SPECIALIST EDUCATION SERVICES

Health and Safety Policy and Practice

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SES Avocet Ltd (4926028) and SES Turnstone Ltd (7972485)
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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, children, 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 children.
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 Principal will set realistic short and long term objectives, decide priorities and establish adequate performance standards. It 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 children are able to make towards health and safety in their workplace and home and will co-operate and consult with employees and children 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. (Names of members of the Health and Safety Sub Committee are displayed on the Health and Safety area of the network).
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 children.
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 PRINCIPAL

The day-to-day responsibility for all health, safety and welfare organisation and activity rests with the Principal, 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 Director 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.

9.3 HEALTH AND SAFETY CO-ORDINATOR

The Principal 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 STAFF HOLDING POSTS/POSITIONS OF SPECIAL RESPONSIBILITY

These staff include, particularly, The Registered Manager and Head of Education but also Head of Care, Deputy Head of Education, Deputy Care Managers, domestic and admin staff. They will:

a. Have a general responsibility for the application of the Health and Safety Policy to their own department or area of work and are directly responsible to the Principal for the application of the health and safety procedures and arrangements.
b. Establish and maintain safe working procedures including arrangements for ensuring, so far as is reasonably practicable, the absence or reduction of risks to health and safety in connection with the use, handling, storage and transport or articles and substances, (e.g. chemicals, boiling water and sharp tools).

c. Resolve health, safety and welfare problems members of staff may refer to them or refer to the relevant managers any problems for which they cannot achieve a satisfactory solution within the resources available to them.
d. Carry out regular health and safety risk assessments of the activities for which they are responsible.
e. Carry out regular inspections of their areas of responsibility to ensure that equipment, furniture and activities are safe and record these inspections where required.
f. Ensure that all staff under their control are familiar with the health and safety Code of Practice, if issued, for their area of work.
g. Ensure, so far as is reasonably practicable, the provision of sufficient information, instruction, training and supervision to enable other employees and children to avoid hazards and contribute positively to their own health and safety.
h. Where appropriate, ensure relevant advice and guidance on health and safety matters is sought.
i. Investigate and if necessary report any accidents which occur within their sphere of responsibility.
j. Ensure that relevant health and safety performance data is made available to the Health and Safety Committee and/or Principal as required.

9.5 SPECIAL OBLIGATIONS OF TEACHING STAFF

The health and safety of students in the Learning Centre and on educational visits is the responsibility of Learning Centre staff. Any questions regarding Health and Safety issues should be discussed with the Head of Education or Principal before allowing work to take place.

Teachers are expected to:

a. Exercise effective supervision of the students and to know the emergency procedures in respect of fire, first aid and other emergencies, and to carry them out.
b. Follow the particular health and safety measures to be adopted in specific teaching areas as laid down in the relevant Code of Practice, if issued, and to ensure that they are applied.
c. Give clear oral and written instructions and warnings to students as often as necessary.
d. Follow safe working procedures personally.
e. Require the use of protective clothing (PPE) and guards where necessary.
f. Make recommendations to the Head of Education on health and safety equipment and on additions or necessary improvements to plant, tools, equipment or machinery.
g. Integrate all relevant aspects of safety into the teaching process and, if necessary, give special lessons on health and safety.
h. Avoid introducing personal items of equipment (electrical or mechanical) into the establishment without prior authorisation.
i. Report all accidents, defects and dangerous occurrences to the Head of Education.

In some situations (where applicable) areas specific health and safety rules apply:

9.5.1 IT Equipment

a. Food and drinks to be kept away from direct contact with IT equipment
b. That there are appropriate breaks and look away opportunities from VDU screens occur during extended time in the room
c. Adjustable chairs are provided

9.5.2 When Conducting Science Teaching

a. Teacher in charge to be adequately trained and competent in the handling and use of substances
b. No food to be taken near or consumed in areas where chemicals are in use.
c. Broken glass to be cleared and safely disposed of by a member of staff.
d. All bottles and jars to be clearly labelled; old labels removed.
e. Only low voltage electricity to be used in experiments. ASE, have adopted the limits of 28volts ac/40volts dc. However, currently the power down units only allow a maximum of 12volts and experiments should not involve going beyond this unless signed off on an individual and prescriptive risk assessment by the Head of Education. In all eventualities company policy is that it should not go beyond current ASE limit guidance.
f. Any dangerous spillage on hands must be washed off immediately and where necessary, medical advice sought in accordance with COSHH assessment
g. All experiments to be carried out within the boundaries and framework as laid down in 'Cleapps Hazards'.
h. The teacher in charge must ensure that any potential hazardous appliances are shut off before leaving the room.
i. Students must wear the appropriate PPE (Personal Protective Equipment), e.g. eye goggles during heating and chemical reaction experiments.
j. Any chemicals should be stored to CLEAPSS Guidance standards ie in a metal locked cabinet.

9.5.3 Design and Technology

a. Teacher in charge to be adequately trained and competent in the handling and use of substances
b. On task behaviour whilst using electrical or hot equipment or materials.
c. Hold all work correctly and securely.
d. Never cut towards yourself.
e. Know where to switch equipment on and off.
f. No hanging clothes to be left loose (i.e, ties).
g. Never recharge ordinary batteries and ensure they are always used in the appropriate manner.
h. The teacher in charge must ensure that any potential hazardous appliances are shut off before leaving the room.

i. Students must not use Power Tools until fully checked (by a competent person) before use, and have read method statement.
j. Wear appropriate PPE

9.5.4 Art and Ceramics

a. Non-toxic craft items to be used if available.
b. If toxic items are used, care must be taken in use and storage by ensuring adequate ventilation.
c. All equipment used must be kept clean condition.
d. If clay is used, vacuum rather than sweeping, keeping clay dust to a minimum.
e. Handling of sharp or bladed objects should be preceded by clear instructions about safe use and instruction where required.

9.5.5 Physical Education

a. All equipment to be checked before use, if damaged, appropriate action to be taken.
b. Any hazardous P.E. activities must be taught by a fully qualified instructor.
c. No jewellery or watches to be worn at P.E. lessons.
d. Appropriate clothing and shoes to be worn for all P.E activities.
e. Safe Practice must be adhered to, if unsure consult the “Safe Practice in Physical Education” book kept in the Learning Centre.
f. Surfaces must be checked for any hazards, especially if the activity involves bare feet.

9.5.6 Swimming

a. Students must be supervised whilst on the journey to and from swimming.
b. Care must be taken in Car Parks when arriving and departing.
c. Whilst changing, students must be of good behaviour.
d. Students must be supervised whilst in the water.
e. Group swimming lessons will only be taught by qualified instructors.
f. Where adult/student ratios are one to one, teaching may take place based on a risk assessment using the previous experience of the adult, the relationship with the child and whether it involves the presence of other adults, e.g. swimming pool life guard. Recreational swimming will only take place in public swimming pools where there is the provision of employed life guards
g. Any other swimming would only be part of a risk assessed and approved Outdoor and Adventurous Activity where the visit and trip has been fully approved under the visits procedures.
h. All young people will have a swimming assessment, Best practice is for this assessment to be conducted by a suitably qualified person, e.g. staff member with a swimming teaching qualification and or life saving qualification, or a trained PE teacher. In their absence, an experienced adult can complete the assessment using the detailed SES swimming assessment form to ensure key areas are checked.

9.6 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 Principal or Company.

9.7 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 their Line Manager of all potential hazards to Health and Safety, in particular those that are of a serious or imminent danger.
h. Inform their Line Manager 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 employee's immediate Line Manager.

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.

9.8 CHILDREN

Children, 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 students, 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 students and where applicable their families. Our means of communication is through use of the following:

- Young Person Welcome Guide
- Home Visits
- The formal Curriculum
- Individual discussion and counselling
- Group Meetings
- Tutorial Work
- The Portfolio of Achievement and Needs (PAN) process

9.9 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 Principal or his delegated manager. The Handyperson, in liaison with the office 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.

10 SUPERVISION OF STUDENTS

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

- Staff Handbook
- Prospectus
- Student Welcome Guide

- Positive Management of Behaviour
- Educational, Social and Leisure Visits and Activities Policy and Practice
- Supporting Induction and Professional Practice in Care Roles
- Leadership and Management in The Deputy Care Manager Role
- Risk Assessment

11 PROVISION OF FIRST AID

It is company policy to ensure that all staff have basic First Aid in the Workplace training. Further to this it is our policy to ensure that at least one member of staff on duty at any one time has a full First Aid Qualification. To this end the Deputy Care Managers/Team Leaders (one of whom is always on duty) will fulfil this role.

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
Staff Sleeping in Rooms
Learning Centre
Company Vehicles (where applicable)
Portable Boxes for Trips out
SES office (Avocet House only)

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.

11.1 BLEED KITS

SES recognises that catastrophic bleeding incidents are rare but may require immediate intervention before the arrival of emergency services. To support emergency response arrangements, bleed control kits will be located alongside site Automated External Defibrillators (AEDs) where practicable.

The purpose of a bleed control kit is to provide equipment that may help control severe bleeding in an emergency and potentially preserve life until professional medical assistance arrives.

While formal training in the use of bleed control equipment is desirable, it is recognised that similar kits are increasingly available in public locations and community settings where they may be used by members of the public with little or no previous training. The absence of formal training should not prevent a person from taking reasonable action to preserve life in an emergency where they feel able and willing to do so.
SES will ensure that:

- Basic awareness of bleed control kits and their purpose is included within one day emergency first aid at work training and induction arrangements where appropriate.
- Practical instruction in the use of bleed control equipment is incorporated into three day first aid training courses, where available.
- Staff are encouraged to summon emergency services immediately in any incident involving catastrophic bleeding and to follow advice provided by ambulance service call handlers.
- The use of bleed control equipment is voluntary and staff should only act within the limits of their confidence, competence and the circumstances of the emergency.

In any life-threatening bleeding emergency, the priority is to:

1. Call 999 and request an ambulance.
2. Follow instructions provided by emergency services.
3. Use available bleed control equipment to attempt to control severe bleeding where it is safe and appropriate to do so.
4. Continue care until emergency services arrive.

SES acknowledges that prompt action by staff and bystanders can significantly improve outcomes in serious bleeding incidents and supports the availability of bleed control kits as part of its wider first aid and emergency response arrangements.

Contents of SES Bleed Kits include –

1 x Bag
2 x Trauma Dressings (elasticated super absorbent pressure dressing)
1 x Chito Gauze Pro (Z fold haemostatic dressing) (Celox Z fold)
1 x CAT Tourniquet (Orange) & Pen (military grade and easy to use) (Code Red windlass)
1 x Fox Vented Chest Seal (easy to use as it self-vents)
1 x Shears (large scissors capable of cutting most clothing)
1 x Foil blanket (Adult size)
2 x Gloves (Nitrile)
1 x Resuscitation shield
2 x Medium Dressing (basic dressing that can also be used for packing a wound)
1 x Guidance Leaflet

The named person responsible for the systematic checking and replenishment of First Aid boxes will also check contents of the bleed kits as part of their routine.

11.2 AUTOMATED EXTERNAL DEFIBRILLATORS

Both Avocet House and Turnstone House have an AED on the premises. At Avocet House this is at the top of the basement stairs; at Turnstone House this is in the House Office. Both are accessible with the master key, ensuring they are readily available to the staff team.

All staff are trained in their use as part of the Emergency First Aid at Work course.

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 then the Deputy Care Manager should be summoned as the 'appointed person' and will take charge of the situation.

All members of staff are periodically updated with regard to first aid in the workplace.

An agreed programme is in place to keep up do date a proportion of the staff team with full first aid training and this will be the Senior Care Team.

(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 student or staff to a casualty department by a staff member, after considering staffing levels.
(b) No casualty should be allowed to travel to hospital unaccompanied.
(c) Reporting Accidents to children, employees and non-employees. Immediately after the incident every case of injury, accident or self harm must be fully and accurately reported on the appropriate accident form and, where possible, detailed statements should be obtained from witnesses. Accident forms are currently obtainable from Clearcare. Completed forms should be submitted without delay and the Registered Manager will, where required, investigate the accident. In the absence of The Registered Manager, accident forms should be passed directly to Principal. An accident form must be completed for all accidents to children or members of the public, however minor.
(d) For all accidents where any person is injured causing an absence in excess of seven days, the report must be forwarded immediately to the Principal who is statutorily required to forward details to the Health and Safety Executive (HSE) within fifteen days. For serious injuries reports must be made immediately online 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 assign six fire drills each year, with one early morning (young people still in bed) and one darkness hour's drill (usually in winter) essential. 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 a roll call will be taken in respect of those recorded/known to be in the building. Relevant sources for this information are:

- Fire Roll Call List
- Daily Log, including handover sheets
- The Visitors Book
- Daily Recording Sheets.

During Learning Centre opening Hours:

- The Head of Education, or in their absence the most senior teacher, will ensure that all personnel, (staff, visitors and students) in the Learning Centre, make their way to the assembly area.
- The Administrator will ensure the visitors' book is taken to the assembly point.
- The Deputy Care Manager on Duty will take the roll call list attached to the Fire Procedures clipboard, together with any other relevant sources of information and conduct the complete roll call.

During Residential Hours:

- Deputy Care Manager on duty will ensure the In/Out log and visitors book are taken to the assembly point.
- The Deputy Care Manager on Duty will conduct the complete roll call.

<u>Avocet House Coach House</u>

Staff in the Coach House office/sleep in room must exit through the room's external door, not through the kitchen. Children in the Coach House are expected to evacuate through the fire exit doors, as taught during the admission process. Staff must immediately make the duty DCM aware if any children in the Coach House have not evacuated to ensure the Fire Brigade are alerted – the adults are **NOT** to re-enter the Coach House to support the evacuation of the children.

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

12.2.1 Review of Emergency Procedures

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

Norfolk Fire and Rescue Service conduct an annual safety audit to ensure the premises comply with legislation and are kept safe from fire.

12.3 EMERGENCY RESPONSE BAGS

In the event of a young person going missing in hours of darkness, there are emergency response bags available in the house office (and coach house office at Avocet House) for adults to use. These contain 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:

Training Need	**Training Schedule/Approach**
Manual Handling	Initial Training for Key staff (Caretaker/Handyperson) General awareness training for other staff e.g. members of grounds committee. Ongoing training through process of risk assessment and emerging issues.
Electrical Equip Test	External Accredited training for key staff member (Caretaker/Handyperson) Frequency every 5 years
First Aid	Initial 1st Aid at Work Training for all new staff Full 2 day first Aid Training for all DCMs *(Both to be updated every 3 years)*
Working at Height Training	Initial Training through use of HSE direct online materials for key staff (Caretaker / Handyperson) General awareness training for other staff. Ongoing training through process of risk assessment and emerging issues.
Control of Substances	Initial Training through use of HSE direct online materials and that provided by suppliers for key named staff. General awareness training for other staff.

	Ongoing training through process of risk assessment and emerging issues.
Fire Training	In house – training for all new staff Ongoing training through Fire Drill Scenarios and feedback. Basic hot works (Handyperson)
Fire Extinguisher Use	Full appliance training for key staff - (Caretaker/Handyperson) In house – training for all new staff - led by Caretaker / Handyperson.
Positive Handling Strategies	12 hr full Team Teach Training for all new staff Advanced module training on an assessed needs basis. 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 Children's Home Medication Training for Key named member of staff.
Telephone	Initial basic In house training for all new staff.

14 HEALTH AND SAFETY MONITORING

The following inspections and checks will be carried out:

AH = Avocet House; TH = Turnstone House

Nature of Monitoring	**Date on Cycle**	**Responsibility**
Ovens / Large Equipment	Annually – August	Accredited Electrician
Fire Appliances	(In house) Monthly Annually – July TH August (AH)	Caretaker / Handyperson AFS
Fire Alarm System	(In house) Weekly June + December TH October + April (AH)	Caretaker / Handyperson 1st Connect
Emergency Lights	(In house) Monthly	Caretaker / Handyperson

	March Flash / September 3hr TH April + October (AH)	1st Connect
Portable Electric	Full Test – October TH September (AH) Visual Test – January	Caretaker / Handyperson Caretaker / Handyperson
Building / Wiring	Every 5 Years Next due – June 2021 (AH)	Accredited Electrician
Ladders	6 Monthly January and July	Caretaker / Handyperson

15 RISK ASSESSMENT

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

AH = Avocet House; TH = Turnstone House

Risk Assessment	Date on Cycle	Responsibility
General Risk Assessment Review	January	Full Committee agenda item during Spring Term.
Manual Handling	February	Principal / Caretaker Handyperson
Fire	September (TH) February (AH)	Principal plus two committee members, ideally this will include the Caretaker Handyperson
VDU	February	Principal / Admin Staff
Control of Substances (COSHH)	February	Principal (Assisted by at least 1 Committee members)
Legionella	July	Principal / Caretaker Handyperson
Asbestos	July	Principal / Caretaker Handyperson
Security	February	SES
Grounds	February	Principal (Assisted by at least 1 member of Grounds and Buildings Committee)
Appropriate and Suitable Location Review	June	Principal (Assisted by Registered Manager – consultation letters sent in April)

15.1 RISK ASSESSMENTS FOR ALL VISITS AND ACTIVITIES

Risk Assessments must take place for all visits and activities. There is a standard risk assessment format for the completion of generic and specific risk assessments. There is a coded (by name and locked when approved) bank of approved risk assessments that can be accessed on the computer network. Staff responsible for trips out should complete and cross-reference risk assessment forms on the educational visits forms before submitting them to the relevant person. All new risk assessments must be approved by the Visits Co-ordinator before being coded and stored on the network as an acceptable template. The Visits Co-ordinator manages the risk assessments relating to Visits and holds a central record.

SES aspires to the very best standards issued to and by LAs. Each establishment has a comprehensive Educational, Social and Leisure Visits and Activities Policy and Practice document. This document is comprehensive in detail and all staff should read it as part of their induction and before taking children 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. The logs also serve as a record of ongoing experience in higher risk Outdoor and Adventurous Activities.

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

16 LEGIONELLA RISK MANAGEMENT

Legionellosis is the collective name given to the pneumonia-like illness caused by legionella bacteria. This includes the most serious legionnaires' disease, as well as the similar but less serious conditions of Pontiac fever and Lochgoilhead fever. Legionnaires' disease is a potentially fatal form of pneumonia and everyone is susceptible to infection. However, some people are at higher risk, including:

- people over 45 years of age;
- smokers and heavy drinkers;
- people suffering from chronic respiratory or kidney disease; and
- anyone with an impaired immune system.

The bacterium *Legionella pneumophila* and related bacteria are common in natural water sources such as rivers, lakes and reservoirs, but usually in low numbers. Since legionella bacteria are widespread in the environment, they may also contaminate and grow in purpose-built water systems such as cooling towers.

Any water system that has the right environmental conditions could potentially be a source for legionella bacteria growth. There is a reasonably foreseeable legionella risk in a water system if:

- water is stored or re-circulated as part of the system;
- the water temperature in all or some part of the system is between 20–45 °C;
- there are sources of nutrients such as rust, sludge, scale and organic matters;

- the conditions are likely to encourage bacteria to multiply;
- it is possible for water droplets to be produced and, if so, if they can be dispersed over a wide area, eg showers and aerosols from cooling towers; and,
- it is likely that any employees, residents, visitors etc are more susceptible to infection due to age, illness, a weakened immune system etc and whether they could be exposed to any contaminated water droplets.

The risks posed from legionella within Turnstone House site and Avocet House Learning Centre are extremely low as water is not stored in large water storage facilities and all supplies are mains fed, thus reducing the risk if stagnation. The water in the main house at Avocet House is fed by a water tank. There is a legionella risk assessment in place at both establishments.
The handyperson mitigates any possible risks within the Learning Centre buildings and homes (where applicable) by completing the following weekly checks as part of their regular rotational routine:

- ensuring that all hot taps are run for a minimum of one minute and cold taps for two minutes,
- all toilets are flushed,
- hot water temperature is checked weekly to ensure that cold is below 20 degrees, and hot above 50 degrees (but not exceeding 65).

Hot water taps within the Learning Centre are controlled by thermostatic mixer valves that ensure the supply cannot exceed 65 degrees. If a specific area of the premises is not used for an extended period of time, i.e. the Learning Centre during the summer holidays, extra checks of that specific area will be carried out.

17 HOT WORK

The handyperson does not conduct any hot works on the premises of SES establishments. However, there is a possibility that external contractors may conduct hot work when completing repairs, maintenance or build projects. To enable this to be completed safely, the handyperson's understanding is supported by reading and discussing the 'RISC Authority – RC7 Risk Control for hot work'. Any use of hot work must be discussed prior to commissioning a contractor and a 'hot work permit' must be completed and signed by the contractor (see appendices). The only exception to the above is for the use of a grinder; this can be used by the handyperson if they at least ten metres from the nearest building and have the necessary precautions in place to respond to any potential heat generated.

18 ELECTRICITY

The following person will be responsible for carrying out portable appliance Class 1 and 2 inspections and testing: Caretaker.

19 ROUTINE EYE TESTS

SES recognises the importance of supporting the health and wellbeing of its employees. All employees who use computers daily as part of their role are entitled to an eye test funded by SES, up to a maximum of £30 once every two years. Employees may arrange their eye test with an optician of their choice and claim reimbursement by submitting a receipt as part of their expenses.

20 INFORMATION ABOUT THE ARRANGEMENTS

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

21 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 Principal 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 of other advice/guidance issued by the Company in pursuance of the Health and Safety Policy should immediately report the circumstances to the Principal and / or Directors. The Principal 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.

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

22 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.
- 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 pupils.

Company Vehicles

- All drivers to be aware of notes/rules.
- Driver must check vehicle before taking out and again on return.
- All drivers should check individual children's risk assessment regarding travel.
- It is the driver's responsibility to ensure that seat belts are worn where provided.

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 children should have their own individual laundry baskets.
- Follow specific arrangements for wet/soiled clothing/bedding.
- Tumble Dryer to be de- fluffed and water emptied on a daily basis.

Cleaners

- Colour coded buckets for different uses.
- Safety notices are put out when floors are wet through being cleaned or polished.
- 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 pupils will have a Cycling Assessment form completed before being able to engage in cycling activities
- Only pupils that have been assessed as competent and responsible may use bicycles on the road unsupervised.
- Ideally young people will have passed their cycling proficiency test and/or a comprehensive individual risk assessment is in place.
- Bicycles to be kept in a roadworthy condition.
- The use of cycle helmets is an expectation of young people.
- Before use, bicycles are to be suitably adjusted for rider.
- No bicycle to be taken on the road unless permission has been granted by the duty DCM or their delegate.
- Lights must be used in dusk and dark conditions.
- Fluorescent jackets should also be worn if cycling in dark conditions

23 POLICY FOR THE CONTROL OF INFECTION

See guidance issued by UK Health Security Agency, 'Health protection in children and young people settings, including education'. (https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities). This guidance covers key areas such as 'Preventing and controlling infections', as well as 'Managing outbreaks and incidents'.

Core 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 (see next section). 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 gloved 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 and an apron when cleaning up spillages.

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). Children 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.

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 child'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 children about avoiding contact with other people's blood and body fluids as soon as they are able to understand how to protect themselves;
- Teach children 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, children 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.

23.1 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. Many infectious diseases can be managed by reinforcing the measures set up in the previous sections and by:

- encouraging all staff who are unwell not to attend the setting or remain separate from others, wherever possible
- ensuring all eligible groups are enabled and supported to take up the offer of immunisation programmes including coronavirus (COVID-19) and flu
- ensuring occupied spaces are well ventilated and let fresh air in
- reinforcing good hygiene practices such as frequent cleaning and hand hygiene
- requesting that parents, carers or students inform the setting of a diagnosis of any infectious disease

Careful consideration would be needed in response to a pandemic strain, such as covid 19. SES has experience of managing the establishment through detailed Action Plans; these are available as a reference for future planning if needed.

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 example procedures implemented prior to a potential Swine Flu outbreak or similar. 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 children contracts the pandemic strain then we move to Red Alert and we need to implement an isolation procedure.

- The children should be informed in advance of the isolation procedure and the importance of adhering to it.
- The children 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 children 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 child 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, face masks and disposable bags.

If required advice would be sought from the UKSHA East of England health Protection Team (0300 303 8537 option 1)

24 SUBSTANCE USE AND MISUSE POLICY STATEMENT

24.1 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 children 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 children, 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 child.

Fundamental to our values and practice is the principle of sharing the responsibility for education of young people 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 children 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 child's experiences in the taught curriculum, the informal curriculum and through opportunities within the broader social setting. We deliver in the taught curriculum mainly through Tutorials, Science and English areas, but other opportunities to reinforce learning will occur in other parts of the teaching programme. Unlike a mainstream school Personal and Social Education pervades throughout the child'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.

24.2 THE ROLES OF THE PRINCIPAL AND COMPANY

The Principal takes overall responsibility for the policy and its implementation, for liaison with the Directors, parents, LAs and appropriate outside agencies. The day-to-day implementation of this policy is effectively delegated through established staffing structures. The Personal Tutor has responsibility for the welfare of the individual child, supported by Link Tutors and the Case Co-ordinator. There are clear structures in respect of risk assessments as well as Care and Health planning relating to each child. Each young person follows a personalised education curriculum that includes a strong emphasis on PHSE. The Principal 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 child well, parents will be informed at the earliest opportunity by the Principal or an appropriate delegated member of staff.

There is no legal obligation to inform parents 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 child involved, other members of the community and the broader local community.

The Principal 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.

24.3 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 and parents.
- Everyone has the right to breath clean air.
- Schools have a major role to play in working towards non-smoking being seen as the norm in society.
- Children 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 children and for the best possible example and role model to be given by adults to children/young people on smoking-related matters within and beyond the formal curriculum.

Bearing in mind that each establishment is a ‘no smoking’ environment from the outset, the Company believe it right to take positive steps:

- To provide non-smokers with an environment free of tobacco smoke or vapes
- To encourage children not to start smoking
- To encourage staff and children who do smoke to give up
- To integrate education about smoking-related matters across the curriculum throughout the age-range.
- Acknowledge the concerns about passive smoking and the example adults can give children; the policy of SES is that smoking should not take place anywhere on site.

Advice and support will be given to employees who wish to give up smoking. Children should be encouraged to articulate any wish to give up smoking. Support can be arranged through their Personal Tutor, or indeed any other staff member. Cases of children breaking rules on smoking should be dealt with within our general

approach to behaviour management, bearing in mind any opportunities for education/pastoral support on smoking-related matters that may be suggested.

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.

24.4 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 pupils)

Table 2: Warning Signs in Groups

- Regular absence on certain days
- Keeping at a distance from other children, 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)

25 POLICY ON ALCOHOL ABUSE

SES does not permit the use of alcohol on the premises

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/unkempt 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.

26 HIV POLICY

The policy relates to both personal matters and to service provision. The Policy applies to those employed by SES and also the children and young people 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.

26.1 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.

26.2 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.

26.3 CONFIDENTIALITY

The issue of confidentiality in this area is very complex. All staff members working with a child/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 child/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 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.

<u>Confidentiality: Practice Guidelines</u>

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 children/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 children/young people, in which trust may develop.

26.4 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.

26.5 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).***

27 RELATIONSHIPS AND SEX EDUCATION, AND HEALTH EDUCATION POLICY

27.1 INTRODUCTION

SES has a commitment to the provision of high quality services within the context of legislative requirements. The development of a 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.

27.2 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".

The September 2020, statutory guidance for Relationships and sex education (RSE) and health education 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."

27.3 AIMS AND VALUES

SES acknowledges its responsibility to safeguard and promote the welfare of those young people 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 people 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 people feel free to ask questions either individually or in a group situation. We aim to ensure that young people are able to develop a healthy and responsible attitude to sexual behaviour.

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

- Ensuring the rights of young people.
- Practices that are anti discriminatory and sensitive to the issues of race, culture disability religion, gender and sexual orientation.
- A recognition that young people 'looked after' should have opportunities to develop caring and fulfilling personal relationships. It is acknowledged that these relationships may at some stage involve sexual expression. Providing that this is not abusive, coercive or illegal, we will respect acceptable expression by young people 'looked after', having due regard to the constraints of individual placement settings.
- The promotion of a multi disciplinary approach to the provision of services, collaborating with young people, their parents/carers and other agencies.
- A commitment to training carers involved in direct work with young people 'looked after', 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 children and young people know what they are entitled to receive.
- Meaningful consultation with young people on the delivery of the policy.

Core Aims

- Encourage self-esteem, self-confidence and a secure base for our young people
- Promote access to sexual health services, confidential support and advice
- Promote positive attitudes, empower young people 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 people
- Take into account parents wishes
- Work in partnership with the responsible adults in the young person's life.
- Actively challenge attitudes towards stereotyping.

(For further details please see the PSHEE Policy and Practice Document and RSE Policy and Practice Document)

28 POLICY FOR IMMUNISATION AND ROUTINE HEALTH SURVEILLANCE

28.1 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 child's right to be protected against infectious disease and furthermore full immunisation when appropriate, is a performance indicator for the Quality Protects programme. Immunisation Schedule (see table below).

Aim

The aim should be that all looked after children are fully immunised. If a child continually refuses immunisations the named health professional in collaboration with the Personal Tutor should work with the child or young person to try to gain informed consent and consider what is in each individual child's best interests.

Objectives

- All looked after children and their parents/carers have access to information regarding immunisation as required.
- All looked after children have access to immunisations. Special arrangements may need to be made for children and young people who cannot access the school health immunisation programme. This can be facilitated by the School Nurse or the child's GP.

Young Person's Medical History

On admission, the case coordinator responsible for the new young person 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

Vaccine	**Age**	**Notes**
D/T/P and Hib Polio *Meningitis C	1st dose 2 months 2nd dose 3 months 3rd 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 acelluar 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

Children Partly Immunised

Every effort should be made to obtain a child's immunisation history. Most children and young people will be included in the pre-school and school health immunisation programme. Children who have missing immunisations should be offered the opportunity obtain them. The practise nurse at the GP practise offers most immunisations. The only exception being the Bacilus Calmette-Guerin (BCG) vaccine. Children requiring this immunisation need to be referred to a Specialist Nurse for TB. The child's GP can facilitate this.

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:

"Children 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

Immunisation can often be delayed whilst consent is sought. For a child or young person accomodated in the Looked After system, parental responsibility remains with the parent. Therefore consent to immunisation must be sought from the parent. For children and young people subject to a Care Order parental responsibility is shared between the parents and social services. It is however good practise to obtain informed consent from the child's parents. If the parent is unable to give consent then consent must be sought from the Director of Social Services.

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.

28.2 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 children of similar age. Yet they are likely to receive inadequate health care.

Aim

That all looked after children and young people complete the full routine health surveillance programme offered by the Health Visiting and School Health Service. Regular attendance at their educational establishment is therefore essential.

Objectives

- All looked after children, their parents and carers have access to information regarding routine health surveillance.
- All looked after children have access to the health surveillance service offered by the Health Visiting and School Health service. Special arrangements may need to be made for children and young people who do not have an educational placement. Advice should be sought from the young person's GP.
- All children are registered with a local Doctor, dentist and optician. Other specialist services will be engaged as required.

Children And Young People Who Have Missed Routine Health Surveillance

Most children and young people will be included in the Pre-School and School Health routine health surveillance programme. For those children and young people who have missed any health surveillance some health needs may not have been

identified and therefore may not have been addressed. Every effort should be made by carers to ensure that children and young people have access to mainstream services. Missed health surveillance should be addressed at a young person's review health interview. Referrals to other services will be made as appropriate.

29 ADMINISTRATION OF MEDICINES POLICY STATEMENT

29.1 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)

Children at both establishments register with the local GP practice at Chet Valley, Medical Practice, Loddon.

- It is the responsibility of the duty DCM 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 children are suffering from a short-term illness and are receiving a course of prescribed medication such as antibiotics.

29.1.2 Following a period of illness, the duty DCM in liaison with the child's GP will decide whether or not the child is fit to return to the Learning Centre and take part in general activities.

29.2 THE REGISTERED MANAGER'S RESPONSIBILITY

29.2.1 The Registered Manager will ensure all staff are aware of the SES policy and practice with respect to the administration of medicines. In the case of children with known medical problems, staff who come into contact with that child will be made aware of the precautions that need to be taken and the procedure for coping with an emergency. The Registered Manager and staff will do what a "reasonable parent" would do in the circumstances prevailing at the time.

29.2.2 Registered Manager will ensure that a named person is responsible for medicines. This member of staff will be suitably trained to undertake the responsibility for the safekeeping, administration and control of medications, (Ref 28.2.3). Knowledge relating to the management and administration of medicines will be reviewed annually by the Registered Manager and extra training provided if necessary. This is delegated on a day-to-day basis to the Deputy Care Manager co-ordinating. In the absence of the DCM, this task will be designated to another member of staff, at the Registered Managers' discretion.

29.2.3 All staff that hold the responsibility of dispensing and administering medications shall be appropriately trained. A medication core competency assessment will be conducted by the RM or HoC to verify the member of staff is competent to administer medication before they can issue for the first time. The core competency assessment and ongoing training records are kept on their staff file and as part of a general training record. All adults responsible for administering medication will receive annual refresher training

29.2.4 Once trained, staff are responsible for their own practice.

29.2.5 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.

29.2.6 Where any doubts exist about whether or not to agree the administration of a particular course of medication at our establishments, the Registered Manager will seek advice from the Doctor or the Consultant Community Paediatrician.

29.3 THE PARENT'S RESPONSIBILITY

29.3.1 Within the admission procedure there is an indemnity, letter of consent for parents/carers and placement authorities to allow for the administration of prescribed medication. (Please refer to the end of this document for a sample format).

29.3.2 If the parents refuse to sign an indemnity, the SES Principal will make it clear to the parents (in writing) 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.

29.4 GUIDELINES

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

29.4.2 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 House Office 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. Additionally, this needs to be recorded within the controlled drugs book, which is signed by two members of staff, the DCM/TL who administered the drug, and an observer.

29.4.3 Wherever possible, arrangements will be made for the medicine to be self-administered, under direct supervision of a named adult. (N.B. The Law states that unsupervised autonomous self-medicating children have to be over 16 to do so). A written record of the dates and times of the administration of the medicine will be made in a book kept for that purpose. The Member of staff must be meticulous in monitoring that the prescribed medication has been taken.

29.4.4 In the event of a refusal on the part of a child to take prescribed medication the DCM on duty, as the sole administer, should be aware. in the first instance and if necessary should inform the Registered Manager 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.

29.4.5 Due to the exceptional circumstance around the particular difficulties of students at our establishments some students with asthmatic conditions may need to have their inhalers kept in a secure place, which would be the house office.

29.4.6 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.

29.4.7 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.

29.4.8 Medicines no longer required will not be allowed to accumulate. They will be disposed of in full consultation with the Local GP Practice (checked on a once a week basis). Any medication to be disposed of will be taken to a Pharmacy and will be signed off as returned in the Returned Medication book.

29.4.9 The review and monitoring of individual long term cases, and the necessary liaison with General Practitioners, will be undertaken by the Local GP or the Consultant Community Paediatrician. 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.

29.4.10 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 to the medication cabinet.

If a child keeps their own medication, then a lockable box/drawer must be made available. Safe storage requirements would be included in the child'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. There is a lockable fridge available when necessary in The House Office for this purpose.

29.4.11 <u>Procedures for safe practice</u>

- Wash hands before and after
- Be sensitive toward the child
- 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 child at a time.
- Try to keep the same brand for children who are self-medicating.

29.4.12 <u>Procedures for Issuing Medication</u>

- Medication, wherever possible, will be issued in the house office with the door closed and no other children present.
- There may be circumstances where medication is administered elsewhere but this should be rare. If medication needs to be administered in a different location (short term) then this needs to be recorded in the comments section in the child's medication card, with justification given for why it was administered outside of the office.
- Medication must not be prepared in advance and left in the medical cupboard, the adult responsible for administering medication will only prepare one child's medication at a time.
- When preparing medication the correct medical card must be checked against the medication box and label. This check ensures the following
  1) The correct **drug**
  2) The correct **dose**
  3) The correct **time**
  4) The correct **route**

5) The correct **child**
6) The correct **date**

- Once the young person has taken the medication the relevant medical card needs to be recorded, this cannot be signed in advance of administering the medication.
- Only the adult in charge of running the house at the allocated time will issue medication and update the paperwork, asking a Team Leader to help is not permitted, unless there is an emergency.

29.5 CIRCUMSTANCES REQUIRING SPECIAL ATTENTION AND CAUTION

29.5.1 In the unlikely event of a child dying, all the child'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)***

29.5.2 Some children 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 children 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 Principal and the formulation of a carefully designed individual programme to meet the needs and circumstances of a particular case.

29.5.3 For the protection of both staff and children, 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 child's dignity is to be maintained at all times.

29.5.4 Injections may only be administered by a qualified nurse of 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.

29.5.5 Staff should be aware that on home visits, well-intended friends or family might administer medicines to children that could conflict with other treatments. If this occurs then staff need to inform the Registered Manager and G.P. All medications must be signed off site and back into stock on their return. **Only the correct number of medication required for the duration of the visit will be sent home.** Each child 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 Person
- 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.

29.5.6 **Mis-medicating can be:** a drug that is given to the wrong child, a drug given in the wrong dose, at the wrong time or not at all.

If medication is given to the wrong child, the Deputy Care Manager must:

- Telephone the child'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
- The staff member involved must refrain from administering medications until further notice.

29.5.7 Children who may experience an extreme reaction to (for example) food stuffs or wasp stings will require an individual health care plan 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 or the Consultant Community Paediatrician.

29.5.8 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 disposed of as waste and not given or returned to stock.

29.6 ADMINISTRATION OF ANALGESICS AND HOMELY REMEDIES

29.6.1 In circumstances when pupils suffer headaches or toothache, the duty DCM may provide analgesic in accordance with prescribed medication or homely remedies list. This list is recorded within the file.

29.6.2 Tablets, which will be standard paracetamol for children aged 12 and over, or preparations of paracetamol designed specifically for children under 12, will be kept in a secure place. Paracetamol tablets are kept locked away in the medical cabinet and are included in the weekly medication count. Paracetamol MUST NOT BE KEPT IN FIRST AID BOXES.

29.6.3 On no account will aspirin, or preparations containing aspirin, be given to children. This is particularly important where children under 12 years of age are concerned.

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

29.7 PARENTAL CONSENT FOR TREATMENT

29.7.1 The admission procedures cover areas of parental/carers consent for medical treatment. This includes possible emergency treatment when the parents/carers may not be contactable.

29.7.2 Parents/carers who belong to religious bodies that reject medical treatment should make their views and wishes known to the Principal so that the implications of their beliefs can be discussed and, if possible, accommodated.

29.7.3 The channels of healing desired by the parent may not be available and it is a proper and responsible decision for the Registered Manager and or Principal, acting in loco parentis, to have recourse to ordinary medical treatment if the circumstances make it absolutely necessary.

29.8 PARENTAL CONSENT FOR TREATMENT (DAY STUDENTS)

29.8.1 Day students attending the Learning Centre only will have been previous residents of the children's home following a successful transition back to their families or carers; SES does not offer day places to other children. As a result, all day students will have their medication records stored within the establishments, and medication will be administered following the same procedures. If medication needs to be administered during Learning Centre hours, the young person must provide the Duty DCM with the medication who will store the medication in the house office medication cupboard. They will support the young person to take their medication as required and record using the same recording process for full residential children.

If a day pupil becomes unwell and requires access to a "medical room", one of the vacant bedrooms within the Stables or main house will be utilised for this purpose whilst arrangement can be made for the young person to be collected or taken home.

29.9 RECORD KEEPING

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

When a Young Person leaves SES a discharge summary will be sent to next placement.

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

- Child's name and date of birth, child'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.

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

- Child'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 administrating the medication
- Refusals, child 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

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

29.9.3 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 daily log taking full accountability for the medication on and off site for their allocated shift period. A daily medication check is completed by the incoming DCM for all prescribed medications and homely remedies that are required to be kept within the locked cabinet and is documented on the child's medication card. A daily check is not required if the DCM is working consecutive days and they have already completed a medication check.

A weekly medication check is completed by the Head of Care (if the Head of Care is on annual leave the weekly check must be completed by the Registered Manager); this is documented on the medication cards for prescribed medication and homely remedies. The Registered Manager will also complete an independent monitoring check once a month, ensuring the full month of medication cards are monitored. Records of ingoing and outgoing drugs and waste must be recorded both on the medication cards and in the waste medication book.

DCMs completing the daily medication check must ensure stock levels are sufficient and suitable. If an order needs to be submitted this is completed as and when required and must be documented within the daily log and communicated through the handover process. The Head of Care will also check stock levels as part of their weekly check.

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

29.10 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 child's placement and with due consideration from appropriate professional advisors.

29.11 INFORMATION ABOUT THIS POLICY STATEMENT

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

29.12 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.

29.13 ADMISSION LETTER

See text on next page.

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 children. 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 child'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.

Principal

Child's name (in block capitals): ……

Parent/carer's name (in block capitals): ……...

Parent/carer's signature: ……....

Date: ……..…

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 SES Principal for emergency medical treatment you should write a letter to the school making this clear.

30 <u>FOR FIRE AND EVACUATION PROCEDURE PLEASE SEE NEXT PAGES</u>

30.1 TURNSTONE HOUSE

30.2 AVOCET HOUSE

FIRE AND EVACUATION PROCEDURE

The signal for evacuation of the building is the **Fire Alarm**.
The place of **Assembly** is in front of the **Learning Centre Main Entrance**

Upon Hearing the Fire Alarm:

Persons in charge of children 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 operate the nearest Fire Alarm.

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.

It is the responsibility of the DCM to confirm directly with staff whether the Fire Brigade has been alerted. If there is any doubt the DCM 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 – in the case of a drill, by the Duty DCM – in the case of a fire, by the Fire Officer in Charge of the fire.

The following items will be taken to the assembly point by the named persons:

- Roll Call List (office hours) - Administrator
- Roll Call List (all other times) - Duty DCM
- Learning Centre Register - Head of Education or designate
- Visitors' Book (office hours) - Administrator
- Visitors' Book (all other times) - Duty DCM
- In/out log - Duty DCM

The Duty DCM or other designated member of staff will check all are present and accounted for, using the Roll Call List.

The Duty DCM 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.

FIRE AND EVACUATION PROCEDURE

The signal for evacuation of the building is the **Fire Alarm**.
The place of **Assembly** is the **Main Car Park** at the front of the **Coach House**.
(if required, alternative assembly is at the front of the Learning Centre)

Upon Hearing the Fire Alarm:

Persons in charge of children 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. Staff in the Coach House office/sleep in room must exit through the room's external door, and children through the fire exit doors. Adults must not re-enter the Coach House.

It is the duty of ANYONE discovering a fire to operate the nearest Fire Alarm.

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.

It is the responsibility of the DCM to confirm directly with staff whether the Fire Brigade has been alerted. If there is any doubt the DCM 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 – in the case of a drill, by the Duty DCM – in the case of a fire, by the Fire Officer in Charge of the fire.

The following items will be taken to the assembly point by the named persons:

- Roll Call List - Duty DCM
- Learning Centre Register - Head of Education or designate
- Visitors' Book (office hours) - Administrator
- Visitors' Book (all other times) - Duty DCM
- In/out log - Duty DCM

The Duty DCM or other designated member of staff will check all are present and accounted for, using the Roll Call List.

The Duty DCM 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).

IMPACT

LIKELIHOOD

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

Appendix 1 – Hot work permit

A hard copy of the of the permit with sections A&B and Checklist completed should be held by the person(s) completing the work. A hard copy and/or PDF copy of the completed permit (with checklist) including sections C&D should be retained for work management and auditing purposes

ISSUING COMPANY | PERMIT NO.

A PROPOSAL (to be completed by the person responsible for carrying out the work)

BUILDING

EXACT LOCATION OF PROPOSED WORK

NATURE OF WORK TO BE UNDERTAKEN

I have completed and submitted the Checklist and understand the scope of work and precautions to be taken.

SIGNED | BLOCK CAPITALS

DATE | POSITION

B AGREEMENT (to be completed by Company Safety Officer or other nominated person – the 'Issuer of the Permit')

This Hot Work Permit is issued subject to the following conditions:

ISSUE OF PERMIT: DATE | TIME

EXPIRY OF PERMIT*: TIME

* It is not desirable to issue permits for protracted periods. Fresh permits should be issued where, for example, work extends from morning to afternoon.

A FINAL CHECK OF THE WORK AREA SHALL BE MADE, NOT BEFORE (TIME)

ADDITIONAL CONDITIONS REQUIRED

The above location has been examined and the precautions checklist that accompanies this form has been complied with. I have carried out a risk assessment and consider that there is no reasonably practical alternative to doing the job using hot work. I have been provided with evidence of appropriate Public Liability Insurance.

SIGNED | BLOCK CAPITALS

DATE | POSITION

C FOLLOWING COMPLETION OF WORK (to be completed by member of staff or contractor responsible for the work. The permit should then be returned to the Issuer)

The work area and all adjacent areas to which sparks and heat might have spread (such as floors below and above and areas on other sides of walls) have been inspected and found to be free of smouldering materials and flames

Stub ends of welding rods and other hot waste materials have been removed and disposed of safely

Any isolated automatic fire detectors or detection zones have been reinstated

All equipment, including gas cylinders, has been removed to a safe area

TIME INSPECTION COMPLETED: (this must be at least 60 minutes after work has been completed followed by further checks being made at regular intervals, of no more than 20 minutes, up to 120 minutes (or more)* after cessation of hot work)

SIGNED | BLOCK CAPITALS

DATE | POSITION

D SIGN OFF BY ISSUER OF PERMIT

The hot work has been completed. Any detector(s) or zones of the fire alarm system that were isolated have been fully reinstated.

SIGNED | BLOCK CAPITALS

DATE

** Based on risk assessment*

Create a new Hot Work Permit

Go to Contents

Appendix 2 – Hot work permit checklist

The following checks should be carried out by the hot work operative at the hot work site prior to commencing hot work. The person carrying out these checks should tick the appropriate boxes, and then return the Checklist to the Hot Work Permit issuer.

ISSUING COMPANY | PERMIT NO.

GENERAL

Wherever practicable the use of hot work should be avoided and a safer way employed. If you cannot comply with the following points, do not go ahead with the hot work.

FIRE PROTECTION ✓ or N/A

Where sprinklers are installed, they are operative. (In sprinklered premises, hot work should not be carried out when the water supply to the sprinkler system is shut off.)

Where an automatic fire detection system has been installed, it will be kept operative. Only the zone where the hot work is being carried out will be isolated for the period whilst hot work is in progress.

A trained person not directly involved with the work will provide a continuous fire watch during the period of hot work. Following completion of each period of the work, the continuous fire watch will remain in place for at least 60 minutes after work is completed, followed by further checks being made at regular intervals, of no more than 20 minutes, up to 120 minutes (or more where determined necessary through risk assessment) after cessation of hot work, before the permit is signed off. This is to ensure that the working area and all adjacent areas, including the floors below and above, and areas on the other sides of walls, screens, partitionspartitions, and above false ceilings are free of smouldering materials and flames. The fire watch periods should be extended where this has been determined necessary by a suitable and sufficient fire risk assessment.

At least two appropriate extinguishers are immediately available. The personnel undertaking the work and providing the fire watch are trained in their use.

Personnel involved with the work and providing the fire watch are familiar with the means of escape and method of raising the alarm/calling the fire brigade.

PRECAUTIONS WITHIN 10 METRES (MINIMUM) OF THE WORK

Combustible materials have been cleared from the area. Where materials cannot be removed, protection has been provided by non-combustible or purpose-made blankets, drapes, or screens.

Flammable liquids have been removed from the area.

Floors have been swept clean. Combustible floors have been covered with overlapping sheets of noncombustible material or wetted and liberally covered with sand. All openings and gaps (combustible floors or otherwise) are adequately covered.

Protection (non-combustible or purpose-made blankets, drapes, or screens) has been provided for:

- walls, partitions, and ceilings of combustible construction or surface finish; and
- all holes and other openings in walls, partitions, and ceilings through which sparks could pass.

Where work is being carried out on building panels, an assessment has been made of insulating or other materials behind or forming the core of the panels.

Combustible materials have been moved away from the far side of walls or partitions where heat could be conducted, especially where these incorporate metal.

Enclosed equipment (tanks, containers, dust collectors etc) has been emptied and tested, or is known to be free of flammable concentrations of vapour or dust.

In areas where flammable and combustible liquids and vapours might be present, air monitoring implemented to ensure that flammable vapours are not present (must be less than 10% lower explosive limit (LEL)) before commencing and during the hot works.

Thermographic inspection implemented for hot work in fire-susceptible locations with potential for concealed burning (such as construction sites) before the work is undertaken, during and after the work (as part of the fire watch), checking the area for any potential hot spots. Photographs should be held on record.

EQUIPMENT

Equipment for hot work has been checked and found to be in good repair. Gas cylinders have been properly secured.

SIGNED | BLOCK CAPITALS

DATE

Go to Contents | Print Form/Checklist