/flammable properties.

## **Consultation**

Enhanced Learning Services will consult with employees on any changes to COSHH Regulation or assessment. The person carrying out the actual assessment must be competent to carry through the work of assessment

## **COSHH Risk Assessment**

### **COSHH requires the following:**

- Assessment of the risks
- Considering whether a substance in use can be eliminated or changed for something less hazardous.
- Deciding what precautions are needed
- Prevention or control of the risks
- Ensuring that control measures are used and maintained
- Monitoring exposure and health surveillance, where necessary
- Informing, instructing and training employees about the risks and precautions needed.

### **Assessment - is a step-by-step approach:**

- Identify what hazards there are
- Evaluate the risks to people
- For significant risks, decide on the action needed to remove or reduce them to insignificant levels.

Identification of hazardous substances can be sought from hazard data sheets/material safety data sheets, and labels. The material safety data sheet can be found in the COSHH file of each school. Where substances are classified as hazardous a separate COSHH Risk Assessment will be completed based on how the product is used, information supplied in the material safety data sheet.

## **Informing, Instructing and Training Employees**

This must be carried out by the employer regarding the substances and their associated risks and precautions. Sufficient information and instruction should be given on control measures, personal protective equipment, results of any exposure monitoring or health surveillance and emergency procedures.

It is everyone's responsibility to ensure they use and store chemicals wisely.

### **All hazardous substances should be kept locked away.**

Chemicals must never be transferred into unlabelled bottles and any new chemicals should not be introduced unless a data sheet is introduced into the file.

Failure to use personal protective equipment could lead to disciplinary action being taken.

If somebody has a reaction to a chemical, a first aider should be summonsed and the information on the data sheet should be followed, with 999 being called in serious circumstances.

# DISPLAY SCREEN EQUIPMENT

## INTRODUCTION

In accordance with Enhanced Learning Services' commitment to the provision of a safe and healthy workplace for all employees, the following guidance has been developed for DSE. This applies to both computers and laptops. **The Regulations and how they affect you.**

DES use is governed by The Health and Safety (Display Screen Equipment) Regulations 1992).

These Regulations **only apply to** employers whose workers regularly use DSE as a significant part of their normal work (daily, for continuous periods of an hour or more). These workers are known as 'DSE users'.

These Regulations **do not apply** to workers who use DSE infrequently or for short periods of time. However, the controls described in 'How to control the risk' may still be useful for these workers.

If you are a 'DSE user', you must:

- analyse workstations to assess and reduce risks;
- make sure controls are in place;
- provide information and training;
- provide eye and eyesight tests on request, and special spectacles if needed;
- review the assessment when the user or DSE changes.

## Consultation

Enhanced Learning Services will consult with employees on any changes to DSE workstations where these changes may affect employee occupational health and safety.

## Work Organisation

Office supervisors must carefully consider task allocation, and where it is reasonable to do so, shall provide a variety of tasks which provide relief from repetitive keyboard work. This will include keyboard staff doing alternative tasks which allow the staff member to stand, rest and stretch muscles repetitively used during keyboard work. Tasks may include staff members collecting their own printing, photocopying, collecting new materials, discussing details with authors etc. Within operational requirements staff members will be permitted to arrange allocated tasks to achieve the appropriate timing of relief from keying work. In situations where alternative tasks are not available, frequent short rest breaks away from the keyboard will be permitted.

Office supervisors shall monitor the work allocated, in order to regulate the work of each staff member consistent with the individual's capacity and skills. Special consideration must be given to the work adjustment of new employees and for those returning from extended leave.

## **Equipment and Environment**

Factors to be assessed when establishing DSE workstations shall include:-

1. furniture design & layout;
2. equipment including the need for document holders and footrests;
3. lighting & glare;
4. atmospheric conditions;
5. noise;
6. space;
7. social environment.

## **Training**

Training will be provided to employees being introduced to DSE work for the first time and when and if required for experienced users.

Training will aim to provide staff with skills necessary to; follow required functional operating procedures, use software effectively and to arrange their workstation and adopt postures necessary to minimise risks to health and safety.

Staff using DSE will be provided with the following document on commencing their role. **The Law on DSE An Easy Guide**

## **Monitoring**

- Annually supervisors are to arrange for DSE workstation checklists to be completed for each workstation in their area.
- Any staff member who experiences discomfort which they believe to be related to their work must report this to their supervisor who shall arrange for an assessment of the work station
- Checklists are to be completed in consultation with the employee
- The supervisor must take action to control identified risks or bring them to the attention of the Senior Management Team

## **Practical tips for staff to follow:**

### ***Getting comfortable***

- Adjust your chair and DSE to find the most comfortable position for your work.
- As a broad guide, your forearms should be approximately horizontal and your eyes the same height as the top of the DSE.
- Make sure you have enough work space to take whatever documents or other equipment you need.
- Try different arrangements of keyboard, screen, mouse and documents to find the best arrangement for you.

## **Working with VDUs**

### **Neck and eye movements.**

- Arrange your desk and DSE to avoid glare, or bright reflections on the screen. This will be easiest if neither you nor the screen is directly facing windows or bright lights.
- Adjust curtains or blinds to prevent unwanted light.
- Make sure there is space under your desk to move your legs freely. Move any obstacles such as boxes or equipment.
- Avoid excess pressure from the edge of your seat on the backs of your legs and knees. A footrest may be helpful, particularly for smaller users.

### **Keying in**

- Adjust your keyboard to get a good keying position. A space in front of the keyboard is sometimes helpful for resting the hands and wrists when not keying.
- Try to keep your wrists straight when keying. Keep a soft touch on the keys and don't overstretch your fingers. Good keyboard technique is important.

### **Using a mouse**

- Position the mouse within easy reach, so it can be used with the wrist straight.
- Sit upright and close to the desk, so you don't have to work with your mouse arm stretched.
- Move the keyboard out of the way if it is not being used.
- Support your forearm on the desk, and don't grip the mouse too tightly.
- Rest your fingers lightly on the buttons and do not press them hard.

### **Reading the screen**

- Adjust the brightness and contrast controls on the screen to suit lighting conditions in the room.
- Make sure the screen surface is clean.
- In setting up software, choose options giving text that is large enough to read easily on your screen, when you are sitting in a normal, comfortable working position.
- Select colours that are easy on the eye (avoid red text on a blue background, or vice-versa).
- Individual characters on the screen should be sharply focused and should not flicker or move. If they do, the DSE may need servicing or adjustment.

### **Posture and breaks**

- Don't sit in the same position for long periods. Make sure you change your posture as often as practicable. Some movement is desirable, but avoid repeated stretching to reach things you need (if this happens a lot, rearrange your workstation) Most jobs provide opportunities to take a break from the screen, eg to do filing or photocopying. Make use of them.
- If there are no such natural breaks in your job, your supervisor should plan for you to have rest breaks. Frequent short breaks are better than fewer long ones.

### **Laptops**

Setting up a lap top to optimise the most ergonomic way of working can be more challenging, as the position will tend to change every time a lap top is used. All staff should consider the above points whenever they use a lap top and should not sit awkwardly with the laptop on their knee for example as this could lead to health issues. If you use a laptop for work, you should always consider where it is placed, your posture and how long you use it without a break. Common sense should prevail. Please be aware that laptops should never be placed on carpet, cushions etc and left on and this can cause a fire risk.

### **Eye tests**

Staff covered by the Regulation Health and Safety (Display Screen Equipment) Regulations 1992 may ask their immediate supervisor to provide and pay for an eyesight test. This is a test by an optometrist or doctor. There is also an entitlement to further tests at regular intervals; the optometrist doing the first test can recommend when the next should be. Employers only have to pay for spectacles if special ones (for example, prescribed for the distance at which the screen is viewed) are needed and normal ones cannot be used. Please note that if Enhanced Learning Services is responsible for paying for a pair of spectacles, we will only cover a sensible cost and not designer frames etc. Agreement should be sought before the spectacles are purchased.

## **FIRE SAFETY**

It is also essential that the environment provided for staff, workers, volunteers, young people, their families, contractors and visitors continues to remain as safe as possible. Fire risk assessments are reviewed annually.

### **PRACTICE**

1. On the admission of a young person at Enhanced Learning Services staff will immediately ensure that the young person has a clear understanding of what to do in the event of a fire. This is to be explained to them taking into account their age, understanding, disabilities and linguistic needs. A fire drill should be undertaken within 24hrs.
2. On arrival of a new staff member to Enhanced Learning Services, existing staff will immediately explain the fire procedure to them. This must include the location of fire fighting equipment, the workings of the fire/smoke systems and any preventative measures taken.
3. On the arrival of any visitors to any establishment of Enhanced Learning Services staff will ensure that they explain the procedure to be followed in the event of a fire and in particular alert them to the exit points and the assembly point.

### **IN THE EVENT OF DISCOVERING A FIRE/SMOKE ALARM SOUNDING STAFF MUST FOLLOW THE SCHOOL FIRE PROCEDURES.**

#### **FIRE MAINTENANCE AND DRILLS**

1. Staff will do a weekly visual check of all fire/smoke and emergency lighting systems. This must be recorded in the Fire Log.
2. Staff will do a weekly check to ensure that any identified escape routes are unobstructed.
3. Staff will do a weekly test on all smoke alarms, emergency lights, window restrictors, dorguards, fire doors and fire equipment. All smoke alarm call points are to be individually identified and a different call point is to be used each week. This must be recorded in the Fire Log.
4. Staff will undertake Fire Drills at least every 3 months. Staff must not wait for this fire drill to introduce new young people or staff members to the fire procedures. Staff are to simulate fire situations in various locations within the building, using different routes for escape purposes.



Staff are to ensure that they feedback to the young people regarding the drill and address any problematic areas. All of these details must be recorded in the fire log.

5. Staff must ensure that the drills are undertaken at different times of the day.

6. A nominated Health & Safety Lead (H&S Lead) will be appointed for each School. They will oversee the fire maintenance procedures and drills including checking logs, ensuring that the new persons have been inducted.

7. Any failure in any of the systems or equipment must be reported to a member of the Health & Safety Team immediately. Any fire hazards or problems with escape routes, which present an immediate risk, must be reported immediately to a member of the Health & Safety Team immediately. All reporting must be recorded in the Fire Log.

8. Each Fire Log must include evidence of the Headteacher's overview.

9.. Prior to the staff retiring at bedtime they are to undertake a check around the School and will ensure that all electrical appliances are switched off and unplugged unless designed to be left on, e.g. freezer.

10. All window and door security alert systems must be activated. Where a 'Dorgard' system is in place, these must be manually released at settling time and when the School is left empty, this system is acoustic and can be triggered when the alarm system is sounded. Full details are kept within the school.

11. Portable heating appliances must not be used without the prior approval of a Senior Management Team. Note, portable heaters will only be used in the event of an emergency and only as a last resort, i.e. heating failure.

12. All staff must ensure that they fully understand all procedures relating to Fire Safety. Initial training will be given immediately on appointment. All staff must participate in fire drills every three months. This must be recorded in the fire precaution Log Book.

13. At regular intervals an authorised member of staff will undertake the Health & Safety checklist and review audit to determine any necessary changes to the fire risk assessment and will advise the School team of any changes that need to take place.

14. All staff will receive annual fire training refresher training.

### **Personal Emergency Evacuation Plans**

Enhanced Learning Services endeavours to provide all necessary assistance in the event of a Fire Emergency Evacuation to ensure persons are evacuated as quickly and as safely as possible. If you think you would need assistance in the event of an emergency please inform the Head teacher or Health and Safety Manager. A Personal Emergency Evacuation Plan can be developed for you.

# **FIRST AID**

## **AIM**

All young people at Enhanced Learning Services must have their health needs protected and promoted. We regard this as an integral part of their development and wellbeing. We consider the young person to be central to this and information, guidance and support will be provided to enable the young person to begin to make choices about their health. All staff will be actively involved in the monitoring of each young person's health and will encourage them to keep healthy.

Staff, workers, volunteers, contractors, agency workers and visitors must also have their health needs protected and promoted and be able to obtain first aid should they need it.

## **PRACTICE**

First Aid should only be administered in the event of an emergency prior to receiving additional medical help or for minor ailments such as, grazed knees, minor cuts and burns. First Aid and minor illness treatment should only be given by a qualified first aider or under the supervision of a qualified first aider. All staff will receive Basic (1/3 day) First Aid Training as part of their induction/ongoing programme to Enhanced Learning Services. The Head teacher will obtain and retain on file written permission from the parent or guardian of each child should a staff member need to administer first aid, prescribed and/or non prescribed medicines. This would normally be the responsibility of the parent and centre staff will only carry out such tasks in exceptional, urgent circumstances. Such tasks will only be carried out by competent designated staff e.g. by or under the supervision of a qualified first aider.

All staff must attend a refresher course within the certificated timescale and record this in their portfolio of training.

## **FIRST AID KITS**

Each premise within Enhanced Learning Services will have a minimum of three First Aid Kits. One will be located in every kitchen and the other will be kept in an accessible area of the staff office, the third first aid kit will be located in each vehicle.

Each First Aid Kit will contain a list of minimum requirements. These will be;

### **Office First Aid Kit**

- 20 sterile wash proof plasters
- 2 triangular bandages 6 safety pins
- 4 assorted sterile dressings with pad
- 10 moist wipes/sterile water to wash wounds
- 5 pairs of disposable gloves
- 1 sterile eye pad with bandage
- 1 forehead thermometer
- 1 pair of scissors

### **Kitchen First Aid Kit**

- 20 blue detectable wash proof plasters
- 2 pairs of gloves
- 1 triangular bandage
- 1 sterile dressing

Each car must have a 'Car First Aid Kit' and Log Book.

## **RECORDING**

Staff will undertake a weekly audit of the First Aid Kits. This will be recorded in the First Aid Log Book. Details will include;

- Date of the audit
- Any items missing and in need of replacement
- Date of replacement
- Signature of person carrying out the audit
- Evidence of a Headteacher/Regulation 44 overview

## **TRAINING**

Staff will undertake training in the following areas prior to commencing work:-

- Health and hygiene within the school,
- Infectious control and communicable diseases and how to report on such,
- First Aid training.

## **RISK ASSESSMENT**

A risk assessment will be carried out at each location to determine the level of first aid assistance required and shared with all employees. This can be located/is the responsibility of the Head teacher including periodic reviews.

## **GENERAL SCHOOLS MAINTENANCE**

### **AIM**

It is essential that we ensure the safety and wellbeing of our young people at Enhanced Learning Services. In order to do this there needs to be a full understanding of the risks and to understand if the young person has any particular vulnerability. Enhanced Learning Services acknowledges its responsibility in achieving this and therefore all young people will have a full risk assessment, which will inform the care they receive. It is also essential that staff, other workers, volunteers, visitors, contractors and agency workers are provided with a safe working environment.

### **PRACTICE**

1. Staff must report any maintenance that constitutes a health and safety risk immediately to the Director and Health & Safety Manager, e.g.

- Damage to fire Alarms/equipment
- Electrical faults
- Heating faults
- Blocked toilets/problems with the water supply
- Security, including door alarm issues and window restrictors

These details must be recorded via email and placed in the Maintenance folder.

2. Any incidents of malicious damage must be reported to the Head teacher, Health & Safety Manager and Health & Safety Co-ordinator. Details of the damage must be recorded and must include:

- Date
- Location and details of damage
- Name of the young person responsible for the damage/name of staff member responsible for the damage
- Staff member present

### **RECORDING**

1. All details of all maintenance checks must be recorded on the Maintenance Form and faxed to the Mill daily, retaining a copy for the School records. When repairs/maintenance have been completed the member of staff on duty must mark the Maintenance Form accordingly.

2. Any reports of malicious damage must be accompanied by the appropriate damage form. Staff must ensure that when they have received details of how much to charge the young person for reparation, that they record these details in the Sanction sheet and also on the young person's Reparation sheet in the back of the School cash book and their diary. Staff should consider whether the young person can repair the item that they have damaged i.e. paint walls, work alongside a staff member to repair a piece of furniture or undertake tasks within the school as reparation for any damage caused to replace the financial reparation.

# **INCIDENT/ACCIDENT/HOSPITAL ATTENDANCE REPORTING**

## **AIM**

**We believe that everyone should feel safe and secure at Enhanced Learning Services. Staff will be made aware of what to do in the event of an incident or accident. The full procedure is explained to staff at induction sessions on Practice Guidelines**

## **PRACTICE**

### **ACCIDENTS/HOSPITAL ATTENDANCE**

1. In the event of the young person having an accident requiring hospital attendance or following an incident involving an overdose, misuse of drugs, misuse of alcohol or a misuse of solvents staff must ensure this procedure is followed;

- Assess the situation immediately.
- Decide whether additional help is required e.g. Doctor, Ambulance.
- If necessary call 999 immediately
- Staff should not use NHS direct unless directed by a Senior Manager to do so
- Administer emergency first aid only.
- Unless the injury is minor ie grazes, minor bruising staff must obtain a professional assessment of the injury.
- If it is necessary for the young person to attend a hospital or another medical practitioner staff must ensure that they have all the appropriate information e.g. Medical history, name of doctor, personal information and medical consent information.
- Staff are to ensure that they escort the young person to the hospital and stay with them until any treatment is completed.
- Staff must ensure that they inform the Head teacher, who in turn will alert a Senior Manager, young person's social worker, or if out of hours, emergency duty team, parents/person who holds parental responsibility.

## **RECORDING**

1. Staff must ensure that they complete the necessary paperwork prior to leaving and ensure that the Head teacher receives it immediately.

Staff must complete an accident /injury/first aid record. And the appropriate body map detailing the area of the injury. This must include the following information;

- Name of young person.
- Date and time of accident.
- Exact Location.
- Staff involved in accident.
- Staff present at accident.
- Description of accident.
- Details of action taken.
- Name of hospital attended.
- Details of treatment received.
- Instructions given.
- Details of Admission.
- All staff involved/present must sign this record.
- Evidence of social worker/Emergency Duty Team being informed.
- Evidence of parents/person with parental responsibility being informed.

Staff should ensure that there is evidence of a Centre Manager being informed. The Health & Safety Manager has the responsibility to inform R.I.D.D.O.R and a notification of untoward event (UTE) form if necessary. The School accident log must be completed and a detailed incident report should accompany this report including the following details:

- Name of the young person
- Date and time of accident
- Exact location
- Staff involved in accident
- Staff present at accident
- Names of other young people involved
- Behaviour leading up to the accident
- Any comments made by the young person
- Detail of accident
- How the accident was concluded
- Injuries to staff/young people
- All staff involved/present must sign this record
- Evidence from a Headteacher/Centre Manager
- Copy to School file
- Time report written
- Author of Report

If any medical equipment is used the first aid log should be completed. If any medical equipment is used it must be replaced as soon as possible.

## **INCIDENTS**

1. Most of the young people placed at Enhanced Learning Services will have experienced significant personal difficulties so it is likely that this will display inappropriate behaviour. In the event of an incident, which could be damage, self-harm, excessive verbal abuse or the use of solvents, drugs or alcohol, Staff must ensure this procedure is followed.
2. All staff must be aware of the characteristics of each individual young person and be conversant with their Plan and Risk Assessment.
3. Staff will ensure that they have an understanding of how to detect early signs of mounting tension.
4. Staff must employ, wherever possible, techniques and strategies to avoid escalation of incidents and be careful that they do not over-react.
5. Staff need to exercise care in what they say, they need to stay calm and objective, speak slowly, clearly and quietly.
6. Staff need to develop their awareness of the coping mechanisms which the young person may use to regain self control, enabling a young person to remove themselves from the situation with dignity
7. Staff must keep the Centre Manager informed of situations as early as possible so that they can offer support and guidance to avoid any further escalation of the situation. Staff must carry a mobile telephone at all times to enable them to contact others for support.
8. If staff members feel frightened and in need of more help than is available to them the golden rule is to get out of the situation as soon as is possible. This is not a failure; safe practice is good practice for staff and young people.
9. If staff members feel they have to leave an incident they must, after exit, immediately telephone the Centre Manager who will guide the staff.

## **RECORDING**

Staff must ensure they complete the necessary paperwork within 24 hours and deliver to the Head teacher and Senior Management Team (SMT).

Staff must complete an incident record. This must include the following information,

- Name of the young person
- Date and time of incident
- Exact location
- Staff involved in incident



- Staff present at incident
- Names of other young people involved
- Behaviour leading up to the incident
- Any comments made by the young person
- Detail of incident
- How the incident was concluded
- Injuries to staff/young people
- All staff involved/present must sign this record
- Evidence from the Head teacher/Centre Manager
- Copy to School file
- Time report written
- Author of Report

(See Appendix A: Individual Incident Reporting Form)

## **TRAINING**

It is of paramount importance that staff attend training sessions to develop their skills and understanding. On-going support/supervision will also be a forum to explore these issues.

## **MONITORING**

Monitoring of the accident injury/first aid paperwork will be undertaken by the Health & Safety Manager, this will be recorded in the regular Health & Safety reports for the School. The monitoring will assist in:

- Welfare
- Accuracy of recording
- Sufficient action has been taken to reduce the risk of further injury
- Correct procedures have been followed

## ACCIDENT PREVENTION

Any first floor and above window that is wide enough for a young person or adult to fit through when open will be fitted with a Jacloc (where appropriate a different lock may apply in regards to sash windows).

Prior to a school of Enhanced Learning Services opening all first floor and above windows are assessed, if the window when open provides a large enough area for a young person to fall through the window will be fitted with a Jacloc window restrictor. This will assist in reducing the risk of accidental fall and injury.

There are three broad categories of falls. These are:

- Accidental – these are a minority, but occur where people unintentionally fall through or from windows. This can happen where people are able to sit on and fall from sills, or where windows are positioned such that people could easily fall through them
- Falls arising out of a confused mental state – a significant number of reports refer to the mental state of individuals. In particular, senility, dementia, reduced mental capacity, mental disorder and the effect of drink and drugs (both prescribed and illegal) can all cause anxiety and confusion. In these cases, people have often tried to escape or used a window, believing it to be an exit
- Deliberate self-harm or suicide – a recognised risk for people with certain health conditions, particularly those with a history of self-harm or mental disorder.

### Risks from glazing

Health and social care providers must assess risks at their premises. Where assessment identifies the risk of falling against or through glazing, adequate precautions must be taken. These may include provision of suitable safety film, replacement with safety glass or provision of barriers. Glass doors and patio windows should also be fitted (in accordance with building regulations and British Standards) with toughened or safety glass or covered with a protective safety film.

### Falls from windows and balconies

Where assessment identifies that people using care services are at risk from falling from windows or balconies at a height likely to cause harm (eg above ground floor level), suitable precautions must be taken. Windows that are large enough to allow people to fall out should be restrained sufficiently to prevent such falls. The opening should be restricted to 100 mm or less. Window restrictors should only be able to be disengaged using a special tool or key. Access may need to be restricted to balconies that are not designed to prevent people who are at risk from climbing over.

Window restrictor monitoring will be undertaken weekly and recorded in the Fire Log.

Further information

- [Falls from windows or balconies in health and social care \(HSIS5\)](#) - this HSE information sheet provides advice on controlling risks to people who use health and social care services associated with falls from windows or balconies.

# Infection Control and Communicable Diseases

## Bathrooms

Red bucket /red cloths for toilet floors & for cleaning sinks/bath/shower – yellow cloths

## Kitchen

Green bucket kitchen floors / green cloths for kitchen worktops

## Other areas

Blue cloths for windows, ledges other surfaces

## Infection Control and Communicable Diseases

The general aim of the guidance in this document is the prevention of communicable diseases and of their spread and the promotion of good infection control practice is essential for both staff and children within the care setting.

Communicable diseases refer to diseases that can be transmitted from one person to another. Infection Control refers to the different methods and strategies deployed to reduce or prevent the incidence and/or transmission of infections. These are based on best evidence practice. Using 'Standard Precautions' is one recognised method and these are detailed in this document.

This document is not to be used for the diagnosis of illnesses but to help inform, advise and direct staff towards best practice and where and when to seek further advice.

### Infection- source, Transmission and Management

#### Source

Potential **sources of infection can be classified into four main groups: people, the environment, domestic animals and contaminated food/water.** Interventions or procedures are required for care settings, such as Enhanced Learning Services, so that the potential for these groups to become actual infection risks can be minimised or prevented.

#### Transmission routes

There are several ways that infections are able to be transmitted

- By direct contact with infected people or animals
- By infecting oneself with the body's own germs
- By hand to mouth transmission. This can occur in two ways:

a) by ingesting contaminated food or water, usually resulting in symptoms such as diarrhoea and/or vomiting

b) by germs being carried to the mouth on unwashed hands which may then cause infection

By the air (airborne transmission). This can also occur in two ways:

- a) germs are shed from the body into the air either on skin scales, or on tiny droplets which are expelled from the mouth when a person coughs, sneezes, sings or talks. These germs are then inhaled by another person and may cause an infection

b) if droplet secretions from the lungs (respiratory) settle on environmental surfaces, or care is not taken by people to dispose of used tissues/wash hands etc properly, then there will also be a degree of transmission by having direct contact with those secretions from an infected person's nose or throat, which may cause illness. By indirect transmission e.g. from unwashed hands to environmental surfaces, especially kitchen surfaces/utensils/equipment, where they can quickly multiply.

Germs will eventually die on a dry surface, but many can survive on surfaces for enough time to become an infection risk:

- By insects, pests and animals who harbour germs which may cause infection if transmitted to people (e.g. malaria)

- By direct person to person transfer of blood/body fluids in the bloodstream via cuts/breaks in the skin or the mucous membrane. This can occur by accidental injury such as bites or needle stick injuries, as well as through sexual transmission and mother to baby transmission during pregnancy. Examples of blood borne viruses are Hepatitis B(HBV) and Human Immunodeficiency Virus (HIV).

### **Toilets**

Transmission of germs from toilets is more commonly associated with direct contact with contaminated surfaces of the toilet and the surrounding area, i.e. by touching toilet handles, toilet seats, hand wash sink taps and door handles, than with the toilet bowl itself. It is therefore essential to check toilet areas regularly throughout the day. Toilets, and surfaces such as sink taps and door handles in the toilet area, should be cleaned and disinfected daily and immediately if found to be soiled when inspected.

### **Waste Management**

Clinical waste is defined as:

- any waste which consists of wholly or partly of: human or animal tissue, blood or other body fluids, excretions, drugs, swabs or dressings, syringes and needles unless rendered safe may prove hazardous to any person coming into contact with it.
- any other waste arising from medical, nursing, dental investigation, treatment, care, teaching

This would therefore include used gloves, aprons, used tissue paper and paper towels used for mopping body spillages.

In practice, arrangements for managing clinical waste are based on categorisation of waste into groups which present different hazards. There are five broad groups of clinical waste which provide a basis for local risk assessments.

#### **Categorisation of clinical waste:**

**“Group A-** includes the identifiable human tissue, blood, soiled surgical dressings and similar soiled waste plus other waste materials, e.g. from infectious disease cases, excluding any in Groups B-E.

**Group B-** discarded syringes, needles, any other contaminated disposable sharps instruments or items

**Group C-** microbiological cultures and potentially infected waste from pathology departments

**Group D-** drugs or pharmaceutical

**Group E-** items used to dispose of urine, faeces and other bodily secretions or excretions which do not fall within Group A. This includes used disposable bed pans or bed pan liners, incontinence pads, stoma bags and urine containers”.

### **Feminine Hygiene**

Menstrual sanitary pads need safe disposal, preferably by incineration. Sanitary ware bags or sani-bins should be made accessible for all female staff. And female residents.

### **All other waste**

All other non-contaminated waste such as non-contaminated paper, food waste and Household materials, should be placed in black bags within a foot operated pedal bin and disposed of as normal Household waste. Aerosols, batteries or broken glass should be placed in a cardboard box, lined with a heavy duty plastic bag, clearly marked with contents.

## Spillages

### Blood spillages

This poses a health risk, therefore all blood/blood stained body fluid spill must be cleaned up immediately:

- Wear disposable gloves and apron
- Place disposable paper towels on blood spillage to mop up excess and then dispose in yellow clinical waste bag
- Blood and body fluid spillages should be directly treated with a suitable chlorine releasing agent such as sodium hypochlorite following manufacturer's instructions.
- Pour bleach solution (10,000 parts per million or a one in ten dilution of household bleach) on top of spillage area and leave for at least two minutes regarding the use of bleach)?

Alternatively, use chlorine granules found in spillage kits or use any other product proven to kill blood borne viruses and use as directed by the manufacturers

- Use paper towels to wipe up bleach and spillage and then discard into yellow clinical waste bag
- Wash area with hot water and detergent and dry area using paper towels and discard into yellow clinical waste bag
- Discard gloves into yellow plastic bag
- Wash and dry hands thoroughly.

**If blood spillage has already dried:** apply chlorine granules/ bleach solution to a wet paper towel & clean spillage area. Discard waste as above.

### Blood spills on clothing

Carefully change clothes (immediately if possible) and segregate into a plastic bag. If staff clothing, ideally place in a sealed plastic bag for washing by owner at a later time. If necessary wash clothes as soon as possible in a cool wash, followed by the hottest wash cycle that the garments will stand. Always use gloves to remove soiled clothing from the storage bag. Do not soak or manually rinse the garment first. Discard the storage bag in a yellow clinical waste bag.

### Body fluid spillages

Remove any spills of faeces or vomit immediately from the area by wearing protective clothing (disposable gloves and apron) and using paper towels. Clean and disinfect the surrounding area using hot water and detergent. Please note that certain disinfectants may damage soft furnishings and carpet and therefore shouldn't be used on these surfaces. Discard all waste as clinical waste. Wash hands with liquid soap and paper towels afterwards.

### Cleaning the Environment

Germs can survive on environmental surfaces. Viruses, in particular, can be excreted in large numbers in respiratory secretions and in faeces and their persistence on surfaces for hours and days is common. Environmental hygiene is thus a vital part of good infection control.

### Definitions:

The level and type of decontamination that is required depends on the circumstances and will dictate what procedures are required. A number of procedures can be used to achieve good levels of hygienic decontamination. Including:

- **Cleaning-** This is a mechanical action process (e.g. wiping or scrubbing) that uses water and detergent to remove visible dirt/contamination. The area/equipment should then be rinsed and dried. This action does not necessarily destroy germs but will reduce their number.

- **Disinfection-** This is a process that uses chemical agents or heat to reduce numbers of germs. It does not necessarily kill all germs but the process can be used to reduce them to safe levels. Disinfection is usually used for equipment and surfaces which are not invasive but which are in contact with blood and body fluids, mucous membranes and other potentially infectious things.
- **Chemical disinfectants** – These are classified by their germicidal capabilities. Most are capable of killing or disabling some, but not all, germs (bacteria and/or viruses), depending on their action. The effectiveness of a disinfectant depends greatly on effective cleaning and then choosing and using the disinfectant correctly to decontaminate work surfaces, toilets or toys, or to be used as an extra measure of decontamination in the event of an outbreak. **NB-**Disinfection does not ensure sterility. Sterility can only be said to be achieved if there are no living germs existing at all. This can generally only be achieved by using saturated steam under high pressures, such as when using an autoclave.

### **General cleaning information:**

All areas should be cleaned regularly as part of a documented cleaning policy and rota. Toilets and frequent hand contact surfaces should be cleaned as frequently as is practical, and especially when visibly dirty. All environmental surfaces and floors need to be impervious to water and easy to clean. Carpeted areas should be kept to a minimum. Surfaces such as floors, walls and furniture generally offer a low risk of contamination and infection. To maintain this, they should be regularly cleaned (e.g. daily) and kept in a good state of repair.

Any carpeted areas should be vacuumed daily, as well as steam cleaned on a regular basis (e.g. every 2-3 months and as necessary). Any spillages of blood/body fluids (e.g. vomit and faeces) should be cleaned and immediately disinfected).

General purpose utility gloves (e.g. 'Marigolds') should be used for general environmental cleaning tasks. These should be changed when there is evidence of peeling, cracking and tears. Hands should always be washed after removing gloves/cleaning. Environmental cleaning cloths should be disposable, made from a non shedding fibre and used within a colour coded system

Ideally, mops with heads that can be removed should be used and then washed at high temperatures in the washing machine (as above) at the end of each day. If this is not possible, mop heads should be cleaned with hot water and detergent and then rinsed with a disinfectant, wrung as dry as possible and dried quickly. Mops should be stored with the mop head facing **upwards (inverted) or hanging**. They **should not** be cleaned in a sink that is used for food preparation nor should they be left soaking in dirty water. All mop buckets should be easily cleanable (plastic) and kept clean and dry after use.

### **Chemicals**

All chemicals should be handled and stored in accordance with manufacturer's instructions (product data sheets). Product safety data sheets should be accessible to all staff. These can be obtained free from product manufacturers. Any staff who handle chemical cleaners should be given instructions in their safe use. These instructions should also include first aid measures required in the event of accidental ingestion, inhalation or contact with skin or eyes. All chemicals used on the premises should be stored in their original containers in an identified cool, dry, well ventilated place (room/ cabinet) that is lockable and out of reach of the children/visitors/ the public. Expiry dates should be routinely checked on the chemical's packaging.

It is important when using bleach (hypochlorite), in particular, that COSHH regulations and manufacturer's instructions are adhered to. Gloves should always be used when handling bleach. Any contact with bleach to skin, eyes & mouth should be avoided and bleach should not be used on urine spillages), carpeted, metal or wooden surfaces. Bleach should always



be used in a well-ventilated room/area. It is important that the correct type of cleaning agent in the correct concentration is used for the type of decontamination/ cleaning required, as per manufacturer's instructions. Manufactured detergent/ disinfectant product containers with spray nozzles should ideally be purchased for easy use. Commercial brands are advocated over 'school made' squeeze bottles or containers with spray nozzles as these can readily become contaminated during the 'topping up' process. If the latter are used, they must be labelled with the safety instructions and hazard warnings that appear on the original container. Fresh solutions should be used daily. These spray bottles should also be washed and dried daily. Always clean an area after removal of disinfectant with a freshly prepared solution of detergent and water.

### **Handling linen**

When handling bed linen please use disposable gloves. Staff should use protective clothing (gloves and apron) when dealing with linen and hands should always be washed after handling linen/detergent. Correct high temperature wash programmes plus detergent products that remove organic residues (e.g. faeces, urine and blood stains) from fabric should always be used as the fabric could otherwise continue to harbour germs.

### **Soiled clothing**

Do NOT manually rinse/soak soiled items (see above). Flush any solid material (e.g. vomit, faeces) into the toilet, carefully avoiding splashing, and then put items in the washing machine, using the pre-wash/sluice cycle followed by a hot wash cycle (as above for foul linen), as tolerated by the material.

### **Outings to Enhanced Learning Services Farm**

The following information is taken from the above factsheet from the Health and Safety Executive. "The person in charge of a group of children visiting farms or zoos should be aware of the possibility of the transmission of disease by either direct or indirect contact with infected animals. Serious outbreaks of infections (e.g. *Cryptosporidium* and toxin producing *E.Coli* O157) have occurred amongst children following outings to zoos and farm parks.

Farm risk assessments have been completed by Bollington Risk Management.

There are adequate hand washing facilities and established procedures to prevent the spread of infection to young persons. Staff on site are trained on hygiene. Infection is mainly acquired by eating contaminated material, sucking fingers that have been contaminated, or by eating without washing hands. Potential hazards at farms (and zoos) include animal foodstuffs, raw milk, animal faeces, untreated water, and putting fingers in animals mouths. It is therefore imperative that the young persons/children are advised on hygiene matters prior to the visit, **and constantly supervised.**

It should be noted that manure or slurry presents a particular risk of infection. Young persons/children must wash and dry their hands after contact with any animals as well as before eating and when leaving the farm.

Suitable washing facilities are available and include running hot and cold water, liquid soap and disposable paper towels. Young persons/children are instructed that they should not eat or drink in any building used to School animals or to store animal bedding or foodstuffs.

Drinking water taps are appropriately designated in a separate suitable area, i.e. away from the animals and toilet areas. Meal breaks or snacks are to be taken in a designated eating area, well away from where animals are kept, and young persons/children warned not to, or eat anything which may have fallen on the ground. Any crops produced on the farm should be

thoroughly washed in drinking water before consumption. Children should not consume unpasteurised produce such as milk or cheese.

In wet and muddy pastures or on any land contaminated by animal faeces, young persons/children should wear impervious outer clothing e.g. sturdy outdoor shoes or wellington boots and plastic macs. Because boots and clothes can become contaminated during the visit it is important to remember to get young persons/children to wash their hands after removing the clothes and boots and before doing anything else (e.g. eating). Moist hand wipes may not be sufficient. Dirty boots should be cleaned with hot water and detergent.

If young persons/children are in contact with or feeding farm animals warn them not to kiss or place their faces against the animals. If a member of the group shows signs of illness (e.g. vomiting and/ or diarrhoea) after a farm/zoo visit, they must be advised to visit their GP and explain that they have had recent contact with animals." If two or more members are ill please follow the above action.

### **Staff Health**

Children and staff are at risk of contracting infections from each other. In the context of infection control, therefore, Enhanced Learning Services should have appropriate policies for the training and compliance with health and safety legislation. Such policies should apply to all agency/locum staff and to those on short term contracts. Diarrhoea and/or vomiting can be caused by a number of different germs, including viruses, parasites and bacteria. Different germs may cause different symptoms. The most common cause is by eating contaminated food or drinking contaminated water. Symptoms of diarrhoea and/ vomiting can also be spread from person to person (by unwashed hands), especially in children. In general, it is recommended that any staff member with diarrhoea and/or vomiting symptoms **must stay away or be excluded** until they have been free of symptoms for forty-eight hours and feel well (**48 hour rule**). Personal hygiene whilst ill must be very strict Regarding outbreak of diarrhoea and/or vomiting).

Some childhood infections can cause or pose a danger to either a pregnant woman or her unborn child. The DOH poster guidance<sup>3</sup> indicates infections about which pregnant women should be especially careful (e.g. chicken pox, rubella (German Measles), slapped cheek syndrome (Parvovirus/Fifth Disease)) and what action is required if exposure occurs. When situations of exposure arise pregnant workers need to seek advice from their GP/ ante natal care team. Further expert advice can then be obtained accordingly e.g. from the local Consultant Microbiologist or Obstetrician or HPU.

Female workers of child-bearing age should ensure that they are immune to rubella (German measles) and have a blood test to confirm this, if necessary, as they could be at risk of exposure to infection. Women are advised to seek advice from their GP regarding any necessity for vaccination before starting work.

Chickenpox can affect the pregnancy if a women has not previously had the disease. If exposed in early pregnancy (the first twenty weeks) or very late in pregnancy (the last three weeks before birth), the pregnant woman should promptly see her GP/ antenatal care team. A blood test can show whether she is immune. In some cases, an immunoglobulin injection may be required.

The oral polio vaccine is used in the routine childhood vaccination schedule and is excreted in the child's stool afterwards. It may occasionally revert to 'wild type polio' as it passes through the gut and become capable of causing disease in others. For this reason all staff working with children aged less than five years should be fully immunised against polio.



# LONE WORKING POLICY

## **Standard Statement Aim:**

**The Company will ensure, so far as is reasonable practicable, that employees and self-employed contractors who are required to work alone or unsupervised for significant periods of time are protected from risks to their health and safety. Measures will also be adopted to protect anyone else affected by solitary (lone working and working alone) work.**

## **Arrangements for Securing the Health & Safety of Workers**

Lone workers are classed by the HSE as those who work by themselves without close or direct supervision. There will be occasions that an employee may be working alone (*lone working*) or periods when an employee is working with others but may find themselves *working alone* for a period of time (e.g. when transporting an individual, attending an educational visit, remaining at the school when their colleague(s) are out on field trip). The company recognises that lone working and working alone places employees at risk. The company and its employees will therefore ensure that reasonably practicable measures are taken reduce this risk and that these measures will be set down in a *risk assessment*.

## Considerations for the formulation of a risk assessment

- The nature of the work being undertaken.
- The competency (experience, knowledge, training and qualifications) of the individual.
- The remoteness or isolation of workplaces, the length of time assistance may take to arrive.
- The period of time a worker will be 'lone working' (i.e. no rotation) or 'working alone'.
- Foreseeable communication difficulties (access, ease, frequency of contact and mobile signal strength).
- The possibility of interference to persons and property, such as violence or criminal activity from other persons.
- A plan for "worst case" scenario as a result of any injury, health matter, or extensive damage.

## Risk Assessment

- The development of suitable and sufficient lone working and working alone risk assessments taking into consideration the above bullet points is essential.
- Clearly communicated control measures that are agreed by all must include:
  - a) Clear instructions for establishing lines of communication (who, when, how, how often and what to do if contact cannot be made or is not received).
  - b) Emergency procedures for summoning help and access to first aid.
  - c) Boundaries - what can and cannot be done when lone working or working alone.

- It is the responsibility of the **Person in Control** at the place of work to ensure that risk assessments are read by all employees and understood that control measures are implemented in order to keep everyone safe. Risk assessments must be signed to demonstrate the understanding of the contents and co-operation with the implementation of control measures.
- Unless already established the Person in Control and their Line Manager will determine which employees are competent to undertake this type work and on each first occasion will consult with the relevant employee about suitability and safe guards. Employees who are lone working and working alone will be given all necessary information, instruction, training and supervision to enable them to recognize the hazards and appreciate the risks involved with working alone and lone working.
- Competency - A lone worker must be competent, in their role. The company definition of competency is: "An employee who is experienced, trained, qualified and knowledgeable, and able to deal with situations that arise which may be new, unusual or beyond the scope of training".(See [www.hse.gov.uk/pubns/indg73.htm](http://www.hse.gov.uk/pubns/indg73.htm).)

## Equality Impact Statement

All relevant persons are required to comply with this policy and must demonstrate sensitivity and competence in relation to diversity in race, faith, age, gender, disability and sexual orientation. If you, or any other groups, believe you are disadvantaged by this policy please contact the Group Director for Education and Learning. Enhanced Children's Services will then actively respond to the enquiry.

We always aim to ensure that staff have sufficient numbers, qualifications and experience to meet the needs of the children.

## THE FORMATION OF RISK ASSESSMENTS

Specialist care work such as that undertaken at Enhanced Learning Services also requires the actual risks attached to work and those involved in the lone working situation to be assessed.

Risk assessment as a process is therefore concerned with the process of identifying what hazards exist in lone working and how likely it is that they will cause harm to the employee and others, notably the young person. The second phase is concerned with the identification of prevention or control measures that need to be in place to protect employees and young people from harm.

Applying this strategy to the assessment of risk a young person could pose by their behaviour, Enhanced Learning Services ensures that prior to a young person arriving at the school a Risk Assessment has been completed and understood by the staff member(s) working with them. Thereafter the SMT will ensure that these documents are reviewed on a regular basis.

Included in a young person's Risk Assessment information about past behaviours and explicit action required to deal with such behaviours. Areas include:

- Presenting behaviours

- Violent & aggressive behaviours
- Verbally & physically abusive behaviours
- Sexually inappropriate behaviours
- History of damage
- Drug, alcohol and solvent misuse
- Self-harming & suicidal behaviours
- Fire-setting behaviours
- Dangerous behaviours in cars
- Risk to animals
- Absconding
- Criminal & offending activity
- Behaviour whilst undertaking activities
- Unsupervised or 'free' time
- Lone working

It is usual practice for employers to carry out risk assessments that assess the physical environment in which lone working will be undertaken. These are known as Environmental (or Activity) Risk Assessments incorporate the following areas:

- What are the hazards
- Who might be harmed
- Factors in place to reduce the risks
- Further action required

Workplace Assessments include:

- Working conditions
- Fire precautions
- First aid
- Accident procedures
- Protective clothing & equipment
- Machinery & kitchen/garden equipment
- Vehicles
- Policy & statutory notice
- Insurance & registration

### **PROTECTION MEASURES:**

Enhanced Learning Services will through the course of their Risk Assessment procedures into lone working, will address the following:

- Avoid the need for lone working, where possible
- Change the way the job is done, to reduce the risk
- Improve information on those likely to inflict violence
- Identify activities/situations that a lone worker should not engage in
- Ensure that a procedural itinerary is understood by the lone worker, which includes regular reporting-back intervals

### **PRACTICE**

Clear and current Risk Assessments are produced for each and every young person placed at Enhanced Learning Services.

Regular consideration will be given through that process to the risk posed to a lone worker.

A swift and responsive amendment system will effectively document changes in a young person's behaviour that may have the potential in increase risk.

Safe working practices, in the form of notifying work colleagues of proposed plan of work, location, time of leaving, estimated time of arrival, contact telephone number, sufficient monies, mobile telephone should be adopted universally by all workers.

## **SAFE USE OF LIGATURE CUTTERS POLICY**

### **BACKGROUND**

Despite risk assessments and efforts to ensure the safety and wellbeing of all young people who use our services, there may be a situation when a young person may use a ligature in an attempt to self harm. This may be by securing a ligature around the neck and attempting to suspend from a ligature point, or by tightening a ligature around the neck to cut off the airway.

### **STANDARD**

In these emergency situations, there may need to be speedy use of the ligature cutter. To safeguard the person and the adults, all adults will be instructed in the use of the ligature cutter and will attain self-confidence in its use.

It is the responsibility of the member of staff to seek further instruction if required and this will be available when needed.

### **RISK ASSESSMENT**

All young people using Enhanced Learning Services will have a complete risk assessment including self-harming behaviour, intent and recent incidents.

Where ever possible young people will have agreed a plan of action in situations that cause them to consider self harm and they will be supported in using their strategies to deal with their distress.

The environment must be assessed for ligature points and all adults must be aware of the risks in each area of their workplace.

### **PROCEDURE**

Any adult may be required to use a ligature cutter in an emergency and it is necessary therefore to ensure that all adults feel competent and confident to use the cutter.

1. To optimise the use of the ligature cutter, the rounded and blunt end should be initially placed flat against the person's body so that it can slide under the ligature.
2. Once the ligature has been located between the person's body and the ligature, the ligature cutter should be turned so that the hooked blade faces the ligature i.e. away from the person.
3. At this point adults should pull away from the person's body, using a rocking motion, so that the ligature cutter cuts through the ligature material.
4. Where possible the knot should not be cut, as this may be required for evidential purposes.
5. Staff should always keep the cut ligature for later inspection.
6. Following use of the knife, it is imperative that the young person receives medical attention.

The cutter will be kept in easy access (safe), for the adults but inaccessible to young people in the school, with the First Aid / emergency equipment and will not be moved from there without everyone being made aware.

Part of the checks for the day will be to ensure that the cutter is located in its identified place (safe in office)

- Emergency First aid should be applied, ambulance should be called
- In the event of a fatality, the room and all of its contents must not be touched or moved and the room must be secured from anyone accessing it until the police have arrived. In this situation, the ligature will also form part of the investigation and should be left in the room.
- In the event of injury to the person, the ligature may form part of the investigation and should be kept safe.
- If there are any injuries relating to the cutter being used these must be recorded.
- All relevant documentation relating to serious untoward incident needs to be completed. In the event of death the appropriate policy should be implemented.

## **LIGATURES IN PRACTICE**

Situations involving ligatures will generally fall into two main categories:

a) suspended strangulation' where a person has tied a ligature around their neck and attached this to a fixed point so that their bodyweight is supported by the ligature and its fixing, and b) ligature, unsuspended – where a ligature is tied around part of the body to restrict breathing or blood flow. Outline advice for each of the above is provided below.

### **Suspended Strangulation (hanging)**

In the event of a suspended strangulation, it is important to elevate the person and to support their body weight wherever possible, at the earliest opportunity. If staff make attempts to do



this it is important that they should try to adopt and maintain the principles of manual handling to reduce the risk of injury to them during this high risk manual handling activity.

Any strangulation attempt should be treated like a spinal injury (neck support, jaw thrust and minimal head tilt). Cardiopulmonary resuscitation (CPR) if needed. Neck and head support. A medical assessment for larynx injury should occur as soon as possible.

As soon as the body weight is supported, or if this is not possible for any reason, the ligature should be cut at a central point between the person's neck and the suspensions point so that there is a minimal interference with any potential investigation scene. The person should then be lowered to the floor.

If the ligature remains in place around the person's neck (or other body part) it should be removed using a ligature cutter. Adults should make every effort to cut the ligature at a point that is distant from any knot that may be present because the ligature and any knot can provide significant forensic evidence to any police investigation.

In situations where the person resists the adults actions to remove the ligature, it might be appropriate for adults to restrict the person's ability to struggle, especially where the struggling behaviour increases the risk(s) presented by the ligature, or by the use of the ligature cutter by adults. In such situations, it is expected that adults will employ appropriate safe holding skills that are sensitive to the needs of the person and the safe removal of the ligature.

The ligature should be removed as described above. If the person resists then adults should act in accordance with the advice provided above.

## **TRAINING**

The instruction in the use of the cutter will consist of a practical demonstration.

All adults working with young people that attempt to ligature should receive guidance in the use of ligature cutters be made aware of the location of ligature cutters.

## **MONITORING AND REVIEW**

This policy will be reviewed annually.

## **SMOKING AND E-CIGARETTES POLICY**

All young people at Enhanced Learning Services must have their health needs protected and promoted. We regard this as an integral part of their development and well-being. We consider the young person to be central to this and information, guidance and support will be provided to enable the young person to begin to make choices about their health. All staff will be actively involved in the monitoring of each young person's health and will encourage him or her to keep healthy.

### **PRACTICE**

Addiction to tobacco is both physical and psychological. Physical addiction happens because smokers get addicted to the nicotine in the cigarette. The addiction causes real withdrawal symptoms if they cut down or quit. Psychological addiction occurs because smoking becomes part of the smoker's daily routine. This means that if they wish to cut down or quit they will have to change their habits. It is common that most of the young people placed at Enhanced Learning Services are smokers. It is the duty of all staff to constantly advise, guide and support each young person in the aim of reducing or ultimately stopping their smoking addiction.

E-cigarettes, personal vaporizers (PVs), and electronic nicotine delivery systems (ENDS) are battery operated devices that mimic tobacco smoking and are often used as a replacement for cigarettes. They produce a vapour, including flavoured aromas either with or without nicotine, rather than traditional smoke.

Unfortunately, there is no conclusive medical opinion on the safety of e-cigarettes to assist employers in making this decision. A 2008 review by the World Health Organisation found that there have been no rigorous, peer reviewed studies which conclude that the e-cigarette is a safe and effective nicotine replacement therapy. The British Medical Association ("BMA") has advocated for stronger controls on where e-cigarettes can be used in order to protect others from being exposed to e-cigarette vapours and to ensure their use does not lead people to believe it is acceptable to smoke or reinforce the "normalcy" of smoking behaviour. In light of these concerns the BMA believes the existing smoke free legislation in the UK should be extended to include vapour from e-cigarettes. Certainly, e-cigarettes are to be licensed as a medicine in the UK from 2016 in response to concerns about their lack of regulation.

E-cigarettes fall outside the scope of smoke free legislation as the act of smoking requires a substance to be burnt, however Enhanced Learning Services treat the use of E cigarettes the same as cigarettes so the guidance below is the same for cigarettes as it is for e-cigarettes.

1. All provisions at Enhanced Learning Services are non-smoking. This includes all the education facilities and all vehicles.

2. There will be a designated area outside for smoking with facilities available for cigarette ends. If these facilities are not used and the grounds become littered the practice guideline will be reviewed.
3. Staff are to ensure that these areas are kept clean and tidy and that the facilities are regularly emptied.
4. No one is permitted to smoke in a Enhanced Learning Services vehicle.
5. Staff are requested not to smoke during staff meetings, training sessions or any other group setting. Sessions leaders are requested to organise a short break during any long sessions.
6. Staff must ensure that all visitors to Enhanced Learning Services are aware and follow the practice guideline.
7. Staff are not permitted to smoke with, or in front of the young people. This is a condition of employment and could result in disciplinary action being taken.
8. Staff must not purchase cigarettes for any young person or make special trips to the shops for a young person to purchase cigarettes.
9. All young people prior to admission and on arrival, must be made aware of the smoking practice guidelines immediately.
10. At the placement meeting of the young person any issues around smoking will be identified. Detailed consideration and initial strategies to manage such issues will be included in their Placement Plan.
11. All young people who smoke, will be offered/ encouraged to engage in a programme to aid them to give up smoking or to at least reduce the amount they smoke.
12. Any incentives/ interventions identified to aid a young person to give up smoking must first be agreed in writing by the young person's family/and or placing authority. Any medical intervention e.g.; nicotine patches must be only on the advice of a doctor. In the event of a parent declining consent clarity will be sought form the placing authority.

13. All staff have a duty to inform and guide young people regarding the health risks involved in smoking. Staff must continually, via key work sessions, raise the awareness of each young person and provide them with information to enable them to make decisions regarding smoking.

14. Each staff member must be aware of the responsibility in the education of health when caring for young people.

15. Staff operating outside of these guidelines may be subject to Enhanced Learning Services normal employment disciplinary procedures.

## **CONSIDERATION**

This will be a difficult area for the young people to stick to and on adults to address, staff must be sensitive and consistent in their approach.

# NOTIFICATION OF SERIOUS EVENTS

## AIM

Enhanced Learning Services has system in place which recognises the requirements of ensuring that appropriate authorities are notified in the event of a untoward event (UTE).

REFER TO APPENDIX 2: UTE REPORT

## PRACTICE

1. The following is not an exhaustive list and may include other incidents:
  - Death of a child accommodated in the school.
  - Referral to the Secretary of State pursuant to section 2(1) (a) of the Protection of Children act 1999(a) of an individual working at the school.
  - Serious illness or serious accident or incident of self-harm sustained by a child accommodated in the school.
  - Outbreak of any infectious disease which in the opinion of a registered medical doctor practitioner attending children at the school is sufficiently serious to be so notified.
  - Involvement or suspected involvement of a child in sexual exploitation.
  - Serious incident necessitating calling the police to the school.
  - A child accommodated at the school goes missing. For a period of time and their whereabouts are unknown
  - Any serious complaint about the school or persons working there.
  - Instigation and outcome of any child protection enquiry involving a child at the school.
2. In the event of a serious event the Head teacher of the Enhanced Learning Services Schools are responsible for notifying the appropriate authorities/people. These are:
  - The parents of the Young Person (if applicable)
  - Any person with parental responsibility.(if applicable)
  - Any person who has undertaken to meet any fees or expenses incurred in accommodating that Young Person.
  - The District Health Authority (if appropriate)
  - HMCI (Ofsted)
  - Somerset Social Services Department (LADO)
  - The Secretary of State (if appropriate)
  - The Police (if appropriate)
3. If a Young Person has an accident, which results in an admission to hospital, or results in sickness for more than three days, this must be reported on 'Report of an Injury Or Dangerous Occurrences' (Health and Safety Executive)
4. It is the responsibility of the Manager to notify the appropriate Local Authority of there are serious concerns about the emotional or mental health of a Young Person that a mental health assessment has been requested under the Mental Health Act 1983.

## General

1. It is the responsibility of the Manager to ensure that the UTE process is undertaken in the required timescales.

2. In the occurrence of a UTE the Manager will firstly consult with Jason Goddard, Group Director of Education & Learning to determine the contact arrangements with the appropriate Local Authority to discuss how the notification to other relevant authorities and individuals will be undertaken. This is also to ensure parents are immediately informed of any serious incident involving their child, including criminal activity.

### **In the occurrence of an Untoward Event – see Appendix 2**

1. If an Untoward Event (UTE) occurs, all staff must ensure that they complete all necessary paperwork, (i.e. incident logs) immediately, passing to their manager without delay.
2. The detailed guidance in the individual Practise Guidelines must be followed, i.e. if a Young Person makes an allegation which leads a member of staff to believe they may have suffered significant harm the Safeguarding Practise Guideline must be followed.
3. If there has been inappropriate conduct by a staff member the Enhanced Learning Services Disciplinary Procedure will be instigated. This may result in a referral to the appropriate LADO Somerset
4. If a staff member has a serious concern regarding the conduct of another member of staff they should follow:
  - Safeguarding Practice Guideline
  - Whistle Blowing Practice Guidelines
  - Representations and Complaints Practice Guideline
  - The guidance issued in the Complaints/Whistle Blowing section of the Employee Handbook.
5. If there are serious concerns regarding the suitability of a staff member to work with children and young people the Directors will inform the relevant authorities. This will include The Department of Health.
6. A copy of the Notification of UTE and supporting paperwork will be held at the school, this will include follow up reports and the outcome of any investigations.
7. The notification will sent to Ofsted by e mail. A copy will held where appropriate.

### **Responsibilities of the Senior Management Team (SMT)**

The SMT should ensure that all the necessary paperwork has been completed to the standard required and the policy adhered too. All members of staff involved in an serious event should ensure that they have read and signed all documents before leaving shift.

### **Responsibilities for the School**

Will check that all paperwork has been completed in full i.e. incident reports, missing from school reports or physical intervention reports to name just a few.

Consideration to be given in consultation with Jason Goddard as soon as possible as to whether a notification needs to be completed. Consideration given to what other parties need to be informed.

In partnership (if appropriate) complete the necessary notification with Jason Goddard.

Send this document to Jason Goddard for sign off.

The Head teacher will e mail the notification if appropriate, failing that Jason Goddard will e mail the document to the necessary parties. Jason Goddard will lead in all matters pertaining to safeguarding involving Somerset Local Authority Safeguarding Team.

The Manager should ensure that any amendments are undertaken and filed with the young person's Risk Assessment for Behavioural Management Plan where appropriate.

## **Planned Responses to Foreseeable Crisis**

### **Aim**

At Enhanced Learning Services, all staff place the safeguarding of children and young people of paramount importance. However, there is always the potential within the modern world and Education within it, for emergencies, incidents, accidents, concerns and occurrences. These can occur within the workplace, or in the community. Developed contingency plans will ensure that the risk to the child/young person, staff, family members and members of the general public is managed and where possible reduced.

We believe that everyone should feel safe and secure at Enhanced Learning Services including staff (employees/workers/volunteers), young people and visitors. Staff will be made aware of what to do in the event of an incident or accident. The Reporting of injuries, Diseases and Dangerous Occurrences (RIDDOR) Regulations 1995 seek to provide the enforcing authorities with information on specific injuries, diseases and dangerous occurrences arising out of work activities so that they can identify where and how they arise and to investigate serious accidents and occurrences.

The full procedure is explained to staff during the induction programme.

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The full procedure is explained to staff during the induction programme.

The following represents areas where a contingency plan may be deployed:

### **An Untoward Event (UTE)**

This could relate to serious and major incident within the workplace, or the wider community. This is likely to cause significant disruption to daily life and has the potential to place, all or selective, individuals at risk of significant harm.

This situation could stem from a high risk act of aggression from a child, young person or other individual. It is likely to have the potential of significant injury to the person or damage to property.

Where possible an intensive support package to the child/young person and staff will aim to resolve difficulties and mediate to ensure the continuation of the placement or to ensure that a full notice period is adhered to in the best interests of a planned departure for the child/young person. Only where there is irretrievable breakdown or on the grounds of immediate and



unmanageable risk or on the grounds of protection, will the child/young person be removed from the placement.

### **A Serious Accident**

This could relate to serious and/or major accident within the workplace, or the wider community. This is likely to cause significant harm and risk of injury to all or selective individuals. An immediate medical response and treatment could be required.

Enhanced Learning Services have robust and clear policies to respond to such incidents to assist staff members to manage these situations. There are clear lines of responsibility in regards to the reporting of such incidents in line with the Department of Education and Independent Regulations.

Enhanced Learning Services has a system in place which recognises the requirements of ensuring that appropriate authorities/people are notified in the event of a significant event.

### **Serious allegations/complaints**

Within Enhanced Learning Services there are clear and concise policies to address the matters of a serious allegation or complaint.

It is the responsibility of all members of staff, volunteers and associated individuals of Enhanced Learning Services to recognise and assume their individual responsibility to exercise particular care, vigilance and energy in our approach to safeguard and promote the welfare of all young people looked after at Enhanced Learning Services. All those who are involved with young people should be particularly mindful of their vulnerability and be responsive to any concerns, which emerge about their care.

These practice guidelines reflect the Somerset Local Safeguarding Children's Board procedures and guidance. A copy of the guidance issued by the DoH 'What to Do If Your Worried That a Child Is Being Abused' is attached to the practice guidelines. All of the above documentation is available in all Enhanced Learning Services establishments. Jason Goddard has designated responsibility for Child Protection at Enhanced Learning Services. Nigel Troop and Lukasz Miecznikowski is the reporting officers within the school

The basis of all work undertaken with young people at Enhanced Learning Services is one of honesty, openness and fairness. We hope to create an environment which young people feel and are able to express their views, feelings and dissatisfactions. We aim for all young people to feel safe and secure within their environment. We aim to address representations informally and on an on-going basis, but recognise that there may be occasions when a young person, staff member a parent or a member of the community wishes to make a formal complaint.

Enhanced Learning Services will ensure that all young people, staff, family members are aware of the complaints procedure within the College and other methods of making a complaint.

### **An occurrence**

This could relate to a natural or unexpected occurrence that significantly could disrupt the caring task. This could include; extreme weather conditions, be that extreme heat, cold, dryness or wetness, fire emergencies in the children's school or school environment, or an outbreak of an infectious disease within a school.

## **Staff shortages**

Within Enhanced Learning Services there is a bank of workers that are available to cover unplanned staff shortages. We also have identified appropriate care agencies that are able to supply pre selected staff members that have been inducted by Enhanced Learning Services to be used in the event of the shortages not being met by Enhanced Learning Services employees'

## **Contingency Management**

(SEE BUSINESS CONTINUITY PLAN – BCP, LOCATED WITHIN SCHOOL)

Contingency management within Enhanced Learning Services is designed and developed as an emergency response plan, with the aim of:

- Focuses immediately on the serious disruption
- Reduce risks to a manageable level, by anticipating the risk and deploying pre-determined strategies for risk management
- Avoid actual or further injury
- Identifies the various needs of others (including those with the skills, authority and experience from the community) in assisting with the plan
- Encouraging an ethos of working in partnership to effectively manage a situation
- Provides a clear system of authority, accountability and direction
- Restores 'normal practice' as soon as is practicable possible in the best interests of operational continuity

The practice implemented by Enhanced Learning Services in contingency planning ensures that a well-rehearsed plan can avoid an alarming lack of readiness when an emergency system occurs.

There are some important points worth considering about continuity planning which are endorsed by Enhanced Learning Services:

- A review of some sort as to the threats and risks that could cause serious operational disruption is carried out.
- A plan is developed that provides contingencies and continuity should the identified risks become a reality.
- Staff, young people /family and placing authorities are informed of the plan and the contingencies - especially communications, power and transport issues, because these are generally the most significant areas of risk and vulnerability.
- Input can be sought from all interested parties and where advantageous and sensible, and modify and integrate into the plan, plans of other connecting groups and organisations.

It is recognised that continuity planning and risk assessment are essential aspects of modern management and organizational robustness, but this must also be kept realistic within the context of modern child care practice.

## **Protected Systems**

In the modern world IT systems are always under attack and threat from destructive virus. Electronic IT systems failure is protected by a file server and backup system which enables young people's documentation held in electronic form to be saved in the event of a systems failure.



# REPORTING OF INJURIES, DISEASES AND DANGEROUS OCCURRENCES.

## AIM

The Reporting of injuries, Diseases and Dangerous Occurrences (RIDDOR) Regulations 2013 seek to provide the enforcing authorities with information on specific injuries, diseases and dangerous occurrences arising out of work activities so that they can identify where and how they arise and to investigate serious accidents and occurrences.

The full procedure is explained to all staff at Induction during the sessions on Practice guidelines. Staff are made aware that in the event of an incident, accident or injury they must:

1. Complete the necessary paperwork and give one copy to the Health & Safety Manager and retain one copy in the school.
2. Record details of the event in the accident /injury book kept on the premises.

It should be made clear that an incident, accident or injury need not have occurred as the result of an act of violence, but can range from a domestic accident, a fall or a cut, to an off-site accident involving a vehicle.

## What is RIDDOR?

RIDDOR requires employers and others to report deaths, certain types of injury, some occupational diseases and dangerous occurrences that “arise out of or in connection with work. Generally, this covers incidents where the work activities, equipment or environment (including how work is carried out, organised or supervised) contributing in some way to the circumstances of the accident

The following are reportable:

- The death of a person, whether or not they are at work
- Accidents which result in an employee dying, suffering specified injury, being absent from work or unable to do their normal duties for more than seven days
- Accidents resulting in a person not at work suffering an injury and being taken directly to hospital
- Specified occupational diseases or exposure to carcinogens, mutagens or biological agents
- Specified dangerous occurrences' (near miss incidents).

## Why report and record

Reporting and recording is a legal requirement. The **report** informs the enforcing authorities (HSE, local authorities and ORR) about deaths, injuries, occupational diseases and dangerous occurrences so they can identify where and how risks arise, and whether they need to be investigated. These allow HSE, local authorities and ORR to target their work and provide advice about how to avoid these work-related deaths, injuries, ill health and accidental loss.

**Records** of accidents covered by RIDDOR are important. They ensure you that you collect the minimum amount of information to allow you to check that you are doing enough to ensure safety and prevent occupational diseases. This information is a valuable management tool that can be used as an aid to risk assessment, helping to develop solutions to potential risks. In this way, records also help to prevent injuries and ill health, and control costs from accidental loss.

**You must keep record of:**

- Any **reportable death, injury, occupational disease or dangerous occurrence**; and
- All occupational accidents and injuries that result in a worker being away from work or **incapacitated for more than three consecutive days** (not counting the day of the accident but including any weekends or rest days).

You must produce RIDDOR records when asked by HSE, local authorities or ORR inspectors.

All records must contain in each case:

- The date and time of the accident causing the injury or disease;

The following particulars about the person affected:

- Full name
- Occupation
- Nature of injury or condition
- The place where it happened
- A brief description of the circumstances

The Health & Safety Manager will ensure that any events requiring notification will without delay notify the persons necessary, verbally in the first instance and in writing within 24 hours.

**What must be reported.**

**Deaths and injuries**

Deaths and injuries do not have to be automatically reported, but must be reported if they occur as the result of an accident arising out or in connection with work

An accident is a separate event to a death or an injury, and is simply more than an event, it is something harmful that happens unexpectedly.

When deciding if the accident that led to the death or injury has arisen out or in connection to work, the key issues to consider are whether the accident was related to:

- The way in which the work was carried out;
- Any machinery, plant, substances or equipment used for work; and
- The condition of the site or premises where the accident happened.

If any of the above factors were related to the cause of the accident, then it is likely that the injury will need to be reported to the enforcing authority. If none of the above factors are satisfied it is likely that you will not be required to send a report.

Examples of incidents that do and do not have to be reported are available at [www.hse.gov.uk/riddor/do-i-need-to-report.htm](http://www.hse.gov.uk/riddor/do-i-need-to-report.htm).

## Deaths

A death must be reported if:

- It results from a work accident;
- A worker sustains an occupational injury;
- It results from a suicide in a relevant transport system (this is considered to be an accident for the purpose of RIDDOR); or
- It results from an act of physical violence to a worker.

## Injuries to people at work

RIDDOR gives specified injuries that must be reported if the person was at work- 'major injuries' and 'over seven-day injuries'.

### Specified injuries

These include:

- A fracture, other than to fingers, thumbs and toes;
- Amputation;
- Dislocation of the shoulder, hip, knee or spine;
- Loss of sight (temporary or permanent);
- Chemical or hot metal burn to the eye or any penetrating injury to the eye;
- Injury resulting from an electric shock or electrical burn leading to unconsciousness, resuscitation or admittance to hospital for more than 24 hours;
- Any other injury leading to hypothermia, heat-induced illness, unconsciousness, resuscitation or admittance to hospital for more than 24 hours;
- Unconsciousness caused by head injury, asphyxia
- Any crush injury to the head or torso causing damage to the brain or internal organs
- An acute illness requiring medical treatment;
- Loss of consciousness arising from absorption of any substance by inhalation, ingestion or through the skin; and/or

### Over-seven-day injuries

This is where **an employee, or self-employed person, is away from work or unable to perform their normal work duties for more than seven consecutive days** (not counting the day of the accident).

## **Over-three-day injuries**

**You do not have to report over-three-day injuries, but you must keep a record of them.** If you are an employer, who has to keep an accident book, the record you make in this will be enough.

## **Injuries to people at work**

You must report injuries to members of the public or people who are not at work if they are injured following an accident that arises out of, or in connection with, work and are taken from the scene of an accident to hospital for treatment.

If the injured person was already at a hospital, the report only needs to be made if the injury is a 'major injury' (see above).

## **Physical Violence**

A physical injury inflicted on one employee by another during a dispute about a personal matter or an employee at work injured by a relative or friend who visits them at work about a domestic matter is NOT reportable.

## **Diseases, infections and ill health**

Employers and self-employed people must report diseases specified in RIDDOR. This must be done when they receive written diagnosis from a doctor or an employee, is suffering from one of these conditions and the sufferer has been doing the work activities listed for that illness.

## **Sharps Injuries**

Sharps injuries must be reported:

When an employee is injured by a sharp known to be contaminated with a blood borne virus (BBV) eg. Hepatitis B or C or HIV

When an employee receives a sharps injury and a BBV acquired by this route zero converts

If the injury itself is so severe that it must be reported

## **Stress**

Stress is not reportable as an occupational injury, even when accompanied by a medical certificate.

## **Injuries and ill health involving people not at work**

Any injury to someone not at work must be reported if it results from an accident arising out of or in connection with work being undertaken by others.

## **Dangerous occurrences**

Dangerous occurrences are certain, specified near-miss events, which may not result in a reportable injury, but have the potential to do significant harm. Not every near-miss event must be reported. There are a number of categories of dangerous occurrences that are relevant to all work places, for example:

- The collapse, overturning or failure of load-bearing parts or lifts and lifting equipment;
- Plant or equipment coming into contact with overhead power lines;
- Electrical short circuits or overloads causing a fire or explosion, which results in the stoppage or the plant for more than 24 hours or has the potential to cause death;
- The accidental release of a biological agent likely to cause severe human illness; and
- The accidental release of any substance that may damage health (not applicable offshore)
- An explosion, collapse or bursting of a pressure system
- An explosion or fire suspension of normal work for over 24 hours

For a full list of dangerous occurrences applicable to all workplaces see *a guide to the reporting of injuries, Diseases and dangerous occurrences Regulations 2013 Section 2*.

### **Exemptions**

In general, regulation 10 of RIDDOR exempts duty holders from reporting deaths and injuries that result from:

- Medical or dental treatment, or an examination carried out by, or under the supervision of, a doctor or registered dentist;
- The movement of a vehicle on a road (unless the person was loading or unloading the vehicle or working alongside the road, e.g. constructing, or maintain the road or adjacent buildings, the accident involved a train, or the accident involved the escape of a substance from a vehicle) and/or
- The duties carried out by a member of the armed forces while on duty.

### **Reporting of out of hours**

HSE has an out-of-hours duty officer. Circumstances where HSE may need to respond out of hours include:

- A work-related death or situation where there is a strong likelihood of death following an accident at, or connected with work;
- A serious accident at a workplace so that HSE can gather details of physical evidence that would be lost with time; and
- Following a major incident at a workplace where the severity of the incident, or the degree of public concern, requires an immediate public statement from either HSE or government ministers.



## **Reporting overview**

All reporting must come via the Senior Management Team at Boreham Mill. If you are in any doubt as to what constitutes a notifiable occurrence ask the Health & Safety Manager or any member of the Senior Management Team.

**Any concerns that arise from this process may enact the Safeguarding and Child Protection Practise Guideline will be enacted. Please refer to policy in terms of lines of reporting.**

**(SEE APPENDIX 3: ELS Safeguarding Policy Incident/Concern Form)**

It is always better to report than not to report if there is any confusion.

In summary, death has to be reported within ten days of incident and work-related accidents have to be reported within fifteen days of incident where work related injury prevents person from attending work for seven or more consecutive days. All work-related accidents that are over three days absence must also be recorded but not reported (unless they are over seven days)

# **RISK ASSESSMENT**

## **AIM**

It is essential that we ensure the safety and wellbeing of our young people at Enhanced Learning Services. In order to do this, there needs to a full understanding of the risks and to understand if the young person has any particular vulnerability. Enhanced Learning Services acknowledges its responsibility in achieving this and therefore all young people will have a full risk assessment, which will inform the care they receive.

## **PRACTICE: YOUNG PEOPLE**

Each young person has a risk assessment, which is held in the Risk Assessment file at the school within the school and in his or her Personal Education Journal at the school. This document is not shared with the young people as we feel that some information included within the risk assessment may be distressing and inappropriate for the young person to see.

All staff have individual responsibility to ensure that they have read and fully understood the content of the risk assessment. Each member of staff must sign all risk assessments and have subsequent amendments.

The risk assessment will identify areas of risk and vulnerability specific to each young person.

Guidance will be issued within the risk assessment, which will ensure that these risks are reduced for each young person and specific instruction is given regarding the response to specific behaviours or incidents. All staff must follow this guidance.

It is essential that risk assessments are continuously reviewed and updated. Therefore, all staff should consider whether risk assessments need to be amended if there has been a specific incident involving the young person. Any changes to the risk assessment have to be agreed with the Senior Management Team and Health & Safety Facilities Manager (where relevant).

If necessary additional observation records will be put into place to ensure that accurate information is being collated. This process will assist staff to ensure that the necessary proactive control measures are put into place to support the young person in helping them manage their own behaviour. The information gained will help staff to consider future interventions and strategies to aid the individual plans of each young person. Consideration will be given to any possible triggers to incidents; for example

- ❖ When the behaviour took place
- ❖ Where the behaviour took place
- ❖ What was happening just before
- ❖ What happened during
- ❖ What happened afterwards
- ❖ Who was present prior to, during and afterwards?]

Young people may display a range of behaviours to meet a variety of needs. To be effective we have to intervene on the underlying needs being met by the behaviours. Establishing meaning to behaviours not only identifies an intervention strategy it also helps to determine ongoing risk by being able to predict ongoing motivational factors that may continue to be around for a young person at any given time.

Risk is dynamic, changing with time and circumstances, so risk assessments must be regularly reviewed, particularly if there is a significant change in circumstances. Given the significant developmental changes that occur for children and young people, it is important to rely on the most recent information when making judgments about future risk. Indeed, estimates of risk that are more than 1 or 2 years old are probably of limited value. Frequency of reviews need to be proportional to level of concern about risks and unmet needs presented by the child or young person along with the level of child/adult protection concern in relation to their own vulnerability and risks that they may face.

To work effectively with young people on an on-going basis, staff need to develop the following core skills:

- an understanding of the legislative and policy context of working with children;
- how to communicate with young people at all ages and stages of development,
- skills in engaging creatively with children to motivate and facilitate constructive change in their lives;
- skills in engaging with families and helping facilitate positive change;
- an understanding of child development;
- an understanding of child protection;
- an understanding of 'what works' with young people, both in relation to negative behaviour but also in relation to related childhood issues and difficulties e.g. low self-esteem, impulsivity, poor problem-solving skills etc.;
- a knowledge of particular factors relating to reintegration of young people into the community;
- an ability to self-evaluate;
- an understanding of good practice in working with children who have special needs, learning disabilities and difficulties and mental health issues, including the experience of trauma;

Individual meetings, and staff and school meetings should be used as forums to consider the implementation of risk assessments, supporting the young person and to identify methods of intervention with young people, which will assist their development

All risk assessments are documents which are 'live' and should be continually updated and reviewed to reflect relevant incidents, changes in the family and to reflect the overall progress of each young person.

It is essential for the growth and development that young people are permitted an appropriate level of freedom, however all unsupervised time and leaving a young person alone in a School is dependant entirely on the risk assessment. It is not expected that a member of staff will make that decision on their own. A pupil should never be left on their own at school.

If a risk amendment has been made due to an incident in school, a copy of the amendment will be sent to the pupil's home, and if an amendment has been made due to an incident the school, a copy will be sent to the school.

## **CONSIDERATIONS**

By the nature of young people with whom we work it is likely that there will be a number of risks present. It is essential that staff ensure that they follow the recommendations within the risk assessments and support the young people in developing their own strategies to manage areas of their life. Young people will need to be supported and given information, which will enable them to make progress and thereby the risk assessment will change.

**Any concerns that arise that could lead to a young person being at risk of significant harm the Safeguarding and Child Protection Practise Guideline will be enacted. Staff should refer to policy in terms of lines of reporting.**

## **ENVIRONMENTAL RISK ASSESSMENTS**

**The Health & Manager will undertake**

- Physical Environment
- Staff wellbeing
- Environmental
- Fire Risk
- General Safety
- Road Assessment

**risk assessments annually, or more frequently should there be an accident in relation to the risk assessment or circumstances change.**

It is the responsibility of the Headteacher/Centre Manager to implement and review the effectiveness of any action identified. A copy of these Risk Assessments will be held in the School Health and Safety file. All staff should ensure that they are aware and understand these documents and sign to say they have read the most recent.

## **HEALTH AND SAFETY OF PUPILS ON SCHOOL VISITS AND PARTICIPATING IN ACTIVITIES ORGANISED BY THEIR SCHOOL.**

### **RATIONALE**

“No amount of planning can guarantee that a visit will be incident free, but good planning and attention to safety measures can reduce the number of accidents and lessen the seriousness of those that do happen nonetheless.” DFES Guidance: Health and Safety of Pupils on Educational Visits.

## **PLANNING VISITS**

Before a visit to a new site, the group leader will contact the venue by telephone to ensure that the venue is suitable to meet the aims and objectives of the visit. During this initial risk assessment, the group leader will obtain advice from the manager, assess potential levels of risk, and ensure that the venue can cater for the needs of the staff and pupils in the group. He/she will ask for any brochures, leaflets etc. giving details and information about the venue.

On arrival, the group leader and other staff members on the visit will monitor risks throughout the visit. This will include, taking into consideration the type of visit/activity and the level at which it is being undertaken, the competence, experience and qualifications of supervisory staff, the suitability the group members' age, competence, fitness and temperament, the suitability of the activity and the quality and suitability of available equipment. They will also ensure that they, and all members of the group, are familiar with the emergency procedures of the venue.

At the beginning of the activity a Enhanced Learning Services Risk Assessment pro-forma will be completed. It will be held in the Risk Assessment file in the teacher's study, if a school activity, or staff office, if an activity from the school. All staff returning to the venue will be asked to read the risk assessment, whilst being aware that they will still continue to monitor risks throughout any further visits to the site.

### **The ratios of teachers and supervisory staff to pupils on school visits;**

Our supervision ratio is 3 adults (including at least one qualified teacher), for ten pupils. The adults accompanying pupils are in most cases members of our education team, however, members of our care staff may join an activity to provide support for a young person in their care.

### **The ratios of supervisory staff to young people on School activities and visits;**

The ratio of supervisory staff to young people on School visits and activities will be determined by the nature of the visit, numbers etc

### **Pupils with medical needs**

For any students taking prescribed medication or requesting non-prescribed medication the procedure as set out in the Practice Guideline Medical Care is followed.

### **The location, routes and modes of transport;**

On school visits details of the venue, phone number and contact details are given to the Senior Management Team (SMT) and school prior to the visit and a mobile phone will be taken, to ensure contact with the group is maintained at all times. On visits taken with the School details on the venue will be left in the School and the School mobile will be taken to ensure telephone contact is maintained at all times.

Enhanced Learning Services cars will be used on all trips. The group leader/ staff member will ensure there is adequate transport, in case of an emergency, and a pupil/ young person has to leave the activity for any reason.

Enhanced Learning Services has high expectations in regard to pupil's behaviour in cars, and before the visit will remind them of these. Care and consideration will be given on which students will travel in cars together, to ensure that the possibility of disruptive behaviour is kept to a minimum. All cars on the trip will travel in convoy, to ensure the group arrives and leaves at the same time.

All staff on the trip will have knowledge of each pupil's risk assessment to ensure an increased awareness of particular areas of risk and vulnerability for each young person.

In the event of an accident, Refer to Practice Guideline: Vehicles, Transports and Escorts – Insurance and Accidents

### **When a pupil becomes unable or unwilling to continue**

Although every consideration will have been made to ensure the activity is suitable and appropriate to our pupils, there will be occasions when a pupil becomes unable or unwilling to continue with the activity. In this instance, a range of different strategies are available, to be used at the discretion of the teacher in charge, on assessment of the situation. These can range from, sitting down and chatting to the pupil, going for a walk etc., or returning with the pupil to the school unit, or their School.

### **Communicating with parents /carers/ social workers.**

All parents / carers/ social workers, are aware that activity days are held every term and are seen as a regular part of the school curriculum. The education report written for the LAC Review gives details of the activity and the pupil's level of participation.

In each student's education file, a copy of the parent's (where appropriate), social workers' agreement on permissible activities is held. A copy of consents will be held within the young person's working file within the school that they reside in.

### **Insurance**

Enhanced Learning Services holds a comprehensive combined liability insurance cover. The group leader will seek assurances that the provider has appropriate public liability insurance.

Many activities that our pupils take part in, are covered by health and safety legislation alone. However, the following activities, caving, climbing, trekking and water sports, require a licence. As part of the planning process, the group leader will check that the provider of the activity is legally required to hold a licence for the activity it offers, and actually holds one.

If a non-licensable provider is used, the group leader will obtain assurances that the provider's staff are competent to instruct and lead pupils of the group's age on the activity. Competence could be demonstrated by holding the relevant NGB award where it exists or through successful participation in an NGB approved School scheme. The group leader will ensure that operating procedures conform to the guidelines of the National Governing Body for the activity, where this is appropriate. They will also ensure that the equipment is appropriate and its safe condition is checked before each use, that a clear management of safety systems is in place and that there is appropriate provision for first-aid, and that emergency procedures are in place.

### **Roles and Responsibilities**

The group leader and teachers, or education staff (when on an activity from the school) retain ultimate responsibility for pupils at all times, even when the group is under instruction by a member of staff. The provider is responsible for the safe running of the activity. Everyone, including the pupils, must have a clear understanding of the roles and responsibilities of Enhanced Learning Services staff and the provider's staff.

### **Coastal visits**

There are dangers on the coast quite apart from those incurred in swimming. The staff member will bear the following points in mind when assessing the risks of a coastal activity. Tides, rip tides, and sandbanks are potential hazards; timings and exit routes should be checked. Group members should be made aware of warning signs and flags. A base on the beach should be established to which members of the group may return, if separated. Staff should look out for hazards such as glass, barbed wire, and sewage outflows. Some of the group's time on the beach may be recreational; group leaders should consider which areas of the terrain and sea are out of bounds.

Cliff tops can be highly dangerous, even during daylight. The group should keep to the path at all times.

The local coastguard, harbour master, lifeguard or tourist information can provide information and advice on the nature and location of hazards.

### **Swimming in the sea or other natural waters**

Swimming and paddling in the sea or other natural waters are potentially dangerous activities for a school group. They should only be allowed as formal and supervised activities, in recognised bathing areas, which have qualified, lifeguard cover. One supervisor should always stay out of the water for better surveillance. The group leader or another designated teacher, or member of care staff if on an activity from the school, should hold a relevant lifesaving award.

The group leader should be aware that many children who drown are strong swimmers, ascertain for themselves the level of the pupil's swimming ability and be aware of the local conditions – such as currents, weeds, a shelving etc, using local information from the lifeguard, coastguard, harbourmaster, police or tourist information office. The group leader will designate a safe area of water for use by the group, be aware of the dangerous effects of sudden immersion in cold water, be aware of the dangers of paddling, ensure that pupils have not eaten (at least half an hour) before swimming, and adopt and explain the signals of distress and recall.

### **Swimming Pools**

When considering the use of a swimming pool not used before, or monitoring the hazards of a regularly used pool, the group leader will check that there is constant pool supervision by a sufficient number of qualified lifeguards. Where there is no lifeguard the group leader or a designated teacher will have a relevant lifesaving award and be accompanied by an appropriate number of supervisors.

The group leader will check that the water temperature is appropriate and clear, that there are signs clearly indicating depths, that the shallow end is shallow enough and that the deep end allows for safe diving. They will check that there is a poolside telephone, a resuscitator, and other pieces of first-aid and rescue equipment and a person trained to use them. They will observe that there is a changing room for each sex, that the changing and showering facilities are safe and hygienic, clothes can be stored securely, and that pupils are instructed on how to behave around the water. The group leader should ascertain whether the pool caters for pupils with disabilities or for any particular religious or cultural factors.

### **Farm Visits**

Farms can be dangerous even for the people working on them. The risks to be assessed include those arising from the misuse of farm machinery and the hazards associated with *E coli* 0157 food poisoning and other infections. Farm visits are now restricted to those of the farm owned by Enhanced Learning Services, and separate risk assessments have been conducted for this site by Bollington Risk Management.

Pupils will be made aware of basic safety rules. These include, not placing their faces against the animals or put their hands in their mouths after feeding the animals. Not eating until they have washed their hands, sample any animal foodstuffs, drink from farm taps (other than designated public facilities), ride on tractors or other machines, or play in the farm area.

## **COVID – 19**

### **Risk assessment**

Employers must protect people from harm. This includes taking reasonable steps to protect our workers and others from coronavirus. COVID-19 risk assessments have been created for every work environment across the ECS Group and will help us manage risk and protect people.

Employers must:

- identify what work activity or situations might cause transmission of the virus
- think about who could be at risk
- decide how likely it is that someone could be exposed
- act to remove the activity or situation, or if this isn't possible, control the risk

It also includes practical measures, for example:

- putting in place social distancing measures
- staggering shifts
- providing additional handwashing facilities

By consulting and involving people in the steps we are taking to manage the risk of coronavirus in the workplace we can:

- explain the changes you are planning to work safely
- make sure changes will work and hear their ideas
- continue to operate your business safely during the outbreak

To help our people work from home:

- provide the equipment they need, for example a computer, phone and videoconferencing facilities
- keep in regular contact with them, making sure you discuss their wellbeing



# PROMOTING THE WELL BEING OF STAFF AND WORKERS STRESS

## AIM

**Staff and workers are healthy and are supported if they feel stressed at work.**

## PRACTICE

Enhanced Learning Services is committed to promoting the wellbeing of employees/workers and protecting the health, safety and welfare of everyone. We recognise the importance of promoting wellbeing wherever possible, having a culture in which we all look after the needs of each other and where work needs to be balanced with school life. We also recognise that workplace stress is a health and safety issue and we acknowledge the importance of identifying and reducing workplace stressors. A healthy and happy workforce will deliver a better service to our young people. This policy sets out how we reach these aims.

Stress is people's natural reaction to excessive pressure - it isn't a disease. But if stress is excessive and goes on for some time, it can lead to mental and physical ill health when demands and pressures become excessive, they can lead to stress. Stress in the workplace, is viewed as a hazard.

In order to prevent workplace stress where ever possible, it is important that we have a culture that promotes wellbeing and where stressors are minimised. For example; managers must consider work-life balance when putting together rotas; bullying and harassment must never be tolerated and any inappropriate behaviour must be challenged and dealt with immediately. Healthy lifestyles and good team working must be promoted at all times. If a manager believes a member of the team is displaying symptoms of stress, they should discuss it with them, or seek advice from the HR Department. Other tools for promoting and managing well-being include: -

- On joining Enhanced Learning Services each member of care staff will have a supervisor allocated to them and will receive regular supervisions. This is an ideal time to bring up any issues of concern rather than letting them build up.
- All teaching staff will have access to the Head teacher who will provide formal supervision and have the opportunity to debrief at the end of each school day.
- At the end of each staff member's probationary period there will be supervision/appraisal to discuss any issues that may have arisen. This will highlight any additional training that may be required and the personal development needs of the staff member.
- Termly meetings for education staff will highlight any additional training that may be required and the personal development needs of the education staff members.
- Enhanced Learning Services operates in an honest and open manner, we have clear concise Practice Guidelines which identifies everyone's individual responsibilities.
- Each staff member will have the opportunity to take part in staff meetings. These generally occur on a monthly basis.
- Each care member of staff will receive an appraisal at three months, six months and yearly thereafter.

- Each member of education staff will receive an annual appraisal.
- Each staff member will have the opportunity to contribute to the yearly audit of Practice Guidelines covering both the care and educational settings.
- Enhanced Learning Services is fully committed to the active promotion of Equality & Diversity. Any member of staff/worker who is found to be actively and knowingly breaching the Equality & Diversity Practice Guideline could be subject to disciplinary action. Discrimination, bullying or harassment will never be tolerated and if you feel that you are or have been subjected to this, you should speak with your line manager or a member of the HR Department.
- The authorised personnel of Enhanced Learning Services will undertake Risk Assessments of the workplace. (Risk Assessments will identify hazards and risks to health and safety of employees, workers, volunteers and young people) and working conditions to identify areas that could cause stress.
- If you have been party to a critical incident at work, the HR Department will discuss with you the best way to debrief you and support you afterwards.
- If you are off work ill with work-related stress illness, Enhanced Learning Services reserves the right to send you to the Occupational Health Service to see what support package needs to be put in place to facilitate your return to work. Additionally, if your stress has been caused by other influences, you may still be required to visit the Occupational Health Service, particularly if your work has been affected. The purpose of involving Occupational Health is to identify ways of improving your well-being and helping you to fully return to the workplace.
- Through our insurance company there is a free counselling helpline for all employees 0117 934 2121 when using this service quote number 02 PIP 0178568. This service offers an invaluable confidential counselling service over the phone and, where necessary, can offer referral onto the relevant professional or voluntary bodies or external facilities. The services are optional and at your own expense. The helpline is available to all employees (including any member of their immediate family who permanently lives with them). This sensitive service can help in all unresolved problems. From issues regarding marital or relationship difficulties to bereavement and alcohol or drug abuse, counsellors are on hand to provide advice and support:
  - Stress
  - Anxiety
  - Depression
  - Health Matters
  - Relationships
  - Bereavement

Call in confidence – The service is totally confidential and you can be assured that your call or the contents of your call will not be reported back to Enhanced Learning Services.

# VIOLENCE IN THE WORKPLACE

## **AIM**

Staff members should consider this Practice Guideline together with the Behaviour Management Practice Guideline. We believe that everyone should feel safe and secure at Enhanced Learning Services. Fair and consistent boundaries and clear definitions of acceptable behaviour are paramount to achieving this. Staff and young people must be clear that each individual has rights and responsibilities in relation to those who attend Enhanced Learning Services, those who work there and people in the community. 'Staff' are defined as employees, workers or volunteers for the purpose of this policy.

## **DEFINITION**

**'Incidents where persons are abused, threatened or assaulted in circumstances relating to their work involving an explicit or implicit challenge to their safety, well-being or health. This definition is taken to include verbal abuse or threat, threatening behaviour, any assault (and any apprehension of unlawful violence), and serious or persistent harassment, including racial or sexual harassment and extends from what seems to be minor incidents to serious assault and murder and threats against the workers family'. (DH Task Force)**

The school accepts that any actual violence or implied threat of violence to employees is wholly unacceptable and will make every effort to minimise, or reduce to an acceptable level, the risks of violence. All staff at Enhanced Learning Services have a duty to share the responsibility of identifying potentially violent situations to ensure that the levels of risks are reduced through the process of risk assessment.

The main areas of health and safety law which are relevant to violence against workers are:

### **Health and Safety at Work Act 1974**

Employers must:

- Protect the health and safety at work of their employees
- Protect the health and safety of others who might be affected by the way they go about their work

Employers have a legal duty to ensure, as far as is reasonably practicable, the health, safety and welfare at work of their employees.

## **Management of Health and Safety at Work Regulations 1999**

Employers must:

- Assess the risks to the health & safety of their employees
- Identify the precautions needed
- Make arrangements for the effective management of precautions
- Appoint competent people to advise them on health & safety
- Provide information and training to employees

## **Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)**

Employers must notify their enforcing authority in the event of an accident to any employee resulting in death, major injury, or incapacity for normal work. For further detail please refer to the specific policy on “RIDDOR”.

## **Safety Representatives and Safety Committees Regulation 1977 and the Health and Safety (Consultation with Employees) Regulations 1996**

Employers must consult with safety representatives and employees on health and safety matters. Enhanced Learning Services aims to provide safe systems and places of work, including adequate information, instruction, supervision and on-going assessment.

## **PREVENTION AND AVOIDANCE OF VIOLENCE**

1. Most aggression does not involve violence.
2. At the point of referral, information is obtained on each young person and made available to the staff likely to come in contact with them. Information on areas of concern, patterns and likely triggers will be included within the young person's placement plan and Risk Assessment, and both documents being in place prior to the young person's arrival at Enhanced Learning Services. Both the risk assessment and the placement plan of each young person are kept under constant review and immediately updated if there are any significant changes.
3. All staff must be aware of the characteristics of each individual young person and be conversant with their care plan and risk assessment. All staff should be aware of gender, culture and race and how this may affect what intervention is used. It is the responsibility of all staff not to act in a manner that will make the use of physical intervention more likely.
4. All staff must also comply with the Equality & Equal Opportunities Policy and the Preventing Bullying and Harassment policy. Violence towards colleagues or a young person will never be tolerated and any incidents of violence will be viewed as gross misconduct.

## **PRACTICE**

1. Staff will ensure that they understand how to detect early signs of mounting tension which could lead to violence.
2. Staff must employ whenever possible techniques and strategies to avoid escalation of incidents and to be careful that they do not overreact.
3. In any situation where a young person's behaviour provokes intervention, dialogue is an essential response. **STAFF MUST CONTINUE TO COMMUNICATE WITH THE YOUNG PERSON.** It may be necessary to repeat yourself.
4. Staff need to exercise care in what they say, they need to stay calm and objective, speak slowly, clearly and quietly.
5. Non-verbal communication must be considered, i.e. posture and gestures. Staff must not respond in a way which the young person could perceive as threatening as it is likely to cause an escalation of the incident. If an adult feels confident and safe, they can make potentially violent young people feel secure
6. Staff must avoid getting angry i.e. raising their voices or making demands of the young person.
7. Staff should avoid standing too close to the young person.
8. Staff need to develop their awareness of the coping mechanisms which the young person may use to regain self-control, enabling the young person to remove themselves from the situation with dignity.
10. If staff members feel frightened and in need of more help than is available to them the golden rule is to get out of the situation as soon as possible. This is not a failure; safe practice is good practice for staff and for the young people
11. If staff members feel they have to leave an incident they must, after exit, immediately telephone the Centre Manager/or on call staff, who will guide the staff member.
12. If a staff member believes a colleague has acted aggressively towards them or towards a young person, they should report this immediately to their line manager or to the HR Department.

### **WHEN VIOLENCE OCCURS**

Whatever precautions staff members and Enhanced Learning Services take, whatever practice guidelines are established, the possibility of violence, assault and threatening behaviour cannot be totally eliminated. Therefore, when violence occurs:

1. Lone staff should not attempt physical intervention on their own, unless it is essential for their own protection, or the immediate protection of a young person. Staff are to summon help if they can.

2. Staff are not to try and disarm/grapple with a young person. They should, if possible wait until assistance arrives. Withdraw if at all possible.
3. Staff are not to turn their backs on a young person threatening or being violent.
4. Staff must not use any physical retaliation i.e. slapping or hitting the young person.
5. If a staff member is being attacked they should try and break away, try to place furniture between themselves and the young person. If leaving is not an option, staff should try to calm the young person down by talking to them in a calm and quiet manner.

### **ACTION TO BE TAKEN IN THE EVENT OF VIOLENCE**

There are three main aspects of post-violent procedures (whether from a young person or a colleague/visitor or other person on work premises)

- Care of the assaulted staff member
- Recording for employee and Health and Safety records.
- Recording of the incident.

### **If violence occurs, then some measures must be taken to contain the incident;**

1. Staff must immediately contact the Manager who will guide and advise the staff member of what action to take. This may involve contacting the police.
2. It is recommended that all acts of violence to staff which result in physical injury should be reported to the police
3. It is acknowledged that there might well be circumstances in which an injured employee does not wish to press charges or make a statement against another person. Enhanced Learning Services will support any member of staff who wishes to make a formal complaint with the police.
4. Medical treatment must be obtained whenever necessary. If a staff member requires medical attention they will be accompanied to the hospital.
5. If necessary staff members will be accompanied school by another staff member.
6. All necessary paperwork must be completed as soon as possible by the member of staff who has experienced the violence, any witnesses and by the person in charge at the time. Copies of any incident/injury records will be placed on the employee's personnel file.
7. Where death or any reportable major injury to any employee occurs, the responsible person must notify the proper authority and report to them in writing within seven days.
8. If a member of staff has to take sick leave, regular contact will be maintained and support will be offered through the period of absence by an identified individual.

9. All staff members involved in a violent incident will be offered a debriefing session and on-going additional supervision if required. It is important to discuss the incident to promote future learning and skills.

10. Every assault reported will be investigated thoroughly by Enhanced Learning Services. A general file of such incidents will be kept at the school and information relating to incidents collated. Copies will also be sent, where applicable to the Insurance Company.

11. There is a commitment by Enhanced Learning Services to support its staff members who are subject to violence in the course of their employment.

### **TRAINING/SUPERVISION**

1. All staff will receive training in; managing violence, interpretation of care plans and risk assessments of young people, recording and reporting accidents and environmental risk assessments.

2. In addition to the Induction Training, de-escalation skills will be revisited in the control and restraint training session will be regularly included in Enhanced Learning Services In-School Training Programme.

3. Staff will have the opportunities to discuss incidents and their views either individually or in a regular forum.

3. Staff will examine issues of control in staff meetings and develop methods of dealing with them as a team. This will include agreed approaches to diffusing tension and diverting aggression.

# **VISITORS AND CONTRACTORS**

## **AIM**

Enhanced Learning Services endeavours to ensure that all premises that visitors/contractors enter are safe. We acknowledge our responsibilities regarding Health and Safety but would like to remind everybody that they have a responsibility in respect of Health and Safety, not only to themselves but to everyone around them.

## **PRACTICE**

1. All visitors/contractors will be asked to provide identification prior to entering the School.
2. All visitors/contractors to a Enhanced Learning Services provision must sign in and out of the Visitors Book. A copy of this practice guideline must be kept with the Visitors book and shown to all visitor and evidence provided that they have read and understood it.
3. All visitors and contractors will be given fire instruction. All visitors/contractors will be advised of the exit points and the assembly points appropriate to the premises on arrival.
4. In the event of a fire/smoke alarm sounding all visitors/contractors are to leave the building immediately.
5. All Enhanced Learning Services provisions and vehicles are 'Non-Smoking' and visitors are expected to adhere to the current legislation. Details will be provided on request.
6. In the event of a visitor/contractor having an accident, they must inform an Enhanced Learning Services member of staff. This is to ensure that all the necessary paperwork is completed.
7. Private vehicles must only be parked in designated parking areas and are done so at the owner's risk. Enhanced Learning Services accepts no liability for any damage caused to such vehicles.
8. They are not to leave any personal items/equipment either unattended or overnight. We cannot accept liability for the loss of, or damage to such personal property brought onto our premises.



9. In the event of visitors/contractors carrying out maintenance work, they are to ensure that they do not leave any of their tools/equipment unattended at any time. This also includes any products (paint, glue or petrol) necessary for the job in hand.

10. Any damage caused by contractors or their equipment will be the responsibility of the contractor to repair/replace.

11. Any Enhanced Learning Services equipment will be kept in good working order and will have had the necessary testing carried out appropriate to the item concerned.

12. Enhanced Learning Services property must only be used for the purpose for which intended and must not be removed from the premises without prior approval from the Operations Director.

13. During a visit to a Enhanced Learning Services provision, visitors/contractors may come across, have access to or overhear information confidential to the business (e.g. information concerning staff or the young people in our care). In order to protect everyone any information accessed is considered highly confidential and must not be disclosed to any Body or organisation without the Directors prior written consent.

14. There may be an occasion that a Enhanced Learning Services member of staff asks a Visitor/contractor to leave a premises. We would ask that if this request is made that you leave as soon as possible, removing any equipment/hazard with you.

15. We would ask all visitors/contractors to refrain from having any mobile telephones switched on when entering a Enhanced Learning Services provision.

16. We reserve the right to refuse entry to any visitor/contractor who we believe to be under the influence of alcohol or drugs or who behaves in a manner that could be detrimental to any of the staff or young people.

17. It is Enhanced Learning Services policy that any contractor having **regular** contact with a school will be expected to have a DBS Check.

18. All non DBS contractors need to be adequately chaperoned within the school especially if other young people are there.

19. All contractors used on a regular basis should have completed a Health & Safety Questionnaire, Boreham Mill Health & Safety personnel to undertake this procedure.

# APPENDIX 1: Individual Incident Report Form

## Individual Incident Report Form



Name of young person:		Head Teacher:	
Incident Number: <b>1</b>		Central Log No:	
Date of incident:        /        /		M Tu W Th F Sa Su	
Start time:	Finish time:	Duration:	
Staff present: Name and role			
<b>CATEGORY: Type of incident</b> Damage: <input type="checkbox"/> Self-Injury: <input type="checkbox"/> Physical Aggression: <input type="checkbox"/> Physical Intervention: <input type="checkbox"/> (please complete shaded area)                      Missing Person: <input type="checkbox"/> Other: <input type="checkbox"/> (please specify) _____			
<b>NOTIFICATION</b>	<b>TIME</b>	<b>NAME</b>	<b>COMMENTS/ADVICE GIVEN</b>
Head Teacher/Line Manager <input type="checkbox"/>			
Police <input type="checkbox"/>			
Placing Authority EDT <input type="checkbox"/>			
Social Worker <input type="checkbox"/>			
LADO/Name of LADO <input type="checkbox"/>			
Other <input type="checkbox"/>			
<b>Reason for intervention:</b> Danger to Self: <input type="checkbox"/> Danger to Others: <input type="checkbox"/> Damage to Property: <input type="checkbox"/> Maintain good order and discipline in the classroom: <input type="checkbox"/> Committing an offence/crime: <input type="checkbox"/>			
<b>Physical techniques used:</b>			
Single Elbow Escort		Wrap	
Figure of Four Escort		Wrap to Ground	
Single Person Double Elbow Escort		Personal Safety	
Double Elbow Escort			
<b>Effectiveness:</b> How effective was the Physical technique in ensuring the safety/care of young person and staff? (1 = very poor, 10 = very effective)			
1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 10			

# Individual Incident Report Form



Time and Sequence of techniques:						
	Start time	End Time	Techniques Used	Name of person using technique		
				YP Left	Single	YP Right
1						
2						
3						
4						

**Details of Incident**

Background and build up, triggers:

De-escalation techniques (staff should always adopt a non-threatening posture) verbal advice/support, distraction, negotiation, limits/choices, reassurance, time out offered/directed, tactical ignoring, change of adult, other:

Location of the incident:

# Individual Incident Report Form



Details of incidents/occurrence:

Print Name:

Signature:

Date:

# Individual Incident Report Form



Young person Views / Feelings (To incorporate enquiries as to why incident occurred, if young person wishes to discuss incident with independent party etc.)					
Details of any resulting injuries (to whom, and action taken as a result e.g. medical treatment, if none, write none):					
Was an accident form completed?      Yes: <input type="checkbox"/> No: <input type="checkbox"/> Accident form NO: _____					
Staff de-brief:					
Staff de-brief:					
<b>Senior Management Team Monitoring</b>					
	✓	x		✓	x
Was sufficient de-escalation undertaken?			Were physical techniques necessary?		
Were there reasons for the use of physical technique?			Was physical technique used reasonably?		
Were approved physical technique used?			Was physical technique used proportionate to event?		
Action if required:					
Risks reviewed:                      Yes <input type="checkbox"/> No <input type="checkbox"/> Date					
Parent / Guardian Informed:    Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Date					
Incident Report reviewed by (Print Name):					
Signature				Date	

# APPENDIX 2: Untoward Event (UTE) Report

Untoward Incident Report: Number



YP	HOUSE			
Category of Event	Date of incident	Identifier of Individual /s involved (YP initials in bold; Staff initials)	Brief Description of the Event	Outcomes / Actions to prevent a recurrence
RIDDOR reportable accident / incident				
Serious Injury				
Missing YP				
Medication Related Incident				
Sudden / Unexpected Death				
OFSTED NOTIFICATION				
Infection Outbreak				
Violence to another Individual				
Violence Resulting in Property Damage				
Use of Restraint / Physical Intervention				
Allegation of Abuse				
Fire				
Property Issue				
Enforcement Notice				
Actual or potential police / press interest				
Other				
Near Miss				

<b>Who has this event been reported to?</b>		<b>e.g. Regulator / Safeguarding / Line Manager</b>
<b>Name of person / organisation reported to</b>	<b>Date</b>	
J. Goddard		

<b>Details of person completing the report, &amp; date that it was reported to the person completing report (where appropriate)</b>			
<b>Date event reported to you</b>			
<b>Name</b>	<b>Date of report completion</b>	<b>Designation</b>	<b>SCHOOL/FARM</b>

Reference No.

**This form should be SENT TO J  
GODDARD AND S AMBROSE**



# APPENDIX 3: Concern and Safeguarding Report

Safeguarding Incident/Concern Log Number to be completed by Designated Person ONLY

Safeguarding Number:		Concern Log Number:	
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I have concern regarding:		Location:	
---------------------------	--	-----------	--

Name(s)	Status	
Date of concern:		Time of concern:
Location of concern:		

Other People Present		
Name(s)	Status	

The Concern is:

### ACTION TAKEN LOG

Date:

Details:

Is there any related paperwork linked to this concern e.g. body map, incident report. Please indicate below:

### WHAT TO DO NEXT WITH THIS FORM

I confirm that this information is to the best of my knowledge a true record of the concern raised/events witnessed.

Signed

Print Name:

Date:

I have passed this form to:

At:

On:

### Receiving this form

Name of person receiving this form:

Received from:

Date Received:

Time Received:

### WHAT TO DO NEXT ABOUT THE CONCERN RECEIVED:

#### CHECK AGAINST INITIAL MANAGEMENT ACTION FORM/LOCAL AUTHORITY GUIDANCE

EITHER:

If the matter is an adult/child safeguarding matter:

1. Sequentially number the concerns form by reference to Adult/Child Safeguarding file held at the location.
2. Telephone the local Child/Adult safeguarding Officer.
3. Being use of the Adult/Child Safeguarding Tracking Pack or local authority form.

OR

If the matter is a more general concern you must:

1. Sequentially number the concerns form by reference to Adult/Child Safeguarding file held at the location.

Complete the Action Taken Log below.

On completion of this form this is to be filed in the individuals concern/safeguarding folder

Please indicate where other copies have been placed:

This matter IS a safeguarding mater and was continued using the Adult/Safeguarding Tracking Pack/local authority form notification number:

OR

This matter IS NOT considered a Child/Safeguarding matter by the local safeguarding authority:

Signed: \_\_\_\_\_(Designated Person)



**I have read and understood the Health & Safety Guidance Manual 2017**

**Sign**

**Print**

**Date**

**Position**