

# **SES KITE**

## **Health and Safety Policy and Practice**

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*SES Kite Ltd (12634002) is a subsidiary company of  
Specialist Education Services (Holdings) Ltd (7970185)*

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## **1 INTRODUCTION**

- 1.1 This statement does not replace National guidance and policy in respect of employment, care, education or any other aspect of our work throughout which health and safety must be given prime consideration. This document should be regarded as complimentary to National guidance and a specific description of that which relates to the working, living and learning environments that are our homes and schools.
- 1.2 This statement deals with those aspects over which the Company has control and covers health and safety associated with the building structure, plant, fixed equipment and services and describes how these responsibilities are discharged in respect of employees, young adults, visitors and other users of the premises.
- 1.3 The aim of the statement is to ensure that all reasonably practical steps are taken to secure the health, safety and welfare of all persons using these premises and in particular:
- a. To establish and maintain a safe and healthy environment throughout the establishment.
  - b. To establish and maintain safe working procedures among staff and young adults.
  - c. To make arrangements for ensuring safety and avoiding risks to health in connection with the use, handling, storage and transport of articles and substances.
  - d. To ensure the provision of sufficient information, instruction and supervision to enable everyone to avoid hazards and contribute positively to their own health and safety at work, and to ensure that they have access to health and safety training as and when required.
  - e. To maintain a safe and healthy place of work with safe access and egress.
  - f. To provide and maintain adequate welfare facilities.

## **2 HEALTH AND SAFETY MANAGEMENT**

The Company will ensure that a Health and Safety Management System is developed, implemented and monitored throughout which will ensure the assessment of risk and the effective organisation, planning, monitoring and review, of the preventative and protective measures necessary to control risk.

## **3 PLANNING**

The Company will identify and assess the risks from hazards associated with all its work activities with the aim of reducing and managing the risks, so far as is reasonably practicable.

The Company will, so far as is reasonably practicable, allocate sufficient resources to meet the requirements of this Policy.

The Young Adult Residential Support Manager (YARSM) of each establishment will set realistic short and long term objectives, decide priorities and establish adequate performance standards. They will also monitor and review such standards to ensure they are being met and maintained.

#### **4 HEALTH AND SAFETY ASSISTANCE**

Without detracting from the primary responsibility of the Directors and Staff for ensuring safe conditions of work and in compliance with legislation, the Company will secure, competent assistance in applying the provisions of health and safety law where it is necessary to assist management in that task.

#### **5 CO-OPERATION AND CONSULTATION**

No health and safety policy is likely to be effective unless it actively involves the employees themselves. The Company recognises the contribution which employees and young adults are able to make towards health and safety in their workplace and home and will co-operate and consult with employees and young adults as necessary.

The Company will co-operate and consult with properly appointed Safety Representatives to enable them to fulfil their statutory functions and will co-operate in the setting up of a Health and Safety Committee or committees as required.

#### **6 CO-ORDINATION**

The Company will ensure that arrangements are made to co-ordinate the activities of its own employees and those of outside agencies working on its premises, such as contractors, cleaning staff and maintenance personnel.

#### **7 INFORMATION TO STAFF**

This Health and Safety Policy and any Supplementary Guidance Documents, Codes of Practice etc., will be brought to the attention of all employees and any other persons who may need to be aware of their contents.

#### **8 AMENDMENTS TO THIS POLICY**

Supplementary Guidance Documents and Codes of Practice will similarly be regularly reviewed and where appropriate further guidance notes will be issued relating to particular work activities or as a result of changes in Health and Safety legislation.

## **9 RESPONSIBILITIES AND DUTIES IN MATTERS CONCERNED WITH SAFETY**

Health and Safety Law clearly outlines that employers are responsible ensuring a safe and healthy environment for their employees, clients in their care and persons who spend time at, or visit, company premises.

### **9.1 THE COMPANY**

9.1.1 The Company will ensure that a Health and Safety Management System is in place at each establishment. Such a system will ensure:

- a. A clear written policy statement is created, maintained and available.
- b. That responsibilities for health, safety and welfare are allocated to specific people who should receive specific, relevant information and training in order to ensure competence and compliance.
- c. That information is displayed throughout the establishment confirming who has responsibility for health, safety and welfare.
- d. The involvement of everyone in making the policy work.
- e. That personnel have sufficient experience, knowledge and training to perform the tasks required of them.
- f. The specification of who is responsible and the arrangements for identifying hazards, undertaking risk assessments and implementing appropriate control measures.
- g. That everyone has sufficient information about the risks they run and the preventive measures they should take to minimise the risks.
- h. The visible demonstration of commitment to achieving a high standard of health and safety performance within the establishment and the development of a positive attitude to health and safety among staff and young adults.
- i. Health and safety performance is measured by the use of inspections, checks and the recording of accidents and near misses.
- j. That a review of each establishment's health and safety policy and performance takes place annually and action on the review's findings, including amending the policy, if necessary takes place.

### **9.2 THE YARSM**

The day-to-day responsibility for all health, safety and welfare organisation and activity rests with the YARSM, who will:

- a. Be the focal point for reference on health, safety and welfare matters and give advice or indicate sources of advice.
- b. Co-ordinate the implementation of the health, safety and welfare procedures in the establishment.
- c. Make clear any duties in respect of health and safety that are delegated to members of staff and published as required.
- d. Stop any practices or the use of any plant, tools, equipment, machinery, etc., he/she considers to be unsafe, until satisfied as to their safety.
- e. Put in place procedures to monitor the health and safety performance of each establishment.

- f. Make or arrange for risk assessments of the premises and working practices to be undertaken, recorded and reviewed on a regular basis, and ensure that he/she is kept informed of accidents and hazardous situations.
- g. Ensure that all accidents are recorded, investigated and any remedial actions required are taken or requested.
- h. Review from time to time;
  - (i) the emergency procedures
  - (ii) the provision of first aid in the building
  - (iii) the risk assessments
- i. Review regularly the dissemination of health and safety information in the establishment, paying particular attention to newly appointed and temporary staff, volunteer helpers and other users of the premises.
- j. Ensure that all equipment used in the establishment is adequately maintained and inspected.
- k. Report to the Directors termly on the Health and Safety performance of the establishment.
- l. Co-operate with and provide the necessary facilities for Trade Union appointed Safety Representatives.
- m. Chair the Health and Safety Committee, if applicable (the committee will consist of the YARSM, member of the SES Executive Group and a staff representative – the quorum for a meeting is two)

### 9.3 HEALTH AND SAFETY CO-ORDINATOR

The YARSM retains overall responsibility, however various aspects of the practicalities of the following may be delegated to other staff:

Health and Safety Co-ordination involves the following responsibilities:

- a. Co-ordination and management of the annual risk assessment process.
- b. Ensuring the annual general workplace monitoring inspections are carried out.
- c. To make provision for the inspection and maintenance of work equipment throughout the building.
- d. To ensure adequate records of the above processes are kept on the premises.
- e. Maintain continuing observations throughout the establishment and make relevant comment to the appropriate staff, if any unsatisfactory situation is observed.
- f. To ensure that staff are adequately instructed in safety and welfare matters in connection with their specific work place and the establishment generally.

### 9.4 HEALTH AND SAFETY REPRESENTATIVES

The Company recognise the role of Health and Safety Representatives appointed by a recognised trade union. Health and Safety Representatives will be allowed to investigate accidents and potential hazards, pursue employee complaints and carry out inspections within directed time, but wherever practicable outside direct contact time. They are also entitled to certain information, for example, about accidents, and to paid time off to train for and carry out their health and safety functions.



However, they are not part of the management structure and are not carrying out the duties on behalf of the Manager or Company.

## 9.5 OBLIGATION OF ALL EMPLOYEES

Notwithstanding any specific responsibilities that may have been delegated to them, all employees must:

- a. Act in the course of their employment with due care for the health, safety and welfare of themselves, other employees and other persons.
- b. Observe all instructions on health and safety issued by the Company, Senior Managers or any other person delegated to be responsible for a relevant aspect of health and safety.
- c. Take heed of any instruction and/or training received on the use of equipment, machinery, dangerous substance or safety devices.
- d. Use and maintain correctly, in accordance with any instruction and/or training received, all personal protective equipment issued.
- e. Report all accidents in accordance with current procedure.
- f. Co-operate with other persons to enable them to carry out their health and safety responsibilities.
- g. Inform the YARSM of all potential hazards to Health and Safety, in particular those that are of a serious or imminent danger.
- h. Inform the YARSM of any shortcomings they consider to be in the establishment's health and safety arrangements.
- i. Exercise good standards of housekeeping and cleanliness.
- j. Know and apply the procedures in respect of fire, first aid and other emergencies.
- k. Co-operate with the appointed Trade Union Health and Safety Representative and the Enforcement Officers of the Health and Safety Executive.

All employees who authorise work to be undertaken or authorise the purchase of equipment will ensure that the health and safety implications of such work or purchase are considered.

Employees entrusted with responsibilities for specific aspects of health, safety and welfare must satisfy themselves that those responsibilities as appropriate are re-assigned in their absence. Such re-assignments must be approved by the YARSM.

Failure to exercise reasonable care for the safety of oneself, fellow employees or members of the public; to co-operate with the Company or its advisers on health and safety matters; or the misuse of safety equipment provided may justify disciplinary action being taken against the employee concerned.

## 9.6 YOUNG ADULTS

Young adults, in accordance with their age and aptitude, are expected to:

- a. Exercise personal responsibility for the health and safety of themselves and others.
- b. Observe standards of dress consistent with safety and/or hygiene.

- c. Observe all the health and safety rules of the establishment and in particular the instructions of staff given in an emergency.
- d. Use and not wilfully misuse, neglect or interfere with things provided for his/her health and safety.

All young adults, parents/carers and placement authorities are made aware of the above as part of the admissions process and through the ongoing work of the establishment directly with young adults and where applicable their families. Our means of communication is through use of the following:

- Young Person Welcome Guide
- Development and Learning plans
- Home Visits
- Individual discussion and counselling
- Home meetings and informal discussion
- The Portfolio of Achievement and Needs (PAN) process

## 9.7 VISITORS AND OTHER USERS OF THE PREMISES

Visitors and other users of the premises should be required to observe the health, safety and welfare rules of the establishment. In particular volunteers helping out in establishment, including those associated in self-help schemes should be made aware of the health and safety policy applicable to them by the member of staff to whom they are assigned. Other visitors include contractors whose work and actions are overseen by the YARSM or their delegated staff. The staff will ensure that where necessary contractors read and sign that they have seen the asbestos survey certificate and register if applicable. For some contractors this will not apply because their proposed work has been assessed as being well removed from potential hazards identified within the asbestos survey.

## 9.8 THE LANDLORD

Where an SES Kite home is leased on a tenancy agreement, the landlord has legal responsibility to ensure the building meets regulations for domestic health and safety, and to complete emergency structural repairs. Any damage to the house or to the common parts caused by the staff, young adults or any visitor must be reported and rectified by SES to maintain health and safety.

## 10 **SUPERVISION OF YOUNG ADULTS**

A breakdown of the routines around the operation of the establishment can be found in various documents:

- Staff Handbook
- Brochure
- Young Adult Welcome Guide
- Positive Management of Behaviour
- Educational, Social and Leisure Visits and Activities Policy and Practice
- Risk Assessment

## 11 **PROVISION OF FIRST AID**

It is company policy to ensure that all SES Kite staff have a full First Aid at Work Qualification.

Records of Training will be kept as a central record as well as individually on staff files together with relevant Certificates.

(a) First Aid boxes must contain the following:

ONE guidance card  
TWENTY assorted individually wrapped sterile adhesive dressings  
TWO sterile eye pads with attachment  
SIX individually wrapped triangular bandages  
SIX safety pins  
SIX medium sized individually wrapped sterile unmedicated wound dressings  
TWO large sterile individually wrapped unmedicated wound dressings  
THREE extra large sterile individually wrapped unmedicated wound dressings

(b) First Aid boxes are to be found in the following locations:

Kitchen  
House Office  
Mobile Bag

A named person and a named back up person will be responsible for the systematic checking and replenishment of First Aid boxes. This takes place at a minimum frequency of once per week.

## 12 **EMERGENCY PROCEDURES**

### 12.1 ILLNESS OR ACCIDENT

If anyone should become ill or suffer injury as a result of an accident the procedures below should be followed:

- First aid should be given, but only as far as knowledge and skill permit. The patient should be reassured and, only if absolutely necessary, removed from danger.
  - If circumstances necessitate, for example in the absence of the YARSM, the first port of call should be alerted as the 'appointed person' and will take charge of the situation.
- (a) Transport to hospital. If an ambulance is required the emergency "999" service should be used. It may be appropriate in cases of a less severe nature to transport a young adult or staff to a casualty department by a staff member, after considering staffing levels.
- (b) A young adults risk assessment should indicate how to plan and respond when a staff adult may need to leave the home with another young adult for a period of time due to an emergency, thus leaving them unaccompanied.

- (c) Ideally, no casualty should be allowed to travel to hospital unaccompanied.
- (d) Reporting Accidents to young adults and non-employees. Immediately after the incident every case of injury or accident must be fully and accurately reported on the appropriate accident form and, where possible, detailed statements should be obtained from witnesses. Accident forms are obtainable from the House Office. Completed forms should be filed without delay in the designated folder located in the house office and the YARSM will, where required, investigate the accident. Accident forms are sample monitored by the SES Executive for a second viewing. In the absence of the YARSM, copies of accident forms should be made available to the SES Principal or Deputy Principal. An accident form must be completed for all accidents to young adults or members of the public, however minor.
- (e) Reporting Accidents to Employees. For employees only, an entry must be made in the accident book that is kept in the house office. The accident book for young adults is also kept in the house office. The accident book is in the form of a 'tear out' record sheet and the final historical records for both staff and young adults are kept in the main office.
- (f) For all accidents where any person is injured causing an absence in excess of seven days, the report must be forwarded immediately to the YARSM who is statutorily required to forward details to the Health and Safety Executive (HSE) within seven days. For serious injuries reports must be made immediately by telephone to the HSE without delay. These are the requirements of the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR).

## 12.2 FIRE AND EMERGENCY PROCEDURE

It is the duty of all members of staff to carry out the procedures as explained in the Staff Handbook and displayed around the building.

The Health and Safety Sub Committee oversee and ensure routine discussions are held with staff and young adults regarding the domestic fire plan for the SES Kite home. The fire log maintained in the house office contains all records related to fire health and safety, with full training included during staff induction, and subsequent training for existing staff on an annual basis.

It is the duty of all members of staff to carry out the procedures as laid out in the Fire and Evacuation Procedure.

Following the evacuation procedure the lead staff adult present must ensure all young adults, staff and visitors are accounted for. They must also alert immediate neighbours to the potential fire risk.

The Fire Evacuation Procedure is set out as an appendix to this document.

### 12.2.1 Review of Emergency Procedures

The YARSM will arrange for a regular review of the emergency procedures and the provision of first aid training.

### 12.3 EMERGENCY RESPONSE BAGS

In the event of a young adult going missing in hours of darkness, there is an emergency response bag available in the house office. This contains a first aid kit, high visibility jackets, a torch and a foil survival blanket.

## 13 HEALTH AND SAFETY TRAINING

Staff must be adequately trained to perform the work required of them and to carry out any health and safety responsibilities assigned to them.

The grid below shows the training that has been identified and will be provided:

<b>Training Need</b>	<b>Training Schedule/Approach</b>
Manual Handling	General awareness training for other staff Ongoing training through process of risk assessment and emerging issues.
Electrical Equip	Visual checks by all staff carried out routinely. Two annual visual checks of all electrical equipment, led by YARSM.
First Aid	Full First Aid at Work training for all staff.
Control of Substances	Initial Training through use of HSE direct online materials and that provided by suppliers for staff. Ongoing training through process of risk assessment and emerging issues.
Fire Training	In house – training for all new staff Ongoing training through domestic Fire Drill Scenarios and feedback. All staff to be trained on how to use fire blanket and extinguisher (located in kitchen)
Positive Handling Strategies	12 hr full Team Teach Training for all new staff Top up training as per Team Teach Protocols (See Team Teach frequency of Training Sheet)
Risk Assessment	Initial In house training for all staff. Ongoing training through process of documentation review, staff support and development.
Food Hygiene	Initial Fully Accredited Basic Food Hygiene training for all new staff. Renewal Training every 3 years

Alarms	Initial basic in house training for all new staff.
Medication	Full young adult's Home Medication Training for all staff.

#### 14 **HEALTH AND SAFETY MONITORING**

The following inspections and checks will be carried out:

<b>Nature of Monitoring</b>	<b>Date on Cycle</b>	<b>Responsibility</b>
Fire Appliances	Annually - August	External contractor
Smoke Alarms	(In house) Weekly	YARSM (or delegate)
External Door Alarms	(In house) Weekly	YARSM (or delegate)
Electrical equipment	Visual checks – January / July	YARSM

#### 15 **RISK ASSESSMENT**

Risk assessment will be carried out throughout each establishment as follows:

<b>Risk Assessment</b>	<b>Date on Cycle</b>	<b>Responsibility</b>
Premises (inc. Fire, Security and Garden)	September	YARSM
Control of Substances (COSHH)	February	YARSM
Appropriate and Suitable Location Review	September	YARSM

## 15.1 RISK ASSESSMENTS FOR VISITS AND ACTIVITIES

Risk Assessments must take place for all visits and activities. For young adults the vast majority of visits and activities will be catered for through their Activities Risk Assessment Overview, General Risk Assessment Overview and Young Adult Specific Activity Risk Assessments. These are available on the SES Kite home network and must be understood by all staff. For visits or activities that fall outside of these procedures, staff must consult with the YARSM to ensure the very best standards are adhered to.

A comprehensive Educational, Social and Leisure Visits and Activities Policy and Practice document for SES provides key guidance for reference. All staff should read it as part of their induction and before taking young adults out on any visits. The document is available on the network.

Every new member of staff is issued with a personal Visits and Activities Training Log.

There is a separate Policy document relating to transportation and travel.

## 16 **ELECTRICITY**

The following person will be responsible for carrying out portable appliance Class 1 and 2 inspections and testing (where required): SES Caretaker / Handyman.

## 17 **INFORMATION ABOUT THE ARRANGEMENTS**

The Manager will ensure that young adults and staff are familiar with the arrangements set out in this section of the Policy Statement.

## 18 **CONCLUSION**

It is the responsibility of everyone to make these arrangements work. This will ensure, so far as is reasonably practicable, that working conditions are safe and that the working life of everyone is accident free.

If an improvement or prohibition notice is served by an enforcement officer (e.g. Factories Inspector or Environmental Health Inspector), the YARSM should immediately advise the Company Directors. If a prohibition notice is issued with immediate effect the activities specified should cease forthwith.

Any member of staff noticing a failure to comply with this Statement of Organisation and Arrangements or other advice/guidance issued by the Company in pursuance of the Health and Safety Policy should immediately report the circumstances to the YARSM and / or Directors. The YARSM and / or Directors should then initiate appropriate remedial action.

Suggestions by any member of staff to improve standards of health and safety are welcomed by the Company.

## 19 **REVIEW**

A review of the organisation and practice arrangements will take place at regular intervals by a Health and Safety sub committee of staff. The minimum review of this Health and Safety document will be within one year of its renewal date.

Confirmed by the Directors on:

Date\_\_\_\_\_Signature\_\_\_\_\_

Date\_\_\_\_\_Signature\_\_\_\_\_

## **APPENDICES**

### 20 **RESIDENTIAL ARRANGEMENTS**

General

- Protective clothing and equipment (PPE) to be worn when required.
- Electric and gas appliances to be used under supervision.
- All equipment to be used as manufacturers instructions.
- Faulty equipment should have power cut off to it, marked clearly as 'out of order' (or removed where physically possible), and reported for repair by an approved person.
- Small Step Ladders must be used when objects are out of arm's reach.
- All spillages whether hazardous or not to be cleared up immediately (as per COSHH).
- Sharp bladed tools to be used under supervision and used for the purpose intended.
- Sensible behaviour must be adhered to whilst using dangerous equipment.
- All hazardous and dangerous substances must be kept locked up when not in use.
- Disposable gloves must be available to all staff.
- A contractor on site for more than 1 week must have a copy of the Health and Safety Policy.
- All staff dealing with the preparation of food must hold a basic Health and Hygiene Certificate.
- Before retiring for the night staff should ensure full safety and security checks are carried out.
- General standard of hygiene within living and recreational areas is the collective responsibility of staff and young adults.

Kitchen Areas

- Knives kept in an identified locked area when not in use.



- Knives to be washed separately and not placed in dishwasher.
- Appropriate chopping boards to be used.
- Diary kept for cleaning of equipment and temperature charts for fridges and freezers.
- Disposable gloves worn over plasters when dealing with high risk foods.
- All basic Health and Hygiene rules to be observed.
- Detailed guidance on kitchen practice is outlined in The Food Standards Agency Folder kept on the shelf above the microwave in the Kitchen.
- All young people have individual cooking Risk Assessments.

#### Laundry

- No clothes to be left on floor in a hazardous way.
- All young adults should have their own individual laundry baskets.
- Follow specific arrangements for wet/soiled clothing/bedding.

#### Cleaning

- Colour coded buckets for different uses.
- All cleaning substances and hazardous chemicals to be kept in locked cupboard when not in use.
- Detailed information in relation to cleaning and the use of cleaning materials can be found in COSHH File located in The House Office.

#### Bicycles

- All young adults will have a Cycling Assessment form completed before being able to engage in cycling activities
- Only young adult that have been assessed as competent and responsible may use bicycles on the road unsupervised.
- Young adults will have a comprehensive individual risk assessment in place.
- Bicycles to be kept in a roadworthy condition.
- The use of cycle helmets is an expectation of young adults.
- Before use, bicycles are to be suitably adjusted for rider.
- Lights must be used in dusk and dark conditions.
- Fluorescent jackets should also be worn if cycling in dark conditions

## 21 **POLICY FOR THE CONTROL OF INFECTION**

**See “Guidance on Infection Control in Schools and other Childcare Settings” issued by Public Health England 2016 and the “Infection Prevention Control” website at [infectionpreventioncontrol.co.uk](http://infectionpreventioncontrol.co.uk) and the their link to “Health and Social Care”**

### Blood Borne Viruses

Blood borne viruses are infectious agents that some people carry in their blood. They can cause severe disease in some cases, and few or no symptoms in others. The virus can be spread to another person and this may occur whether the carrier

of the virus is ill or not.

The main blood borne viruses of concern are:

- Human Immunodeficiency Virus (HIV) which can cause Acquired Immune Deficiency Syndrome (AIDS), affecting the immune system of the body;
- Hepatitis B Virus (HBV) and Hepatitis C Virus (HCV), which causes hepatitis, a disease of the liver.

Blood borne viruses are spread by direct contact with the blood of an infected

person. Certain body fluids may also be infectious e.g. semen, vaginal secretions and breast milk. The risk of blood borne virus infection from body fluids or materials most likely to be encountered, such as urine, faeces, saliva, sputum, sweat, tears and vomit, is minimal unless they are contaminated with blood. However, the presence of blood is not always obvious in these fluids.

### Transmission of HIV, HBV and HVC

These infections are spread by direct contact with an infected person's blood or certain body fluids. The main routes by which infection is spread are:

- By sexual intercourse (including oral sex) with an infected person without a condom;
- By sharing contaminated needles or other equipment for drug injecting;
- From an infected mother to her baby during pregnancy, while giving birth or through breastfeeding;
- By tattooing, ear and body piercing or acupuncture with un-sterilised needles or equipment;
- Through a blood transfusion in a country where blood donations are not screened,
- By sharing razors and toothbrushes (which may be contaminated with blood) with an infected person.

These infections are not spread by normal daily contact and activities e.g. coughing, sneezing, kissing, holding hands, sharing bathrooms and toilets or food, cups, cutlery and crockery.

### Preventing Blood Borne Virus Transmission

Preventing transmission means avoiding exposure to the viruses (e.g. through unprotected sexual intercourse or sharing of injecting drug equipment). Young adults and young people looked after by local authorities need information and advice on preventing blood borne virus transmission, particularly as some young people may be at particular risk of HIV, HVB or HVC e.g. because of injecting drug use, involvement in prostitution or unprotected sexual intercourse with frequent partner change. It is therefore important that staff receive appropriate information, advice and training.

### Principles for the Control of Infection

The following hygiene precautions are recommended as safe practice for all residential staff. These precautions will provide protection against blood borne

viruses and other infections, which may be transmitted via blood and body fluids. They should be incorporated as standard practise at all times.

### Standard Infection Control Precautions

- Always keep cuts or broken skin covered with waterproof dressings;
- Always use disposable gloves when tending open wounds
- Avoid direct skin contact with blood or body fluids;
- If blood is splashed onto skin, it should be washed off immediately with soap and water. Splashes of blood into the eyes or mouth should be washed immediately with plenty of water;

It is recommended that spillages be dealt with in the following ways:

- Small spills and splashes on the floors or other hard surfaces should be cleaned with detergent and hot water
- Large spillages should be removed with paper towels and the area cleaned with hot water and detergent
- The affected area should be wiped with appropriate designated cleaning agents. Disinfectant should not be used on metal, wooden or fabric surfaces as it may damage them
- If it is not possible to use a disinfectant solution then the area should be thoroughly cleaned a second time using a fresh solution of detergent and water. Carpets and upholstery can then be cleaned using a cleaner of choice.
- Staff to wear protective gloves when cleaning up spillages.

### First Aid Care

The following safe practices should be followed by the person giving first aid care.

1. Cover any minor cuts or abrasions on the hands or arms with a waterproof dressing.
2. Wash hands thoroughly, using hot running water and soap, before and after giving first aid care.
3. Hands should be dried properly, using disposable paper towels.
4. Minor cuts and grazes should be cleaned using clean water and disposable paper towels or tissues. A plaster or dressing (individually wrapped) can be applied if required.

### Dealing with Nose Bleeds and Cuts

Where possible it is advisable to wear disposable gloves.

Once used, the disposable gloves should be discarded into a bin fitted with a plastic liner.

### Dealing with Diarrhoea or Vomit

Disposable gloves and plastic apron must be worn. The area should be cleaned using the procedure described for dealing with blood or blood stained spills.

### Linen

Linen and clothing contaminated with blood and body fluids can be washed in a domestic machine and should be washed at the highest temperature the fabric can withstand. Household gloves and cold running water should be used to remove soiled substance prior to washing and any solid matter i.e. faeces and vomit should be flushed down the toilet

### Disposal of Waste

- Paper towels, together with gloves and aprons should be put into a plastic waste sack prior to disposal, the top tied and placed in a household waste bag for collection.
- Contaminated waste such as, nappies and incontinence pads should be adequately wrapped in newspaper and free of excess fluid prior to disposal.
- Sanitary towels and tampons should be disposed of in sanitary bins.
- Vomit, urine and faeces should be flushed down the toilet.

In some individual cases a young adult's general practitioner may identify a specific infection control risk associated with their medical condition and may make additional arrangements for the disposal of waste via the local authority.

- Wear disposable gloves when contact with blood or body fluids is likely;
- Always wash hands after removing gloves;
- Always wash your hands before and after giving first aid;
- Never share toothbrushes and razors as they might be contaminated with blood;
- Teach young adults about avoiding contact with other people's blood and body fluids as soon as they are able to understand how to protect themselves;
- Teach young adults to wash their hands before meals and after using the toilet.

### Hand Washing

Good hand washing is the single most important measure in the prevention of the spread of infection. Proper hand washing facilities are very important for staff, young adults and young people.

These should include the availability of:

- Hot and cold running water;
- Liquid soap;
- Domestic Hand Towels which are changed on a daily basis.
- Disposable paper hand towels.

How to wash your hands

- Wet hands before applying soap;
- Rub hands vigorously, ensuring all surfaces of the hands are cleaned for at least 20 seconds;
- In particular — between fingers and around fingertips;
  - around thumbs and wrists;
  - palms;
  - back of hands;
  - rinse soap off thoroughly and dry hands with a disposable paper hand towel.

The use of communal cloth towels for hand drying has been associated with the spread of infection and must be discouraged.

When to wash hands

- After using the toilet;
- After sneezing or blowing your nose;
- Before eating, drinking or preparing food;
- When hands are visibly soiled.
- Before and after administering medication.

### Use of Gloves

The use of gloves provides a barrier for the user. However, they are not an alternative to good hand washing practices.

There is only likely to be a risk of contracting an infection if, there are open cuts, fresh abrasions or eczema on the hands, as intact skin provides a barrier to protect against infection.

### Types of Gloves

Household rubber gloves are ideal for general cleaning purposes.

Disposable latex or vinyl gloves are ideal when dealing with excreta or blood stained materials.

Co-polymer (polythene) gloves provide little protection and should not be used.

Where gloves are used hands must be thoroughly washed following the removal of gloves.

## 21.1 ENHANCED INFECTION CONTROL PROCEDURES

There may be times where enhanced and more radical procedures to control infection and care for those infected may need to be implemented.

This would be in response to a pandemic strain of some sort. Generally vaccines are typically incorporated into the seasonal flu vaccination. According to NHS direct professional social care workers 'directly involved in patient care' are considered as an at risk group and therefore entitled to a vaccination.

The company therefore recommends that all staff members make use of the seasonal flu vaccine when offered and where it is not offered, seek advice from their doctor in light of their occupation. Should staff encounter contrary information regarding their entitlement they should inform the Registered Manager.

The following represents procedures implemented in July 2009, prior to a potential Swine Flu outbreak. There are two levels of enhanced alert; Amber and Red. The procedures outlined are transferable to most situations requiring enhanced control.

### **Amber Alert**

Awareness level now needs to be raised across the Team. Full staff team to re-read any Government issued Guidance.

All our young people's' levels of interaction in public are relatively limited although there are obviously visits to public places such as cinemas etc. Therefore the highest risk may be infection through staff bringing it into our establishments.

All staff need to be alert to the following criteria before coming into work:

- Have symptoms of any kind in relation to the particular pandemic strain.
- Have been in contact with anybody family member or otherwise who has recently been diagnosed with the pandemic strain.
- Has a known indirect link, i.e. son or daughter's friend whose house they have recently been playing at has contracted the pandemic strain.

The policy will be to cover people within these categories until the concerns have passed. (Incubation periods for any pandemic strain [i.e. time between infection and appearance of symptoms] will likely be known at the time.)

### **Red Alert**

If one of the young adults contracts the pandemic strain then we move to Red Alert and we need to implement an isolation procedure.

- The young adults should be informed in advance of the isolation procedure and the importance of adhering to it.
- The young adults concerned will not be left isolated but a limited pre identified number of staff will keep them company and attend to their domestic needs.
- A programme of bedroom activities will be thought through in advance for each young person to avoid boredom and breaches of isolation procedure.
- ~~The Pavilion could be considered as an option as young adults are recovering for some activities because of its relative isolation. (This only applies to Avocet House).~~
- Typically this needs to be their room, with limited and controlled excursions out.
- Visits to bathrooms need to be followed up with a high level of sanitisation – hand washing, washing of surfaces etc.
- Delegated staff should wear the following protective clothing:
- Apron, gloves all to be disposed of in the correct plastic disposal bags.

If face masks are deemed to be useful, their use will be considered. It is generally held to be more effective to use tissues when sneezing and coughing and wash your hands regularly. However, for those tending to a young adult who has symptoms and is in isolation it may prove to be another layer/precaution when spending extended periods of time in an infected young person's presence. This has to be balanced against the possible raising of anxiety and fear within young people.

As well as the isolation procedure, the DCM in liaison with the Registered Manager should action stocks of any medication in liaison with our local GP.

Where there may be concerns around any specific Young Person, particularly in relation to raised risk through underlying health issues then a clear and specific contingency plan should be outlined in their individual Health Care Plan.

Equipment Needed:

- Good stocks of disinfectant
- Hand sanitizers in each room
- Supply of gloves, aprons and disposable bags.

## 21.2 CORONAVIRUS PANDEMIC

The above enhanced infection control procedures have been considered and modified to enable SES to respond to the current coronavirus pandemic. A detailed SES Covid 19 Action Plan has been agreed by senior leadership and issued to the full staff team. A comprehensive folder containing all relevant information is maintained in both house offices, with additional information on enhanced control procedures forming part of this. Staff are expected to read and understand the content and implications of this mandatory guidance.

## 22 **SUBSTANCE USE AND MISUSE POLICY STATEMENT**

### 22.1 STATEMENT OF POLICY ON SUBSTANCE USE AND MISUSE

- SES condones neither the misuse of drugs and alcohol by members of any of its establishments, nor the illegal supply of these substances.
- SES is committed to the health and safety of its members and will take action to safeguard their well being.
- SES acknowledges the importance of its pastoral role in the welfare of young people, and through the general ethos of each establishment, will seek to persuade young adults in need of support to come forward.

In responses to our shared concerns at a local and national level, we wish to state that as part of its care for the welfare of its young adults, SES believes it has a duty to inform and educate young people on the consequences of drug use and misuse. SES takes a pro-active stance on this matter, believing that health education is a vital part of the Personal and Social and Health Education of every young adult.

Fundamental to our values and practice is the principle of sharing the responsibility for education of young adults with parents, by keeping them informed and involved at all times. Effective communication and co-operation is essential to the successful implementation of this policy.

Whilst we acknowledge that the numbers of young people who use and misuse substances is rising, it is seen as important to recognise that the larger numbers of young people are choosing not to use or misuse substances. We will continue to support their differing needs.

We believe and support the following educational aims in respect of substance use and misuse:

- To enable young adults to make healthy, informed choices by increasing knowledge, challenging attitudes and developing and practising skills.
- To provide accurate information about substances.
- To increase understanding about the implications and possible consequences of use and misuse.
- To encourage an understanding for those experiencing or likely to experience substance use.
- To widen understanding about related health and social issues, e.g. sex and sexuality, crime, HIV and AIDS.
- To seek to minimise the risks that users and potential users face
- To enable young people to identify sources of appropriate personal support.

**These aims are fulfilled through aspects of the young adult's experiences through planned development and learning, and through opportunities within the broader social setting. Personal and Social Education pervades throughout the young adult's whole living experience. SES actively cooperates with other agencies such as Community Police, Social Services, LAs, Placing Authorities and Health and Drug Agencies to deliver its commitment to Drugs Education and to deal with incidents of substance use and misuse. Visitors who support SES will be informed of the values held within this policy.**

## 22.2 THE ROLES OF THE MANAGER AND COMPANY

The YARSM takes overall responsibility for the policy and its implementation, for liaison with the SES Executive group, Directors, parents, LAs and appropriate outside agencies. The day-to-day implementation of this policy is effectively delegated through established staffing structures. The YARSW have responsibility for the welfare of the individual young adult, supported by the YARSM. There are clear structures in respect of risk assessments as well as Care and Health planning relating to each young adult. Each young adult follows a personalised Development and Learning plan that includes a strong emphasis on PHSE. The YARSM will ensure that all staff dealing with substance issues are adequately supported and trained.

In instances involving substance misuse or supply on the premises, and following discussion between staff members who know the young adult well, and (where appropriate) parents will be informed at the earliest opportunity by the YARSM or an appropriate delegated member of staff.

There is no legal obligation to inform parents and family members of the policy, though they may be able to give relevant support and advice. However, an establishment cannot knowingly allow its premises to be used for the production or supply of any controlled drug, or the preparation or smoking of cannabis or opium. Where it is suspected that substances are continuing to be sold on the premises, details regarding those involved as well as much information as possible, will be passed to the relevant police officer with responsibility for this area.



SES will consider each substance incident individually and recognises that a variety of responses will be necessary to deal with incidents. SES will consider very carefully the implications of any action it may take. It seeks to balance the interests of the young adult involved, other members of the community and the broader local community.

The YARSM and / or Directors will take responsibility for liaison with the media. As the issue of substance misuse is an emotive one, and is likely to generate interest from the local and national media, Specialist Education Services will take appropriate advice and guidance from appropriate sources of its choosing including if necessary legal representation to ensure that any reporting of incidents remains in the best interests of the young people, their families and each establishment.

## 22.3 NO SMOKING POLICY

### Rationale

- Smoking is the single most preventable cause of premature death and ill-health in our society.
- Passive smoking is also potentially fatal. It has been shown to cause lung cancer, as well as many other illnesses, in non-smokers.
- Smoking is a health and Safety issue for all adults who use our establishments: staff, family, friends and parents.
- Everyone has the right to breath clean air.
- Young adults need to receive consistent messages and require non-smoking role models within our establishments.

The Company recognises the need to provide a healthy working environment for staff and young adults and for the best possible example and role model to be given by adults to young adults/young people on smoking-related matters.

Bearing in mind that each establishment is a 'no smoking' environment from the outset for all staff and visitors, the Company believe it right to take positive steps:

- To provide non-smokers with an environment free of tobacco smoke or vapes
- To encourage young adults not to start smoking
- To encourage staff and young adults who do smoke to give up
- To integrate education about smoking-related matters across Development and Learning planning.
- Acknowledge the concerns about passive smoking and the example adults can give young adults; the policy of SES is that smoking should not take place anywhere on site.
- **For SES Kite homes, young adults are not permitted to smoke within the home; the garden is the only permitted area.**

Advice and support will be given to employees who wish to give up smoking.

Young adults should be encouraged to articulate any wish to give up smoking. Support can be arranged through any staff member.

SES will support the local community in striving for a healthy environment and looks to the community to support SES's efforts.

### Visitors

This smoking policy applies to all visitors to our establishments in whatever capacity that occurs. The following arrangements have been made for informing visitors of the policy's existence:

- All visitors will be informed of this policy
- The policy will be referred to in recruitment literature, recruitment interviews, induction programmes.
- It will be referred to in our establishment's brochures and any other publicity literature.
- All parents/carers and prospective admissions will be informed about the policy.

## 22.4 DRUG OR SOLVENT MISUSE: RECOGNISING THE SIGNS

### Warning Signs

Early detection of drugs misuse is extremely important. If a young person's drug misuse is identified at an early stage, it is easier for action to be taken to prevent his or her further misuse of drugs. Therefore staff need to be vigilant, particularly when they are in charge of activities that take groups of young people away from our premises. Research has shown that first experiments with drugs by young people almost always involve a substance provided by a friend.

The signs listed in Tables 1 and 2 may indicate that individuals or groups of young people are misusing drugs. **Their presence alone is not conclusive proof of drug or solvent misuse: many of them are a normal part of adolescence**, but the presence of several signs together may point to a need for greater vigilance. Table 3 lists equipment which, if found in certain circumstances, might also give grounds for concern.

### Table 1: Warning Signs in Individuals

- Changes in attendance, and being unwilling to take part in school activities
- Decline in performance in school work
- Unusual outbreaks of temper, marked swings of mood, restlessness or irritability
- Reports from parents that more time is being spent away from home, possibly with new friends or with friends in older age groups
- Excessive spending or borrowing of money
- Stealing money or goods
- Excessive tiredness without obvious cause
- No interest in physical appearance
- Sores or rashes especially on the mouth or nose
- Lack of appetite, or bouts of excessive eating
- Heavy use of scents, colognes etc to disguise the smell of drugs
- Wearing sunglasses at inappropriate times (to hide dilated or constricted young adult)

### Table 2: Warning Signs in Groups

- Regular absence on certain days
- Keeping at a distance from other young adults, away from supervision points (e.g. groups who frequently gather near the gate of a school playground or sports field)
- Being the subject of rumours about drug taking
- Talking to strangers on or near the premises
- Stealing which appears to be the work of several individuals rather than one person (e.g. perhaps to shoplift solvents)
- Use of drug takers' slang
- Exchanging money or other objects in unusual circumstances
- Associating briefly with one person who is much older and no normally part of the peer group

### Table 3: Objects that may indicate Drug Misuse

- Foil containers or cup shapes made from silver foil, perhaps discoloured by heat
- Metal tins
- Spoons discoloured by heat
- Pill boxes
- Plastic, cellophane or metal foil wrappers
- Small plastic or glass phials or bottles
- Twists of paper
- Straws
- Sugar lumps
- Syringes and needles
- Cigarette papers and lighters
- Spent matches
- Plastic bags or butane gas container (solvent abuse)
- Cardboard or other tubes
- Stamps, stickers, transfers or similar items
- Shredded cigarettes, home-rolled cigarettes and pipes (cannabis)
- Paper (about 2 inches square) folded to form an envelope (heroin)

## **23 POLICY ON ALCOHOL ABUSE**

SES does not permit the use of alcohol on the premises for staff or professional visitors.

*Any use of alcohol by young adults must be carefully discussed, risk assessed and monitored by the staff team.*

SES recognises that alcohol abuse is a health problem. Those who suffer from it are required to recognise their problem and accept treatment and assistance. SES will treat such employees sympathetically and will encourage them to actively seek appropriate help. SES will endeavour to protect, as far as it reasonably can, their jobs and career prospects. However our establishments have, as their first priority

the welfare their service users

Confidentiality must be observed at all times when dealing with such a sensitive subject and SES expects all staff to observe this requirement.

#### Objectives of the Policy

- To promote the health and safety of the workforce.
- To promote an awareness of the possible harmful consequences of excessive drinking.
- To encourage employees to seek voluntary advice and assistance.
- To help minimise the need to invoke disciplinary measures.

#### Application of the Policy

The policy applies to every employee, irrespective of position held and does not discriminate on any grounds.

It must be emphasised that what appears to be the manifestation of a drinking problem could, in fact, occur for many other reasons. Managers are asked to exercise caution in the assessment of the problem and to explore it thoroughly.

Problem drinking may be defined as “any drinking, either intermittent or continual, which interferes with a person’s health and/or work performance in the areas of efficiency, productivity, presentation, health & safety or attendance at work”.

Alcohol-related problems may come to light in two ways:

- (a) Employees may choose to seek help voluntarily and may approach colleagues or their Manager.
- (b) An employee’s colleagues/supervisor/Manager may identify a pattern of deteriorating work performance or more obvious signs of a pattern of alcohol misuse.

There is no single characteristic that identifies those with alcohol issues but the following characteristics, especially when they occur in combinations or patterns over a period of time MAY indicate the presence of an alcohol-related problem.

#### Absenteeism

- Frequent and unexplained absences
- Excessive sick leave especially for stomach upsets. ‘flu, diarrhoea’ etc.
- Frequent Monday/Friday absences
- Excessive lateness, e.g. Monday mornings, after meal breaks
- Leaving work early/frequent trips to the cloakroom

#### High Accident Rate

- Frequent injuries/accidents at work and elsewhere
- Careless handling of equipment

## Poor Work Performance

- Fluctuations in output
- Unpredictability/unreliability/poor concentration
- Memory slips
- Mistakes and errors of judgement
- Lies about performance/excuses for poor work
- Reluctance to accept responsibility
- Concentration on short-term, routine tasks only

## Personality Changes

- Fluctuating relationships with colleagues
- Irritability/mood swings/lethargy
- Tendency to blame others/changes in attitude to authority
- Over-sensitivity to criticism/shunning company
- Smelling of alcohol under its influence at work
- Facial flushing/blurry eyes/hand tremor
- Untidy/unkept appearance
- Frequent borrowing of money

Managers need to be alert to the possibility of an alcohol problem among staff. They should identify and monitor poor or deteriorating work performance in terms of work-related problems and know how to act to direct the employee towards professional help as soon as the problem is suspected. Managers must maintain strict confidentiality throughout these procedures.

Once a Manager has identified a pattern of deteriorating work performance. It is essential to maintain a careful and objective record. In this connection, the following is recommended:

Make a factual and accurate record of work deterioration as it happens. Do not rely on memory.

1. Be clear, be precise, record the nature of any incident, include date, time, place, those present.
2. Be objective: record actual events not hearsay.
3. Treat all documentation as confidential.

## Procedure

If a manager suspects an employee of having a problem with alcohol, informal discussions should take place, when the employee may be accompanied by a Trade Union Representative, or other person of their choice. Factors affecting conduct of work performance and the desire to help and guide the employee to treatment should be stated.

- (i) Should employees accept they have a problem and request help or agree to help employees should be advised to contact their own Doctor.
- (ii) Should employees deny they have a problem the factors affecting their conduct or work performance should again be outlined and the desire to help the

individual emphasised. If following these discussions the person accepts a problem exists and requires assistance, then the employee advised to contact his/her Doctor as above.

If employees maintain that the work related factors giving cause for concern are not associated with alcohol and that a problem does not exist, then they should be given the opportunity to improve their performance.

Following this further period the matter will be discussed again with employees to review their performance,

Where there has been a lack of improvement or improvement has not been sustained, further formal discussion will be held and the matter will then be dealt with under the disciplinary procedure.

## **24 HIV POLICY**

The policy relates to both personal matters and to service provision. The Policy applies to those employed by SES and also the young adults in our care.

SES has made a commitment to update this policy as knowledge about the HIV Virus and new information and advice becomes available.

### **24.1 EQUAL OPPORTUNITIES**

This policy must be read and implemented in the context of our Equal Opportunities Policy, and is applicable to any staff member or young person who is infected or affected with/by the HIV Virus or who is HIV Symptomatic. SES recognises that staff members and young people who have the HIV Virus or who are HIV Symptomatic are subject to prejudice and disadvantage and therefore the Equal Opportunities policy applies to them.

Each establishment's Equal Opportunities Policy lays down clear expectations concerning the need to provide anti-discriminatory services to meet the needs of each individual irrespective of their gender, ability, race, culture, religion, health needs and their sexual orientation.

In accordance with that Policy and the Harassment & Discrimination Procedure, refusal to work with a colleague or young person who has the HIV Virus or the victimisation or harassment of such people shall be a disciplinary offence. Any issue arising, which constitutes harassment or discrimination, will be dealt with in accordance with the Equal Opportunities Policy.

### **24.2 EDUCATION**

Our establishments will make every attempt to:

- Promote positive awareness of the routes of transmission of the HIV Virus based upon factual information in order to ensure that discrimination is minimised and positive action is taken to redress the effects of potential disadvantage.

- Take ownership of general education concerning safe practices regarding hygiene, drug use and sex, offering general advice concerning preventative health resources; and increasing awareness of generally concerning the effects of placing someone at risk of infection from all diseases. Guidance re. Universal body spillage is included with The Control of Infection Policy Document.
- Develop a way of accessing appropriate services, this will include information and advice concerning prevention and safe practices as well as appropriate access to required services arising from diagnosis and its consequential affects.
- Seek, whenever possible to work in partnership with Voluntary Groups and Statutory agencies to offer the best services available to the young people and staff members infected with HIV or who are HIV Symptomatic i.e. Health Promotion Department.

### 24.3 CONFIDENTIALITY

The issue of confidentiality in this area is very complex. All staff members working with a young adult/young person or her/his family must all times make clear that confidentiality may not be maintained if by withholding of such information it prejudices the welfare of the young adult/young person or other persons.

Information concerning HIV infection in specific cases shall be kept strictly confidential. The consent of the person or individual concerned should always be obtained after careful discussion with them as to the consequences of sharing the information.

SES Ltd will encourage the provision of sensitive and confidential services to all staff and young people who have the HIV Virus or who are HIV Symptomatic. They recognise that information entrusted for one purpose should not be used for any other purpose without sanction. Confidential information may only be divulged if a situation arises where it is clear that another person's welfare is in jeopardy.

#### Confidentiality: Practice Guidelines

The following guidelines aim to provide staff members with clear guidance, which we hope will enable them to respond to issues of confidentiality with some confidence.

1. All work with our young adults/young people and their families must reflect respect for them. All practices must aim to uphold the highest standards in this area.
2. Staff members must strive to develop open/honest relationships with our young adults/young people, in which trust may develop.

### 24.4 EMPLOYMENT

Each establishment's Equal Opportunities Policy is applicable. No candidate will be specifically asked if they are infected with the HIV virus or are HIV Symptomatic. If

a candidate offers this information, it will be considered strictly confidential and could only be shared on a need to know basis with the informed consent of the candidate. At no time will any candidate be asked to undergo an HIV test.

## 24.5 ILLNESS

Anyone suffering from any illness in connection to his or her HIV Status during employment will be managed as for any other illness as far as sick leave is concerned. **(See Staff Attendance Policy and Practice document).**

## 25 RELATIONSHIPS AND SEX EDUCATION, AND HEALTH EDUCATION POLICY

### 25.1 INTRODUCTION

SES has a commitment to the provision of high quality services within the context of legislative requirements. The development of an SES policy in regard to the sexual health and relationships of the young people whom we look after, is developed within the framework of the Children Act 1989, the requirements under the Children Leaving Care Act 2000 and the Education Act 1996 and 2002.

### 25.2 LEGISLATIVE REQUIREMENTS

Sir William Utting in People Like Us, 1997 report to Government makes clear the importance of age appropriate sex education and goes onto emphasis that sex education protocols should be drawn up by care agencies. The Government Health Strategy paper Our Healthier Nation, DOH 1998, emphasises the effect of social inequality on health. It identifies children and young people in public care as a vulnerable group needing particular attention. The National Programme to Reduce Unintended and Unwanted Teenage Conceptions will be mobilising and co-ordinating work with young people and will specifically address the needs of children and young people in public care. (Launched 1999). The UN Conventions of the Rights of the Child also emphasises the rights of all children to health care services. The Children Act 1989 and the subsequent Children (Leaving Care) Act 2000 state:

*“Sexual education will need to cover practical issues such as contraception. However, it must also cover the emotional aspects of sexuality, such as the part that sexuality plays in the young person’s sense of identity; the emotional implications of entering into a sexual relationship with another person; and the need to treat sexual partners with consideration and not as objects to be used. The emotional and practical implications of becoming a parent also need to be explained. The young person’s school may of course provide this, but if it is not, the SSD or other caring agency responsible for the young person should provide sexual education for him. This is absolutely vital since sexuality will be one of the most potent forces affecting any young person in the transition from childhood to adulthood.*

*The emotional and practical implications of becoming a parent also need to be explained in some detail. Those responsible for the sexual education of young people will need to bear in mind the particular needs of different young people; the*



*fact that young people with mental or physical disabilities have sexual needs should be acknowledged, for instance; and young people who have been abused; or have been in touch with abused young people, may need special counselling if they are not to regard sexual feelings as a matter for shame to regard sexual relationships as impersonal and expletive. The needs and concerns of gay young men and women must also be recognised and approached sympathetically.*

*In helping young people to develop socially and culturally; carers must be prepared to take some risks and to take responsibility for doing so; to let young people take some risks, e.g. in attempting relationships that do not work; and to take responsibility for supporting young people through breakdowns in relationships”.*

From September 2020, statutory guidance for Relationships and sex education (RSE) and health education comes into force. This states that:

*“To embrace the challenges of creating a happy and successful adult life, pupils need knowledge that will enable them to make informed decisions about their wellbeing, health and relationships and to build their self-efficacy. Pupils can also put this knowledge into practice as they develop the capacity to make sound decisions when facing risks, challenges and complex contexts. Everyone faces difficult situations in their lives. These subjects can support young people to develop resilience, to know how and when to ask for help, and to know where to access support.”*

The above legislative requirements are equally important to the vulnerable young adults living at SES Kite homes, many of whom have significantly lower emotional capacity and maturity than peers of a similar age.

### 25.3 AIMS AND VALUES

SES acknowledges its responsibility to safeguard and promote the welfare of those young adults in its care. Developing appropriate relationships, sexual relationships healthy lifestyles is paramount and at the heart of the SES Way. This will include the provision of advice, information and guidance that enables young adults to progress towards a happy, adult life. This will include access to contraception and HIV prevention services, where it is considered necessary and appropriate. We are in a strong position to provide focussed as well as supportive and opportunistic education on issues relating to sexual health. We aim to create an open atmosphere where sexual health and relationships can be discussed, so that young adults feel free to ask questions either individually or in a group situation. We aim to ensure that young adults are able to develop a healthy and responsible attitude to sexual behaviour. Appropriate development and support for sexual relationships will form part of a young adult’s risk assessment.

In line with this belief, the aims of the policy show a commitment to:

- Ensuring the rights of young adults.
- Practices that are anti discriminatory and sensitive to the issues of race, culture disability religion, gender and sexual orientation.
- A recognition that vulnerable young adults should have opportunities to develop caring and fulfilling personal relationships. It is acknowledged that these

relationships may at some stage involve sexual expression and relationships. Providing that this is not abusive, coercive or illegal, we will respect acceptable and support appropriate sexual relationships.

- The promotion of a multi disciplinary approach to the provision of services, collaborating with young adults, their parents/carers and families, and other agencies.
- A commitment to training carers involved in direct work with young adults to facilitate successful implementation of this policy.
- Ensuring residential staff are supported and aware of their role; so that they know what they are able to do and how to do it
- Ensuring young adults know what they are entitled to receive.
- Meaningful consultation with young adults on the delivery of the policy.

### Aims

- Encourage self-esteem, self-confidence and a secure base for our young adults
- Promote access to sexual health services, confidential support and advice
- Promote positive attitudes, empower young adults to make appropriate choices and informed decisions
- Give information and advice on issues to do with sexual development and relationships
- Respect, promote and support the rights of young adults
- Take into account parents and families wishes, where appropriate
- Work in partnership with the responsible staff adults in the young adult's life
- Actively challenge attitudes towards stereotyping.

## **26 POLICY FOR IMMUNISATION AND ROUTINE HEALTH SURVEILLANCE**

### **26.1 IMMUNISATION**

#### Rationale

Research indicates that only 17% of looked after children are adequately immunised for their age (Brodie et al 1997), yet DoH (1996) states that it is every young person's right to be protected against infectious disease.

**Staff must be aware that the young adults living within SES Kite homes may not have received their full immunisation program.**

#### Young Adult's Medical History

On admission, the YARSM will obtain a full medical history, including immunisations, existing medical conditions, operations and serious illnesses. This is recorded on their personal medical card that is maintained in the medication folder and reviewed on a three monthly basis.

#### Immunisation Schedule

*(Please see next page)*

Vaccine	Age	Notes
D/T/P and Hib Polio *Meningitis C	1 <sup>st</sup> dose 2 months 2 <sup>nd</sup> dose 3 months 3 <sup>rd</sup> dose 4 months	Primary Course * Up to 24 years of age
Measles/Mumps/Rubella (MMR)	12-15 months	Can be given at any age over 12 months
Booster DT Polio and acellular pertussis MMR second dose	3-5 years	Three years after completion of primary course
BCG	10-14 years or infancy	
Booster Tetanus, Diphtheria and Polio	13-18 years	
HPV (girls only)	12-13 years	Two injections 6-12 months apart

### Young Adults Partly Immunised

Every effort should be made to obtain a young adult's immunisation history. Most young adults will be included in the pre-school and school health immunisation programme. Young adults who have missing immunisations should be offered the opportunity to obtain them if this is a possibility.

### Unaccompanied Asylum Seekers

Some asylum seekers have details of their immunisation status. For those who are not aware of their immunisation status the DoH (1996) states:

***“Young adults coming into the UK are not known to have been completely immunised, they should be assumed to be unimmunised and a full course of immunisation should be planned”***

## Consent to Immunisation

Young people considered by the health professional administering the immunisation to be competent of making an informed decision are able to give their own consent to treatment. There may be occasions where consultation with the placing authority may be required.

## 26.2 ROUTINE HEALTH SURVEILLANCE

### Rationale

Looked after children and young people are amongst the most vulnerable in society and research indicates that they have greater health needs than young people of similar age. Yet they are likely to receive inadequate health care.

### Aim

That all vulnerable young adults are offered regular routine health appointments with the local medical services.

### Objectives

- All adults, their parents and carers have access to information regarding routine health surveillance.
- All young adults have access to full medical services in the local area - young adults are registered with a local Doctor, dentist and optician.
- Other specialist services will be engaged as required.

## 27 **ADMINISTRATION OF MEDICINES POLICY STATEMENT**

### 27.1 INTRODUCTION

*“The medical and nursing professions use the word “drugs” to refer to medicines – substances that can cure or arrest disease, relieve symptoms, ease pain and provide other benefits”* (British Medical Association)

Young adults are registered with the local GP practice at Chet Valley, Medical Practice, Loddon.

- It is the responsibility of the staff adult to administer prescribed medication and homely remedies, this may be in relation to:
- cases of chronic illness or long-term complaints, such as asthma, ADHD, diabetes or epilepsy.
- cases where young adults are suffering from a short-term illness and are receiving a course of prescribed medication such as antibiotics.

### 27.2 THE YARSM RESPONSIBILITY

- 27.2.1 The YARSM will ensure all staff are aware of the SES policy and practice with respect to the administration of medicines. In the case of young adults with known medical problems, staff who come into contact with that young adult will be made aware of the precautions that need to be taken and the procedure for coping with an emergency. The YARMS and staff will do what a “reasonable parent” would do in the circumstances prevailing at the time.
- 27.2.2 The YARSM will ensure that all YARSW’s have completed the relevant training in regards to medication handling. These members of staff will be suitably trained to undertake the responsibility for the safekeeping, administration and control of medications, (Ref 27.2.3). Knowledge relating to the management and administration of medicines will be reviewed annually by the YARSM and extra training provided if necessary.
- 27.2.3 All staff that hold the responsibility of dispensing and administering medications shall be appropriately trained, and ongoing records are kept on their staff file and as part of a general training record.
- 27.2.4 Once trained, staff are responsible for their own practise.
- 27.2.5 A clear written statement of each establishment’s organisation and arrangements for the administration of medicines will be given to parents/carers and placement authorities, including a statement of their responsibilities and how to make a request for medicines to be given.
- 27.2.6 Where any doubts exist about whether or not to agree the administration of a particular course of medication at our establishments, the YARSM will seek advice from the Doctor or the Consultant Community Paediatrician.

### 27.3 THE PLACING AUTHORITIE’S RESPONSIBILITY

- 27.3.1 Within the admission procedure there is an indemnity, letter of consent for placement authorities to allow for the administration of prescribed medication. (Please refer to the end of this document for a sample format).
- 27.3.2 If the indemnity is unsigned, the YARSM will make it clear to the that they are acting in loco parentis and that the staff are therefore entitled and obliged, in an emergency, to take whatever action they think best in the light of the facts known to them at that time.

### 27.4 GUIDELINES

- 27.4.1 Long-term illnesses, such as epilepsy or asthma, will be recorded by the Doctor on the young adult’s record card, together with appropriate instructions as well as a record being made on The Casework File.

- 27.4.2 Medicines will be kept in a locked metal cabinet, wall mounted in the house office. Under no circumstances will medicines be kept in first aid boxes. On no account may staff medication be kept in the medication cabinet. The temperature of the medication cabinet must be recorded daily to ensure that the medication is not stored above or below the recommended temperature. This is recorded within the medication file.
- Controlled drugs are kept in a lockable section of the medication cabinet, so that the controlled drugs are locked behind two doors, with separate keys. This is in line with guidelines on the storage of controlled drugs. When a controlled drug is administered, this needs to be recorded within the medication folder in the usual way. Due to the working structure of staff adults, these medications don't require a witness signature. However when we have controlled medication in stock staff adults are to ensure daily medication checks are completed.
- 27.4.3 Wherever possible, arrangements will be made for the medicine to be self-administered, under direct supervision of a YARSW or YARSM. (N.B. The Law states that unsupervised autonomous self-medicating young adults have to be over 16 to do so). This will be documented on the medication cards as per usual protocols. The Member of staff must be meticulous in monitoring that the prescribed medication has been taken.
- 27.4.4 In the event of a refusal on the part of a young adult to take prescribed medication the YARSW on duty, as the sole administer, should be aware in the first instance, and if necessary should inform the YARSM in order to decide any further action. The individual Care Plan should be referred to in respect of any pre-recorded specific actions. Any refusal must be recorded and the medication disposed of appropriately.
- 27.4.5 Due to the exceptional circumstance around the particular difficulties of young adults at our establishments some young adults with asthmatic conditions may need to have their inhalers kept in a secure place, which would be the house office.
- 27.4.6 The member of staff responsible for the administration of medicines will monitor and record routines. A File for the administration of medicines will be kept in the House Office, and advice on appropriate procedures will be sought from the local GP.
- 27.4.7 Where a particular case makes it necessary, such as risk of anaphylactic shock, emergency supplies of drugs will be stored in the building, but only on a single dose named patient basis. In these cases specific training on how and when to administer will be sought from the Health Authority.

27.4.8 Medicines no longer required will not be allowed to accumulate, this also includes any controlled medication which should remain in the correct area of the medical cabinet (see section 27.4.2) until it is taken to be disposed of. They will be disposed of in full consultation with the Local GP Practice. (Checked when completing the daily medication check). Any medication to be disposed of will be taken to a Pharmacy and will be signed off as returned in the Waste Medication book by both the pharmacy and the staff adult returning the medication.

27.4.9 The review and monitoring of individual long term cases, and the necessary liaison with General Practitioners, will be undertaken by the Local GP. Doses of medication can only be varied with medical authority. If the dose of any medication is changed, confirmation in writing is required before the new dose can be administered and a change of label sourced following this.

27.4.10 A set of spare medication keys will be kept in the SES office. If the main keys are lost, an incident form will need to be completed and separate lockable cabinet for the storage of controlled drugs would be made available if the need arises

The staff member overseeing the shift should keep the keys locked in the key cabinet in the house office.

If a young adult keeps their own medication, then a lockable box/drawer must be made available. Safe storage requirements would be included in the young adult's individual care plan with agreement of all relevant parties (i.e. GP, etc).

Some medicines require that they be refrigerated and separate arrangements would be made to ensure safe storage. A lockable fridge will be made available if this were to be the case.

27.4.11 Procedures for safe practice

- Wash hands before and after
- Be sensitive toward the young adult
- Follow guidelines for analgesic medicines
- For oral medications, ensure that it has been swallowed before signing.
- Do not physically touch medication; this contaminates it and can also be absorbed into the skin.
- Pour liquids with the label up.
- Complete the procedure with one young adult at a time.
- Try to keep the same brand for young adults who are self-medicating.

- 1) The correct **drug**
- 2) The correct **dose**
- 3) The correct **time**
- 4) The correct **route**
- 5) The correct **young adult**

## 6) The correct **date**

### 27.5 CIRCUMSTANCES REQUIRING SPECIAL ATTENTION AND CAUTION

- 27.5.1 In the unlikely event of a young adult dying, all the young adult's medications must be put in a sealed bag, with 2 staff signatures. This must be locked away separately to all other medications, in case of being requested by a coroner. This must include all medical related documentation.  
**(See also SES Critical Incident Policy and Practice document)**
- 27.5.2 Some young adults require treatment which staff may feel uncomfortable to provide, for example, the administration of rectal Valium, assistance with catheters, or the use of equipment for young adults with tracheotomies. The number of such cases will be very rare and our admission profile suggests it may never apply. However, early identification and careful planning by the relevant Health Authority will result in detailed discussion with the YARSM and the formulation of a carefully designed individual programme to meet the needs and circumstances of a particular case.
- 27.5.3 For the protection of both staff and young adults, a second member of staff will be present while the more intimate procedures are being followed, and appropriate personal protection (e.g. disposable gloves) will be worn. A young adult's dignity is to be maintained at all times.
- 27.5.4 Injections may only be administered by a qualified nurse or doctor, or by a person who has been trained to undertake this task. Under no circumstances should an untrained person attempt to administer an injection.
- 27.5.5 Staff should be aware that on home visits, well-intended friends or family might administer medicines to young adults that could conflict with other treatments. If this occurs then staff need to inform the YARSM and G.P. All medications must be signed off site and back into stock on their return. Each young adult will have specific guidelines for home visits with regards to medications, which includes the following information:
- The medicine that has been taken by the Young Adult
  - Clear directions and advice on how, when and how much of the medicines should be administered
  - Time of the last and time of next dose of each medicine
  - Contact information for queries about the medicine.
- 27.5.6 **Mis-medicating can be:** a drug that is given to the wrong young adult, a drug given in the wrong dose, at the wrong time or not at all.

If medication is given to the wrong young adult, the staff adult must:



- Telephone the young adult's G.P (or out of hours service) immediately.
- Write down the G.P's advice
- Act on the G.P's advice
- Notify all staff present of your actions
- Complete an incident report

27.5.7 Young adults who may experience an extreme reaction to (for example) food stuffs or wasp stings will require an individual medical risk assessment which accounts for this. This will include immediate contact with the Emergency Services and/or the local medical practice and the administration of drugs as previously agreed. When guidance is required on dealing with potential cases of anaphylactic shock the establishment will approach the GP.

27.5.8 When a medication is completed or discontinued for any reason, remaining stock must be returned to the pharmacist and recorded as waste. Waste must be kept locked in the meds cabinet in a separate container marked clearly 'waste', until disposed of. Any medication dropped, contaminated or refused, must be disposed of as waste and not given or returned to stock.

## 27.6 ADMINISTRATION OF ANALGESICS AND HOMELY REMEDIES

27.6.1 In circumstances when young adult suffers headaches or toothache, the YARSW may provide analgesic in accordance with prescribed medication or homely remedies list. This list is recorded within the file.

27.6.2 Tablets, which will be standard paracetamol for young adults aged 12 and over, Paracetamol tablets are kept locked away in the medical cabinet and are included in the daily medication count. Paracetamol **MUST NOT BE KEPT IN FIRST AID BOXES.**

27.6.3 On no account will aspirin, or preparations containing aspirin, be given to young adults.

27.6.4 In order to avoid the risk of improper use, young adults should not bring their own supplies of analgesics to each establishment. Homely remedies, as agreed with the Young adult's GP are kept in the House Office. The administration of these is recorded in the medication file.

## 27.7 CONSENT FOR TREATMENT

27.7.1 As an adult over 18, in most circumstances, consent for medical treatment is provided by the individual young adult. Through the admission process, discussion regarding mental capacity may be undertaken with the placing authority. The involvement of close family may be a consideration based upon personal circumstances.

27.7.2 Young adults who belong to religious bodies that reject medical treatment should make their views and wishes known to the YARSM

so that the implications of their beliefs can be discussed and, if possible, accommodated.

## 27.8. RECORD KEEPING

When receiving a young adult into SES from another setting we will require a medication summary sheet before the young adult is formally admitted.

When a young adult leaves SES Kite a discharge summary will be sent to next placement.

Each young adult should have a drug or medication record and this should be kept within each young adult's record and this must contain:

- Young adult's name and date of birth, young adult's GP and telephone.
- Name, number, form, strength, dose, route of administration for each prescribed medicine.
- The time at which each dose should be given
- Date of prescription of each medicine
- Date of cancellation of each prescribed drug treatment.
- Date of any changes to a previously prescribed medicine
- Information regarding any known adverse reaction or drug sensitivity.
- Information regarding any food or liquids to be avoided whilst taking the particular drug.

27.8.1 A daily administration record card will be kept for each young adult, within The Medication File. Each card incorporates the young adult's drug record and medical history. This must contain the following information:

- Young adult's Name
- Name of drug given
- Amount given
- Time given
- The initials of the member of staff administering the medicine as confirmation that the medication has been taken.
- Each medication card contains the full signature and initials of each staff member administering the medication
- Refusals, young adult at home, waste, offsite are recorded with a relevant symbol from the key on the card and initialled.
- Daily medication checks are recorded at the bottom of each column.

When administering "when required medication" the following information needs to be included on the record card:

- The reasons for giving the "when required" medicine
- How much to give if a variable dose has been prescribed
- What the medicine is expected to do
- The minimum time between doses if the first dose has not worked

- Offering the medicine when needed
- When to check with the prescriber any confusion about which medicines or doses are to be given
- Recording 'when required' medicines in the Young Persons care plan

27.8.2 Analgesics must be signed for and shall only be given according to guidelines/protocol for administration.

27.8.3 All medication must be accounted for at all times. This includes analgesics. At every handover the outgoing and in-coming DCM have to sign the relevant section on the handover sheet taking full accountability for the medication on and off site for their allocated shift period. A full medication check will be completed each morning when by the YARSW who comes on duty to ensure the correct amount of medications are in stock. This is of all medication in the locked medical cabinet both prescribed and homely remedies. The YARSM will complete an independent monitoring on a weekly basis. Records of waste medication are required to be documented within the waste medication book when disposing of these at the pharmacy.

The medication checks on a Monday will then trigger a medication order if required. A copy of this order will be placed in the medication folder so that when medication is collected the YARSW will know what is required on collection.

All medication must be clearly labelled by the pharmacist. Any medications with illegible labels must be returned to the pharmacist for re-labelling.

## 27.9 ALTERNATIVE AND COMPLEMENTARY MEDICINES

At SES our belief in a 'no limits' approach to learning and care means that we are naturally open minded about alternative approaches from an educational, social care or health perspective. Complementary and alternative medicines could be considered for use but would only be considered in close discussion with all parties to a young adult's placement, including themselves, and with due consideration from appropriate professional advisors.

## 27.10. INFORMATION ABOUT THIS POLICY STATEMENT

The YARSM will ensure that parents / carers, placement authorities and staff are familiar with the arrangements set out in this Policy Statement.

## 27.11 REVIEW AND MODIFICATION OF THIS POLICY STATEMENT

This Policy Statement will be kept under review as part of the cycle of Health and Safety review and may be modified from time to time, after appropriate consultation.

## 27.12 ADMISSION LETTER

### **Administration of Medication and Consent for Emergency Medical Treatment**

In certain circumstances it may be necessary for a senior member of staff to administer basic medication to young adults. Typical examples of this type of medication would be analgesics (painkillers) appropriate to age, antiseptic or antihistamine creams, etc.

In exceptional circumstances where consent for emergency or urgent medical treatment is required (e.g. treatment recommended by a GP, hospital doctor or dentist to deal with a young adult's pain or distress), I may be called upon to give such consent, especially where, for whatever reason, it is impossible to contact you.

It would therefore be most useful to have your permission by completing this form.

Manager

Young adult's name (in block capitals): .....

On behalf of the placing authority:

Name and role (in block capitals): .....

Signature: .....

Date: .....

**N.B. If you DO NOT wish consent to be given by the Manager for emergency medical treatment you should write a letter to SES Kite making this clear.**

## **28 FOR FIRE AND EVACUATION PROCEDURE PLEASE SEE NEXT PAGES**

### 28.1 TOWER HILL

# **FIRE AND EVACUATION** **PROCEDURE**

The signal for evacuation of the building is the **Smoke Alarm** or a clear and distinct fire signal issued by a staff adult.

The place of **Assembly** is in front of Tower Hill on the main street.

## **Upon Hearing the Alarm:**

If the **alarm** is triggered the staff adult will make a decision as to whether to call the Fire Brigade based upon their knowledge and awareness of the situation.

Persons in charge of young adults will lead their group in an **orderly manner** to the assembly point, leaving the building by the **nearest external exit door** away from the fire, closing the door after everyone has passed through it. There must be **no rushing or overtaking** en route to the assembly point and the evacuation should proceed **quietly** in order that any **instructions can be heard**. Everyone on the premises whether visitors, residents, or staff of any discipline will immediately make their way to the assembly point.

**It is the duty of ANYONE discovering a fire to raise the alarm by issuing a clear and distinct fire signal.**

Any decision to tackle a low grade fire in its early stages with internal fire fighting equipment should be made on the basis of an on the spot assessment of risk and should not take place if it causes a delay in ringing the Fire Brigade and evacuating the building.

**If there is any doubt the staff adult should immediately ensure that the Fire Brigade are phoned.**

No-one must leave the assembly point to recover clothing, books, etc., until permission has been given by the Fire Officer in Charge of the fire.

For false alarms, no-one must leave the assembly point to recover clothing, books, etc., until permission has been given by the duty staff adult.

The duty staff adult will ensure all young adults, staff and visitors are encountered for.

The staff adult will meet the Fire Brigade.

**DO NOT HESITATE IN CARRYING OUT THE ABOVE PROCEDURE**

**The safety of all persons on the premises may depend upon your instant and efficient action.**

## RISK EVALUATION TABLE

The table below is used to evaluate and prioritise risk levels. For example Likelihood x Impact = Risk level. Risk levels are Extreme, High, Medium, Low. Therefore a risk evaluated as Almost Certain with an Impact as Catastrophe would generate a risk level of 25 (Extreme Risk).

### IMPAC

LIKELIHOOD

	<b>Catastrophe 5</b> <i>(Loss of services for long period of time / multiple fatality)</i>	<b>Major 4</b> <i>(Loss of services for more than seven days and/or fatality)</i>	<b>Moderate 3</b> <i>(Significant disruption. Violence or threat or serious injury)</i>	<b>Minor 2</b> <i>(Some disruption. Minor injury)</i>	<b>Insignificant 1</b> <i>(Little disruption. No injury)</i>
<b>Almost Certain 5</b> <i>(The event is expected to occur in most circumstances)</i>					
<b>Likely 4</b> <i>(The event will probably occur in most circumstances)</i>					
<b>Occasional</b> <i>(The event might occur at some time)</i>					
<b>Unlikely 2</b> <i>(The event is not expected to occur)</i>					
<b>Rare 1</b> <i>(The event may occur only in exceptional circumstances)</i>					

