

Health and Safety Policy

Policy Note

For the purposes of this policy, Orchard Therapeutic Farm (OTF), Orchard Therapeutic Outreach (OTO), Orchard Therapeutic Barn (OTB) and Orchard Therapeutic Active (OTA) will together be referred to as “**The Services**”

This policy applies to all employees, volunteers, trustees, and contractors of The Services, as well as anyone representing Orchard Therapeutic Farm, Orchard Therapeutic Outreach, Orchard Therapeutic Barn and Orchard Therapeutic Active in an official capacity.

The Services aims to:

- Provide and maintain a safe and healthy environment
- Establish and maintain safe working procedures amongst staff, students, and all visitors to the farm site
- Have robust procedures in place in case of emergencies
- Ensure that the premises and equipment are maintained safely, and are regularly inspected

Young Person's Voice	How this applies to Health and Safety (what The Services will do)
I feel safe and respected while I am on site and during activities.	Provide calm, trauma-informed practice; keep environments safe and welcoming; supervise proportionately to risk; avoid actions that escalate anxiety or risk.
I understand the safety rules and why they exist.	Explain rules in accessible language; display visual prompts; include safety in induction and refresh routinely.
I know what to do in an emergency (fire, lockdown, first aid).	Teach and rehearse evacuation/lockdown procedures; display routes and muster points; make alert signals clear; identify who to follow and where to go.
I know how to report hazards or worries.	Provide simple reporting routes, (speak to a trusted adult, QR/email form, hazard cards); respond promptly and give feedback on actions taken.
I can use general equipment, including technology safely with the right training.	Deliver age and ability appropriate instruction and supervision, issue PPE. DSE guidance; prohibit unsafe equipment use. PAT-test portable equipment; provide safe charging. Health & Safety Lead/staff teach DSE setup and breaks; prohibit unsafe devices or use.
My individual needs are recognised.	Make reasonable adjustments (e.g., sensory breaks, alternative spaces, communication aids, step-by-step demonstrations, literacy-friendly visuals).
The environment is clean and healthy.	Follow infection-prevention routines (handwashing, ventilation, cleaning schedules); manage COSHH substances; maintain food safety and potable water quality.

<p>Adults keep me and others safe without overreacting.</p>	<p>Use de-escalation and proportionate supervision; only use physical intervention to prevent immediate harm; record and review any intervention used. Staff are trauma informed trained.</p>
<p>I can take part in trips and practical learning safely.</p>	<p>Complete and follow and regularly up-date risk assessments and briefings; obtain consents; set ratios/competence checks; plan transport and emergency arrangements; carry first-aid kits.</p>
<p>I am listened to about safety.</p>	<p>Co-produce personal risk/behaviour support plans; invite student feedback.</p>
<p>I know who to go to if I feel unwell or unsafe.</p>	<p>Signpost named first aiders and trusted adults; display photos/contact points; provide a welfare/quiet space and clear sign-out/in procedures.</p>
<p>I can return to learning after an incident.</p>	<p>Plan a calm reintegration; hold a restorative conversation (support meetings/interventions); update risk assessments and support needed; focus on learning and re-engagement rather than punishment.</p>
<p>My privacy and dignity are respected in safety procedures.</p>	<p>Use respectful language and practices; share information on a need-to-know basis; seek consent when appropriate.</p>
<p>I can access a safe space when I need a break.</p>	<p>Provide agreed safe spaces; use an agreed signal/pass; maintain appropriate supervision and check-ins; support return to learning.</p>
<p>I know how to stay safe and clean when around animals, and make sure animal areas are</p>	<p>The site maintains clear expectations to promote safety and wellbeing. Guidance is provided to ensure appropriate hygiene practices and to reduce risks associated with allergies and animal contact. Measures are in</p>

<p>kept separate from other spaces?</p>	<p>place to separate animal-related activities from other areas, and procedures support safe interaction while maintaining a clean environment.</p>
<p>I can be safe in hot or cold weather.</p>	<p>Implement heatwave/cold-weather plans; provide shade, hydration and rest; adapt activities and timings; monitor wellbeing.</p>

Legislation

Policy

This policy is based on advice from the Department for Education on health and safety in provisions and the following legislations:

- **The Health and Safety at Work etc. Act 1974**, which sets out the general duties employers have towards employees and duties relating to lettings.
- **The Management of Health and Safety at Work Regulations 1992**, which require employers to assess the risks to the health and safety of their employees.
- **The Management of Health and Safety at Work Regulations 1999**, which require employers to carry out risk assessments, make arrangements to implement necessary measures, and arrange for appropriate information and training.
- **The Control of Substances Hazardous to Health Regulations 2002**, which require employers to control substances that are hazardous to health.
- **The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013**, which state that some accidents must be reported to the Health and Safety Executive and set out the timeframe for this and how long records of such accidents must be kept.
- **The Health and Safety (Display Screen Equipment) Regulations 1992**, which require employers to carry out digital screen equipment assessments and states users' entitlement to an eyesight test.
- **The Gas Safety (Installation and Use) Regulations 1998**, which require work on gas fittings to be carried out by someone on the Gas Safe Register

- **The Regulatory Reform (Fire Safety) Order 2005**, which requires employers to take general fire precautions to ensure the safety of their staff.
- **The Work at Height Regulations 2005**, which requires employers to protect their staff from falls from height at The Services, follow current national guidance published by Public Health England when responding to infection control issues.
- **PPE Regulations 1992**, which require employers to provide suitable personal protective equipment (PPE) to staff where risks cannot be controlled by other means, and ensure it is used and maintained correctly.
- **Electricity at Work Regulations 1989**, which require employers to ensure that electrical systems and equipment are safe to use, properly maintained, and only handled by trained staff.

Roles and responsibilities

The Head of Centre/Line Manager(s)/Health and Safety Lead have day-to-day responsibility for health and safety within the provision. This involves:

- Implementing the Health and Safety Policy
- Ensuring there are sufficient staff to safely supervise students
- Ensuring that the provision building and premises are safe and regularly inspected
- Providing adequate training for provision staff
- Ensuring appropriate evacuation procedures are in place and that regular fire drills are held
- Ensuring that, in their absence, health and safety responsibilities are delegated to another member of staff
- Ensuring all risk assessments are completed, reviewed, and acted upon
- Monitoring cleaning contracts and ensuring cleaners are appropriately trained and have access to personal protective equipment (PPE) where required by law or risk assessment

Health and Safety Lead: The provision's nominated Health and Safety Lead, Caroline Sitwell is responsible for supporting the Head of Centre/ Line Manager(s) and overseeing compliance with health and safety policies.

Staff

Staff have a duty to take reasonable care of the health, safety, and welfare of students and others who may be affected by their actions at work.

Staff will:

- Take reasonable care of their own health and safety and that of others who may be affected by what they do at work
- Co-operate with the implementation of the Health and Safety Policy and related procedures
- Work in accordance with training, instructions, and safe working practices
- Inform the appropriate person of any work situation representing a serious and immediate danger so that remedial action can be taken
- Model safe and hygienic practices for students
- Understand and follow emergency evacuation procedures
- Use PPE correctly when required by risk assessments or law

Students and Parents

- Students are responsible for following The Services' health and safety instructions, both on-site and off-site, and reporting any incidents to a member of staff.
- Parents are responsible for supporting the provision's health and safety guidance and reporting any incidents affecting their child.

Contractors

- Contractors must agree health and safety arrangements with the Head of Centre/ Health and Safety Lead before starting work.
- Before work begins, contractors must provide evidence that they have carried out adequate risk assessments for all planned activities.
- Contractors must follow The Services' health and safety policies while on site, including the use of PPE and safe working procedures.

Site Security & Visitors

Key Principles

The Proprietors are responsible for the security of the provision site in and out of provision hours. They are responsible for visual inspections of the site, and for the fire procedures. The Proprietors are key holders and will respond to an emergency.

Legislation

Sub-contractors engaged in work at The Services must comply with the following legislation and regulations as appropriate to the nature of the business:

- Health & Safety at Work Act 1974
- Construction (Design & Management) Regulations 1994
- Other regulations, as applicable to the tasks to be performed.

It is not the function of this policy to repeat the details of the relevant legislation and regulations, but rather to summarise key points as they apply to the specific requirements of a student's site.

Contractors must submit a Health & Safety Plan for approval by the management of The Services as a condition of the contract.

Contractors will not be allowed to work within The Services unsupervised.

Students are not, under any circumstances, allowed to assist contractors with any tasks. Where student's make such a request, or when they appear to be paying undue attention to the work in hand (and the materials being used) then the supervisor in charge of the contracting work must report this to the Head of Centre/Health and Safety Lead/Line Manager.

Contractors' General Duties

Contractors have a duty to:

- Carry out their activities, as far as is reasonably practicable, in such a way as not to harm the health and safety of those not in their employment.
- Conduct an assessment of the risks to the health and safety of persons not in their employment that might arise as a result of their work activities.
- Ensure cooperation with The Services Managers on health and safety arrangements.
- Ensure consideration of students or others who may be affected by the work undertaken.
- Supply any necessary health and safety information to the employers of any visiting employees.
- Inform visiting employees of any skills necessary for them to carry out their work safely and of any necessary health surveillance.
- Inform employment agencies of any qualifications or skills necessary for the employment agency's staff to carry out their work safely, and of any specific health and safety features of the work to be carried out.

Approved Contractors

The Services will only use contractors who have proved able to discharge their primary responsibility to safeguard their employees and other people who may be affected by their undertakings. This will be achieved by a selection and evaluation procedure to ensure that only competent contractors are used by The Services.

The persons nominated to control and manage this procedure are the Head of Centre/Health and Safety Lead.

1. Safety Rules and Procedures

Site safety rules and the emergency procedures will be issued to all contractors and will be clearly stated in contractual arrangements, together with any special health and safety requirements likely to affect cost or timescales.

The Services will make arrangements for the exchange of all relevant information arising from risk assessments and emergency procedures, particularly steps required to protect contractors' employees from other contractors and their employees, as well as the day-to-day activities of the employer's workplace.

2. Equipment

Plant and equipment, such as temporary access platforms, ladders, personal protective equipment, lifting equipment, internal transport vehicles and electrical equipment, will not be loaned to contractors unless exceptional circumstances prevent contractors from using or hiring their own. Even in these

circumstances, contractors will only be permitted to use such equipment with written authority to do so for a specified task and period, provided the equipment is in a sound condition and the contractor is competent to use it.

Great care must be taken and vigilance observed when using materials such as paints, preservatives, glues and solvents. These materials can be very vulnerable to substance abuse and containers of these materials must not be left unattended at any time. All materials must either be locked away or removed from the premises at the end of each working day.

3. Coordination

A competent, named individual will be appointed to coordinate each contract, including at least daily site visits and out-of-normal-hours communications. This individual will be expected to encourage and develop the right safety culture amongst contractors.

4. Contractor Risk Assessments

In all cases, full details of the risk assessment must be shared with the contractor who should be involved in its formulation. The Services assess the risks to all users of buildings and others who may be affected by the work, including staff, students, visitors, passers-by and the contractor, and their employees and subcontractors. In most cases, The Services is best placed to contribute their in-depth knowledge of the workplace and will be aware of the hazards already present on their site. However, the contractor will contribute their expert assessment of the risks of the actual work involved and will be best placed to advise on the hazards they are likely to bring onto the site and the control measures required to ensure safety.

Risk assessments will be exchanged, discussed and understood between all parties.

Many smaller contractors, and the self-employed, may not have much experience in carrying out risk assessments. In these cases, The Services' assessments might be adapted by the contractor for its own use. In some cases, the contractor will complete a risk assessment of its own.

5. Reporting

Everyone is expected to report danger (within their capability to recognise unsafe practices) to their manager or supervisor, who will be expected to either:

- Stop the work if serious or imminent danger to persons or property, other than the contractor's employees, is foreseen.
- Notify the department or individual responsible for coordinating the work by telephone or in writing, depending on the circumstances.

Where construction work is carried out, such reporting and consultation will be in accordance with the principal contractor's health and safety plan or site rules.

Construction Work that Comes Within the Scope of the Construction (Design and Management) Regulations 2015

Where construction work is carried out that is a notifiable project under the Construction (Design and Management) Regulations 2015, The Services will appoint, at the appropriate time, a competent principal designer and principal contractor for each project.

The Services will ensure that no construction starts until an adequate health and safety plan covering the work has been prepared.

The Services will ensure that any health and safety file is kept readily available for inspection and that when the file is handed over to a third party, the necessary steps are taken so that the party understands the purpose and nature of the file.

Hot works

Potential alternatives to hot work should be explored and adopted whenever possible, however when no alternative is available a Hot Work Permit system is required before any of the following work is undertaken:

- Gas
- Electric welding
- Soldering
- Paint stripping
- Use of hot air guns
- Lead/pip work using brazing/blow torches/hot air guns
- Roofing involving tar boilers/lead heaters/blow torches
- Use of grinding wheels/cutting discs

Gas safety

- Installation, maintenance, and repair of gas appliances and fittings will be carried out by a competent Gas Safe registered engineer. This is completed annually.
- Gas pipework, appliances, and flues are regularly maintained.
- All rooms with gas appliances are checked to ensure that they have adequate ventilation.
- All the above is the responsibility of the Proprietors and is over seen by the Director.

Equipment

- All equipment and machinery are maintained in accordance with the manufacturer's instructions. In addition, maintenance schedules outline when extra checks should take place:
- When new equipment is purchased, it is checked to ensure that it meets appropriate educational standards.
- All equipment is stored in the appropriate storage containers and areas.

- All containers are labelled with the correct hazard sign and contents.

Electrical equipment

- All staff are responsible for ensuring that they use and handle electrical equipment sensibly and safely.
- Any student or volunteer who handles electrical appliances does so under the supervision of the member of staff who so directs them.
- Any potential hazards will be reported to Line Manager / Health and Safety Lead immediately.
- Permanently installed electrical equipment is connected through a dedicated isolator switch and adequately earthed.
- All PAT testing for items owned by The Services will be the responsibility of the The Services Proprietors/Health and Safety Lead to arrange.
- All the above is the responsibility of the Proprietors but will be overseen by the The Services Head of Centre/Health and Safety Lead.
- Only trained staff members can check plugs.
- Where necessary a portable appliance test (PAT) will be carried out by a competent person
- All isolator switches are clearly marked to identify their machine.
- Electrical apparatus and connections will not be touched by wet hands and will only be used in dry conditions.
- Maintenance, repair, installation, and disconnection work associated with permanently installed or portable electrical equipment is only carried out by a competent person.
- All staff who use computers daily as a significant part of their normal work have a display screen equipment (DSE) assessment carried out.
- 'Significant' is taken to be continuous/near-continuous spells of an hour or more at a time.
- Staff identified as DSE users are entitled to an eyesight test for DSE use upon request, and at regular intervals thereafter, by a qualified optician (and corrective glasses provided if required specifically for DSE use)
- A list of all the electrical equipment is held and maintained.

Manual Handling

- It is up to individuals to determine whether they are fit to lift or move equipment and furniture. If an individual feels that lifting an item could result in injury or exacerbate an existing condition, they will ask for assistance.
- Staff and students are expected to use the following basic manual handling procedure:
 - Plan the lift and assess the load. If it is awkward or heavy, use a mechanical aid, such as a trolley, or ask another person to help.
 - Take the more direct route that is clear from obstruction and is as flat as possible

- Ensure the area where you plan to offload the load is clear
- When lifting, bend your knees and keep your back straight, feet apart, and angled out. Ensure the load is held close to the body and firmly. Lift smoothly and slowly and avoid twisting, stretching, and reaching where practicable.

Lone Working

Key Principles

The Services recognises that some duties may require staff to work alone. Lone working can present additional risks, and this section outlines the measures to ensure staff safety.

Legislation

Management of Health and Safety at Work Regulations 1999

Definition

Lone working may include, but is not limited to:

- Late or early working
- Home or site visits
- Site manager duties
- Site cleaning duties
- Working in a single-occupancy office

General Principles

- Potentially dangerous activities, such as those involving a risk of falling from height, will NOT be undertaken when working alone.
- If there are any doubts about the safety of a task, it must be postponed until other staff members are available.

Procedures for Lone Working

- Before starting lone working, the staff member must inform a colleague, friend, or family member of their location and expected return time.
- The lone worker must ensure they are medically fit to work alone.
- A mobile phone or other communication device should be always kept accessible.
- Risk assessments for lone working tasks must be completed and reviewed regularly.
- Emergency contact details and procedures must be clearly communicated to all lone workers.

Responsibilities

- Line Managers must ensure that lone working arrangements are risk assessed and monitored.
- Staff must follow this policy and report any concerns or incidents immediately.

Violence at Work

Policy Statement

The Services believes that staff should not be in any danger at work and will not tolerate violent or threatening behaviour towards our staff.

Legislation

Health and Safety at Work etc. Act 1974

Procedures

- All staff must report any incidents of aggression or violence (including near misses) directed towards themselves to the Directors immediately.
- This applies to violence from students, visitors, or other staff.
- Reports should be made in line with the Accident & Incident Reporting Policy.

Hands Free Use of Mobile Phones in Cars

Key Principles

The Services recognises its duty of care to both students and staff and to follow all health and safety good practice guidance to help protect all parties from accidents and injuries. The Services also understands the responsibility of drivers to follow the Highway Code and that it is a criminal offence to use any hand-held phone or communication device while driving, except in a dedicated hands-free mode, for reasons of public safety and prevention road traffic accidents.

Policy Statement

The Services therefore operates this Policy to clarify the rules regarding mobile phone use for staff who drive as part of their work duties. All staff are expected to adhere to the following procedures applicable to their job role. Failure to comply will lead to disciplinary action up to and including dismissal, and involvement of the Police where the law has been broken

Legal Background

Since 2003, it has been an offence to use a hand-held mobile phone or similar hand-held device while driving in Great Britain. Under Regulation 110 of the Road Vehicles (Construction & Use) Regulations 1986, the offence is specified as using a hand-held device for 'interactive communication'. Use of a device does not need to lead to an accident or injury to be unlawful. Perpetrators could face a £200 and six penalty points on their driving licence.

In 2022, the above Regulations were updated to keep up with technology, covering mobile devices used for a wide range of tasks beyond 'interactive communication'. The 2022 Amendment applies to "any device which is capable of interactive communication even if that functionality is not enabled at the time". The meaning of "using" a device is expanded to include the following:

- Illuminating the screen
- Checking the time
- Checking notifications
- Unlocking the device
- Making, receiving, or cancelling a phone or internet call
- Sending, receiving or uploading oral or written content
- Sending, receiving or uploading photos or videos
- Using camera, video or audio recording features
- Drafting messages or text
- Accessing any stored media including text notes, documents, books, audio files, photos, videos, or messages
- Opening an app
- Accessing the internet.

The only exemptions to the above rules are as follows:

- Drivers may use a phone in an emergency, where the urgent need to call for help outweighs the potential risks of using the phone while driving.
- Drivers may hold a device to make a contactless payment at a payment terminal, provided the vehicle is stationary and the transaction is immediate.

- Drivers may use a device for communication or navigation if it is in a dedicated hands-free mode which does not require manual input or looking down at the screen.

It is important to note that, while the law does not prohibit the use of hands-free mode, drivers using a phone in hands-free mode could still be prosecuted under other sections of the Regulations (e.g., for failure to have proper control) if they are not paying due attention to driving. It is therefore crucial to have clear rules for staff regarding the safe use of mobile phones in cars, in order to avoid accidents and potential legal consequences.

Staff Responsibilities

The Services staff have individual and collective responsibilities to safeguard students from risks of harm, including the risk of injury or death that could result from a traffic accident.

Students may take part in off-site sessions such as trips, enrichment activities, life skills learning (e.g., shopping), and outreach. A risk assessment will be completed and reviewed for each event to ensure safety. Certain staff may be required to drive as part of their role, including transporting students, collecting supplies, or attending off-site work events. When driving for work purposes—whether using a company vehicle or a private vehicle—staff must follow all applicable safety rules, legal requirements, and organisational procedures. Private vehicles must not be used unless exceptional circumstances and the driver holds valid business use insurance.

General rules

Check mobile phones and deal with outstanding messages/calls before setting off on car journeys and once parked, to minimise the need for use during the journey.

- Always pay due attention to the road and avoid distractions while driving.
- Take regular breaks on long journeys to avoid fatigue.
- Always park safely and lawfully in permitted areas
- Never use a mobile phone for texting, typing or other activities that require the device to be held while driving (except in emergencies where a hands-free call is not possible).
- Never start a call in traffic conditions which require your full undivided attention to navigate safely (e.g., tight maneuvers, diversions, hazards/obstacles)
- Never attempt to drive when tired or under the influence of alcohol or drugs.
- Rules for devices with no dedicated hands-free mode

The Services considers a mobile phone as genuinely hands-free only when it is placed securely into a professionally fitted and appropriate "cradle" and at no

time does the phone have to be held up during any operation connected with its use. The following rules apply for staff whose phones do not have a dedicated hands-free mode.

Before setting off, put the phone on silent or 'Do Not Disturb' mode so that non-emergency calls are directed straight to voicemail and messages can be left without distracting notifications.

Whilst driving, the phone must not be used for any purpose except in a genuine emergency (see below).

→ Genuine emergency

It is not an offence to use a hand-held device for calling the emergency services on 999 in response to a genuine emergency when it is unsafe or impractical to pull over to make the call.

→ Stationary traffic

In exceptional traffic jams, such as lengthy stoppages on motorways, it would be clear that someone was not driving if the engine were turned off.

Rules for devices with a dedicated hands-free mode

Mobile phones may be used in a dedicated hands-free mode while driving, provided that at no time are they required to hold the device or look down at the screen in order to use it. However, staff are requested to keep such use to a minimum and use good judgment when deciding if it is appropriate to use a phone while driving where there is a potential for distraction.

Use "single-digit" speed-dial functions where available.

Keep calls and messages brief.

While on the road, use should be limited to receiving calls or reading messages rather than making them.

Legal Liability

The Services accepts no liability for any penalties, cautions or convictions issued to staff while driving a private or company car, alone or with passengers. Any fines incurred by staff as a result of driving offences are the responsibility of the individual and The Services will not reimburse the cost of such fines. Staff are reminded that in certain circumstances their employment may have to be reviewed or terminated if they receive a penalty or lose their driving licence.

Security

Policy Statement

The Services recognises its duty to care for students and its responsibility to provide a safe home environment for all students and staff, guarding against trespassing, security threats and invasions of privacy.

Security and Personal Belongings

Students are reminded and encouraged to take simple security precautions, such as storing personal belongings securely and avoiding leaving valuables unattended. Mobile phones must not be brought onto the farm grounds. Students should either leave phones at home or place them in the designated phone box at reception upon arrival. This rule supports engagement in learning and helps prevent damage to devices.

Vehicle Security

All vehicles parked on site, including company vehicles and employees' own vehicles, must:

- Be locked at all times when unattended, including when accessing the boot.
- Never be left with bags, valuables, or equipment inside.
- Be fitted with a functioning security alarm or immobiliser.
- Have lockable petrol caps and battery compartments.

Staff and visitors are encouraged to park in designated safe areas and ensure their vehicle is locked before leaving it unattended.

Maintenance Checks and Risk Assessments

All staff will conduct thorough risk assessment checks throughout their working areas/the premises at least once per day to identify any security or safety concerns. These checks will include:

- window and door locks,
- access/entry systems,
- security lights,
- exterior fences and grounds security,
- break-in/trespassing risks.

General site maintenance is the responsibility of Maintenance Team Security maintenance is the responsibility of Maintenance Team

Doors and Windows

The main entrance to the property is kept always locked and only accessible using a key or by ringing the entry bell and waiting to be let in. Staff are responsible for ensuring the front door stays fully closed and locked and for letting people in and out of the building. Staff must exercise discretion when letting in visitors, ensuring they are expected and authorised to enter the property. All visitors must be signed in and out on the Visitor Register.

All external door keys / codes will be kept securely and only accessible to authorised staff.

Internal doors in communal areas of the building are kept unlocked as a rule to respect students right of access and minimise obstructions in the event of a fire/emergency evacuation.

Exceptions to this rule include:

Storerooms containing potentially hazardous materials (e.g. cleaning products), on account of Control of Substances Hazardous to Health (COSHH) principles.

Outdoor storehouses and sheds containing potentially hazardous materials (e.g. pesticides, paints, oils) on account of COSHH principles.

Offices containing glues, solvents, and spirit-based products on account of COSHH and potential substance abuse risks.

All windows are fitted with window locks. Staff will check open windows and external back/side doors and ensure they are closed and locked overnight as necessary.

Building Access

All visitors to The Services must follow our Visitors to the site Policy. Staff must keep all entry system/security codes and keys confidentially and never share them with students, family/friends/visitors, members of the public, external (sub)contractors or agency staff without both good reason and prior express permission from the Director. Access codes and keys are shared with staff on a strict “need to know” basis and changed regularly.

Security Breach

In case of a break-in or attempted break-in, all staff must follow the standard security breach protocol which is displayed on signs located around the building. The breach must be reported immediately to The Director/Head of Centre/Line Manager or senior on-duty staff member, who will then:

- Notify the Police and obtain a crime reference number, where appropriate.
- Complete an incident form.

All security breaches or near-misses, no matter how minor, must be recorded on an incident report form and signed by a witness and given to the responsible individual in line with the Accident and Incident Reporting Policy.

Records of such incidents should be kept securely and reviewed on a regular basis with the aim of identifying any patterns, repeat offenders, or weaknesses in The Services' security systems. This information will be used by Director/Head of Centre/Line Manager to help make the setting more secure.

All staff have a collective duty of care to always follow this Policy and ensure they do not create, through misconduct or negligence any opportunities for trespassing or break-ins on The Services premises.

Training

All new staff will receive induction training, including a thorough tour of the property and full information on our security systems and procedures.

Visitors to the site Policy

Policy Statement

The Services recognises the right of each young person to lead a free and fulfilling social life, subject to an individual Risk Assessment. This Policy summarises the arrangements in place at The Services to enable students to receive visitors of their choice at any reasonable hour and the steps taken to ensure their continued safety and welfare.

General Principles

The Services operates a general "open access" philosophy and as a result, there may be many visitors to the setting. The following provisions are based on safeguarding principles, to fulfil our duty of care to students and protect them from abuse, exploitation, or mistreatment.

The Services allows the following visitors to the setting, with the consent of all parties:

- Parents, relatives and loved ones of students
- Social Services/social workers
- Medical/healthcare providers
- Approved subcontractors and external professionals from the Preferred Contractors List
- Officials from utility providers e.g., water, electricity, gas and other authorities
- Inspectors and regulatory officials (e.g., Ofsted)
- Other employees of The Services.

Information on the student's relations and other potential visitors will be gathered as part of the placement process and reviewed as appropriate in their ongoing support plan.

All staff of The Services and regular visitors must pass Disclosure & Barring Service (DBS) checks before they may be in contact with students. For employees, these checks are part of the initial screening and selection process.

Occasional visiting professionals, subcontractors, utility officials etc. who have not undergone DBS checks will be under continuous staff supervision throughout their visit and never left alone with a young person.

Social visits will be welcomed at any reasonable time. Our standard visiting hours are 9am – 4pm. All visitors must report to the reception area as soon as they arrive and upon their departure so they can be signed in and out of the Visitor Register.

The young person has the right to autonomy and to refuse to see any visitor who arrives at The Services. This right will be respected and upheld by The Services staff and The Line Manager will inform the prospective visitor of the young person's wishes where necessary.

Rules for Visitors

The Services operates the following general rules and arrangements for accepting visitors to students in the setting:

- Visitors are instructed to call the service to arrange visits in advance.
- Visitors are not permitted to enter The Services premises until they are invited in. Uninvited visitors will be considered trespassers and liable to prosecution.
- All visitors are asked for identification, and their details are checked for authentication.
- Visits are only allowed during our standard visiting hours. All visitors must make themselves known upon arrival and be signed in and out on the Visitors Register.
- New visitors are made aware of the fire exits and emergency procedures.
- Students are informed of any visits, planned or unplanned, before the visitor is invited into The Services. The young person can decide whether they want to see the visitor and the staff will honour their decision.
- In the case of visits required in an emergency or serious incident, The Head of Centre/Line Manager or on-duty staff must be notified immediately.
- Staff will not give any student's personal details to a visitor without the prior informed consent of the young person and the Line Manager
- Staff must not invite their own family or friends to visit them in the setting.

Visitor Records

For health and safety and safeguarding purposes, all visitors must sign in via the Visitor Register, with exact arrival and departure times recorded.

Each visit must also be documented in the relevant student's file where applicable. Records should include:

- Visitor's name, identity, and relationship to the young person (if relevant)
- Purpose of the visit (e.g., quality assurance, staff meeting, observation, parent/guardian visit, prospective student visit)
- Summary of what took place during the visit
- Student's feelings and wishes, where appropriate
- Observations relating to the student's welfare

These measures ensure transparency, maintain safeguarding standards, and support the wellbeing of young people in the provision.

Safeguarding and Visitors

The safety and wellbeing of students are central to the mission of the provision. Staff will take all reasonable steps to safeguard students from harm associated with receiving visitors. Specific arrangements must be in place for each young person, based on their placement details, support plans, risk assessments, and any other relevant safeguarding documentation. Any known risks, including a history of going missing, must be considered when planning visits.

The provision recognises that some students, including those who are care-experienced or looked-after, may be more vulnerable to mistreatment, exploitation, or abuse. Staff are trained to identify signs of harm and take immediate action to reduce risk.

Potential indicators of concern during a visit include:

- Verbal or non-verbal signs of reluctance, fear, or anxiety before or during a visit, even if the student appears to consent
- Sudden behavioural changes in the presence of a visitor (e.g., becoming withdrawn or unusually quiet)
- Visitors arriving outside agreed times or failing to follow sign-in/out procedures.
- Unexplained injuries or bruises
- Receiving gifts or money from non-family visitors, especially if the exchange seems one-sided.
- Unplanned or unexplained absences

- Attempts to leave the site without permission.

All visitors, including family members, professionals, and others, must be treated with the same level of safeguarding vigilance. Any staff member who witnesses or suspects abuse, or has concerns about a student's welfare, must report this immediately to the Head of Centre (Designated Safeguarding Lead) or Assistant Head of Centre (Deputy DSL).

If the DSL or DDSL determines that a visit or visitor poses a risk to a student or is not in their best interests, the visitor may be refused entry or excluded from the provision. Such decisions must be recorded in the Incident Log and the student's case notes, with clear reasons documented. Where unlawful activity is suspected, the Local Authority Safeguarding Partnership and/or Police will be informed.

For further guidance, refer to the Safeguarding Policy.

Heatwave Policy

Policy Statement

The Services recognises that heatwaves are becoming increasingly common and severe in the UK as a result of climate change and they can present a serious health and safety risk if adequate precautions are not taken. Potential risks include dehydration, sunburn, heat exhaustion, heatstroke, heat rashes, fainting and insomnia as well as general discomfort. The following provisions have been developed to help protect students, staff and visitors at The Services from the adverse effects of heatwaves, fulfil our duty of care and ensure continuity of support all year round.

Background

A heatwave is an extended period of unusually high temperatures, often accompanied by low rainfall. This policy is based on national guidance and adapted for our alternative provision, where students may have sessions outdoors and practical learning on the farm.

The Heat-Health Alert (HHA) system, operated by the UK Health Security Agency (UKHSA) and the Met Office, runs from 1 June to 30 September. Alerts range from Green (preparedness) to Red (emergency response), triggering actions to protect health.

Average heatwave thresholds: 30°C daytime / 15°C overnight (varies by region).

Roles and Responsibilities

- Directors / Head of Centre – overall responsibility for implementing heatwave measures.
- Assistant Head of Centre – supports coordination and communication.
- Health and Safety Lead – monitors alerts, ensures risk assessments and resources are in place.
- Staff – follow procedures, monitor students, and report concerns promptly.

Preparatory Measures

- Review risk assessments for outdoor sessions and farm activities.
- Identify students most at risk (medical conditions, sensory needs) and update support plans.
- Ensure shaded areas, ventilation, fans, cooling aids, and water supplies are available.
- Stock sunscreen, hats, and hydration resources.
- Advise students on how to stay cool and safe during summer.

Procedures During a Heatwave (Amber/Red Alert)

- Monitor Met Office alerts and activate business continuity plans.
- Adapt timetables: avoid outdoor activities and strenuous tasks between 11am–3pm.
- Move sessions indoors or to shaded areas where possible.
- Provide cold drinks, water sprays, and encourage regular hydration.
- Ensure students wear loose, breathable clothing and apply sunscreen.
- Staff to check for signs of heat exhaustion, dehydration, or heatstroke and act immediately.

Emergency Response for Heatstroke:

- Call 999 immediately.
- Move the person to a cool place, increase ventilation, apply cool water to skin, and encourage fluids if safe.
- Do NOT give aspirin or paracetamol.

Staff Wellbeing

Staff must also monitor their own health, stay hydrated, and take breaks in cool areas.

Fire & Evacuation

Key principles

The Services accepts its duty of care to both students and staff in the setting, including a duty to keep everyone safe in a dangerous situation. Depending on the circumstances, this could mean conducting a full evacuation of the premises.

Education Continuity During Evacuation

In the event of a prolonged evacuation, the Head of Centre, Line Managers, and Fire Wardens will coordinate temporary education arrangements.

- Short-term (under 48 hours): Students will be supervised in safe alternative spaces agreed in advance.
- Longer-term (over 48 hours): The Head of Centre will liaise with families and local education partners to develop an action plan for continuity of learning and welfare.
- Accurate records will be maintained, including:
 - Where each student is relocated
 - Confirmation of safeguarding and wellbeing measures

Fire Safety and Emergency Procedures

Fire exits, assembly points, and instructions are clearly displayed across the site. Fire risk assessments are reviewed regularly, and evacuation drills are practised at least once per term.

Fire Wardens: Caroline Sitwell and Latasha Simmonds oversee fire safety and evacuation.

Responsible Roles: Head of Centre, Line Managers, and all staff share responsibility for implementing procedures.

Assembly Points:

- The Barn, car park outside main reception
- Orchard Therapeutic Farm, physical activity area near the pond

In the event of a fire:

- Raise the alarm immediately by shouting “FIRE” and activate the alarm system. Contact emergency services via 999.
- Evacuate via designated exits; if blocked, use alternative routes displayed on emergency boards.
- Staff and students assemble at the nearest fire point.
- Activity leads take student registers; Fire Wardens check staff and visitor registers.
- Remain outside until emergency services confirm it is safe to return.
- Fire extinguishers may only be used by trained staff if safe to do so.
- Special arrangements for students with mobility needs will be included in Personal Emergency Evacuation Plans (PEEPs), reviewed regularly.

All firefighting equipment is maintained and checked routinely. Fire exits must always remain clear.

New and Expectant Mothers

Policy Statement

Risk assessments will be carried out whenever any employee or student notifies The Services that they are pregnant. Appropriate measures will be put in place to control the risks identified

Legislation

Management of Health and Safety at Work Regulations 1999

Specific Risks

- **Chickenpox** can affect pregnancy if a woman has not already had the infection. Expectant mothers should report exposure to their antenatal carer and GP at any stage of exposure. Shingles is caused by the same virus as chickenpox, so anyone who has not had chickenpox is potentially vulnerable if they have close contact with a case of shingles.
- If a pregnant woman comes into contact with **measles or German measles** (rubella), she should inform her antenatal carer and GP immediately to ensure investigation.

- **Slapped cheek disease (parvovirus B19)** can occasionally affect an unborn child. If exposed early in pregnancy (before 20 weeks), the pregnant woman should inform her antenatal carer and GP promptly.

Precautions for Pregnant Women

To avoid possible infection risks, pregnant women should:

- Not help ewes to lamb or assist with a cow calving or a nanny goat kidding.
- Avoid contact with aborted or newborn lambs, calves or kids, or with afterbirth, birthing fluids or materials (e.g., bedding) contaminated by such birth products.
- Avoid handling (including washing) clothing, boots or any materials that may have come into contact with animals that have recently given birth, their young or afterbirths. Potentially contaminated clothing will be safe to handle after being washed on a hot cycle.
- Ensure contacts or partners who have attended lambing ewes or other animals giving birth take appropriate health and hygiene precautions, including wearing PPE and washing thoroughly to remove any potential contamination.

Occupational Stress

Policy Statement

The Services is committed to promoting high levels of health and well-being and recognises the importance of identifying and reducing workplace stressors through risk assessment

Legislation

Health and Safety at Work etc. Act 1974 and Management of Health and Safety at Work Regulations 1999

Procedures

- Systems are in place within The Services for responding to individual concerns and monitoring staff workloads.
- Staff are encouraged to raise any concerns about stress or workload with their Line Manager/Human Resources promptly.
- Risk assessments will be conducted where stress-related risks are identified, and appropriate measures will be implemented to reduce these risks.

Support

- The Services provides access to company support networks and resources to help staff manage stress effectively.
- Confidential advice and guidance are available through internal support channels.

Infection Prevention & Control

Legislation

The Services will comply fully with the following Health and Safety Executive COSHH guidance:

- INDG136 (rev5) Working with Substances Hazardous to Health: A Brief Guide to COSHH
- L5 (sixth edition) The Control of Substances Hazardous to Health Regulations 2002 (as amended). Approved Code of Practice and Guidance
- C.O.S.H.H. EH40/05 Workplace Exposure Limits

Procedure for Securing the Health and Safety of Workers

The Services will, in consultation with workers and their representatives, implement the safe systems of work procedures. It will be devised for all activities that involve potential exposure to a hazardous substance.

The following steps will be taken to minimise risk.

- COSHH risk assessments will be carried out and will be reviewed at least annually or when changes are made.
- Hazard information will be kept up to date, including safety data sheets about identified chemicals and hazards kept in a central location and made available to staff as appropriate.
- Employees will be trained in the nature of the hazards identified and the use of control measures.

- Controls will be maintained and monitored.
- Risk assessment documentation will be comprehensive and understandable and shared with appropriate staff.
- Staff will be encouraged to report potential hazards, defects, faults and problems.
- Systems will be in place for emergencies and for the provision of temporary replacement controls, e.g. personal protective equipment (PPE).
- The Line Manager/Health and Safety lead will be appointed to carry out risk assessments of the exposure to substances hazardous to health and advise on their control.
- All operations which involve, or may involve, exposure to substances hazardous to health will be assessed and appropriate control measures will be taken if elimination or substitution of the substance is not possible.
- Any system of work, supervision system or any other similar measure will be reviewed at suitable intervals and revised if necessary.
- All employees and others who may work in the affected areas will be informed of the purpose and safe operation of working procedures and equipment.
- PPE will only be used as a last resort or as a backup measure to be used in conjunction with other safety arrangements.
- The type and use of PPE will be carefully assessed and maintained according to manufacturers' instructions. If possible, the number of different types will be minimised to prevent mistakes in servicing or replacement.
- Each assessment will be reviewed at least annually.
- Qualified professionals, where indicated to be necessary by the assessment, will carry out health surveillance.
- Employee health records of all exposures to substances hazardous to health will be kept for at least 40 years.
- All employees will be given understandable information and appropriate training on the hazardous substances they work with. Employees will be informed about any monitoring and health surveillance results.
- All changes to control measures and changes of PPE will be properly assessed and no new substances will be introduced into the workplace without prior assessment.

C.O.S.H.H. Assessments

The responsibility for carrying out a planned programme of C.O.S.H.H. Assessments will be that of a "Competent Person" appointed for the purpose as set out in the Management of Health & Safety at Work Regulations 1999. (This can be The Health and Safety Lead/Line Manager or an appointed delegate).

The Competent Person at The Services is the Health and Safety Lead.

A Register is kept of all hazardous substances used at The Services. For each substance, this Register will identify the following:

Description of the substance

Location where the substance is normally used.

Location where the substance is normally stored.

Purpose of the substance.

For each substance on the Register, there will be a copy of the Hazard Data Sheet ("Hazchem" Sheet) kept on file and copies are made available for staff reference at the point of use and in storage facilities.

For each substance on the Register, an assessment is made of the likely hazards presented by the substance to the human body. This assessment will be made by the Competent Person and a "C.O.S.H.H. Substance Assessment Form" used to record all data and information gathered during the assessment. The Assessment will focus on the following elements:

- Persons using the substance, i.e., those at risk.
- Route of exposure to the body by the substance
- Storage requirements, including special requirements.
- Method of use, e.g., duration of use, how often, methodology
- Personal Protective Equipment required when using the substance.
- Maximum Exposure Limits, ref. HSE document # EH40/95, latest edition
- Occupational Exposure Standards, ref. HSE document # EH40/95, latest edition
- Assessment of exposure risk
- Requirements for action, and follow-up to ensure the effectiveness of such action.

Where a significant risk is identified details are recorded on the Form. This Form also provides for recording follow-up checks to verify that preventive/corrective action has been completed and has been effective in reducing the risk to an acceptable level. This follow-up check will be carried out by the Competent Person and a final sign-off of the Form is required from the Services Manager.

Procedures for Dealing with COSHH Concerns or Exposures

When an employee raises a concern or reports an exposure related to the use of substances hazardous to health, The Services will:

- Make any necessary provisions for the health or safety of individuals affected or identified as potentially at risk.
- Carry out a suitable risk assessment or review an existing risk assessment.
- Ensure the hazard associated with the substance has been correctly identified.

- Ensure any information relating to the use of the substance is correct and up to date.
- Ensure controls in place are suitable and adequate.
- Correct any observed deficiencies in the control of the hazards.
- Inform the employee, and their representative if appropriate, of the results of the investigation and actions taken.
- Initiate and maintain any necessary health surveillance.

If an identified exposure has taken place, those affected and their managers and representatives will be informed immediately. Possible health effects will, in addition, be communicated to The Services' occupational health physician and the employee's general practitioner, with the employee's permission.

Information and Training

All employees will be provided with understandable information and instruction on the nature and likelihood of their exposure to substances hazardous to health.

The Services will give sufficient information and training to ensure a full understanding of the hazards to health posed by substances in the workplace and the importance of the control measures provided. Information will also be given to others who may be affected, such as:

- Contractors,
- temporary staff,
- visitors.

Managers and supervisors of areas which use substances hazardous to health will be given additional training to ensure the proper management of the risks.

Training will commence on the first day of employment so that employees are familiar with the basic concepts of COSHH and with safe working procedures once they are at their place of work. This training will be in line with Standard 13: Health and Safety of the Care Certificate. Thereafter, employees will be expected to attend regular updates and will be provided with adequate health and safety training on their being exposed to new or increased risks because of a change of job, work equipment, system of work, etc.

All new staff must attend induction training.

Handwashing Policy

Policy Statement

The Services believes that adherence to stringent infection control procedures is of paramount importance in protecting the health, safety and wellbeing of students, staff and visitors in our service. The Services will take all practical steps to prevent the spread of disease among staff, students and the local community.

Key Principles

The Services understands that the majority of disease transmission in an education environment occurs as a result of inadequate hand hygiene, which provides a transfer route for microorganisms via touched surfaces and physical contact. Thus, regular handwashing, when done correctly, is the single most effective way to prevent the spread of communicable diseases.

Through our infection control Policies, we aim to ensure that:

- Students, their families and staff are as safe as possible from infections from any source.
- All staff are aware of and put into practice the basic principles of infection control.

On an individual level, taking simple steps to maintain personal hygiene is vital to defend against infection. Current evidence suggests that washing your hands regularly and thoroughly is the most powerful way of preventing the spread of infection.

This Policy defines The Services' procedure for effective handwashing and hand hygiene which staff are required to follow to minimise the spread of infectious disease when undertaking their duties.

Hand Hygiene Policy

To uphold high standards of personal hygiene and comply with the duty to protect students, colleagues, and animals from avoidable harm, all staff must ensure that their hands are thoroughly washed and dried:

- Upon arrival and before leaving the setting each day
- In between direct contact with different students, regardless of how minor the contact
- Before handling any food, drink, or kitchenware
- After using the bathroom

- Before putting on personal protective equipment (PPE) and after removing it
- After handling any waste, soiled items, or body fluids
- Before and after performing any medical care
- Before and after any animal care activities, including handling, grooming, feeding, cleaning enclosures, or administering treatment.
- Before and after practical sessions, such as:
 - Art and craft activities
 - Woodwork and trades
 - Cooking and food preparation
 - Gardening or outdoor projects

Service Provisions

The Services will ensure:

- Adequate number of demarcated handwashing sinks located in appropriate areas of the property.
- All sinks maintained in good repair according to a planned preventive maintenance and facilities improvement programme.
- Regular and thorough cleaning of sinks, including restocking of liquid soaps/handwashes and disposable paper towels.
- Clear signage at all handwashing stations, displaying instructions on the correct handwashing procedure.

Handwashing Procedure

Hands should be washed thoroughly using soap (ideally antibacterial) and warm water, for at least 40 seconds and dried hygienically. Liquid handwashes and disposable paper towels should be used rather than bar soaps and fabric towels or electric hand dryers.

Any cuts or wounds on the hands must be cleaned and covered with waterproof dressings before the hands are washed and kept dry and always covered. All wrist and hand jewellery including watches and rings should be removed during handwashing.

When washing your hands, you should follow the WHO's 12-step "How to Handwash" guidance:

Step 1: Wet hands with warm water that is comfortable to touch, but not too hot.

Step 2: Apply enough soap to cover all surfaces of the hand.

Step 3: Rub hands palm-to-palm, remembering to wash between the fingers of both hands.

Step 4: Rub the right palm over the left dorsum (back of the hand) with interlaced fingers, and vice-versa.

Step 5: Rub hands palm-to-palm, with fingers interlaced.

Step 6: Rub the backs of fingers to opposing palms, with fingers interlocked.

Step 7: Rotational rubbing of left thumb clasped in the right palm, and vice-versa.

Step 8: Rotational rubbing, backwards and forwards, with clasped fingers of the right hand in left palm, and vice-versa.

Step 9: Rinse hands thoroughly with water.

Step 10: Dry hands thoroughly with a single-use paper towel.

Step 11: Turn off the tap using your elbow (or a paper towel if the tap is not elbow-operated).

Step 12: Hands are clean.

The WHO recommends that the above procedure should take 40–60 seconds from start to finish.

Hand Sanitiser Use

- Ordinary soap and water are effective for routine cleaning and reducing microorganisms.
- Alcohol-based hand sanitisers (60–80%) are provided in key areas (staff/student toilets, bushcraft rooms, cooking areas, and animal care zones).
- Use sanitiser only when hands are not visibly soiled; if dirty, wash or wipe first.
- Apply to dry skin and allow to absorb fully before touching surfaces.

Supplies

- Liquid soap is preferred over bar soap for hygiene.
- Choose mild, emollient-containing soaps; avoid allergens, sulphates, and strong fragrances.
- Disposable paper towels are mandatory; linen towels are prohibited.
- All staff are responsible for reporting any stock that needs replenishing (soap, sanitiser, paper towels) to ensure continuous availability.

Facilities

- Handwashing sinks are located in:
 - Staff and student toilets
 - Teaching rooms including Bushcraft and animal care rooms cooking areas etc.
- All sinks are maintained under a preventive maintenance programme and cleaned regularly.

Training

- All new staff must read Infection Control and Hand Hygiene Policies during induction.
- Annual refresher training is mandatory for all staff.
- Training includes:
 - Correct handwashing technique,
 - Supervising student hygiene,
 - Farm-specific hygiene risks (animal contact, outdoor work).
- Human Resources coordinates any training needs and records this together with line managers for their areas.

Risk Assessments

- Individual risk assessments must be completed for each session, considering:
 - Hygiene requirements
 - PPE needs
 - Student-specific risks
 - Environmental factors (e.g., animal contact, outdoor conditions)

Infection Control Policy

Policy Statement

"Infection control" refers to a wide range of principles, procedures and techniques intended to prevent the transmission and spread of infectious diseases among staff, students, visitors and the wider community. The Services recognises that all staff are at risk of infection, especially if their role brings them into close contact with a wide range of people, including students, families and friends, or if they are responsible for providing personal care that may involve bodily fluids or skin-to-skin contact.

Legislations

The Services must adhere to infection control and response procedures as defined by a range of UK legislation, including:

- The Health and Safety at Work, etc Act 1974 and the Public Health Infectious Diseases Regulations 1988, which place a duty on employers to prevent the spread of infection.
- The Reporting of Incidents, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). which places a duty on establishments to report outbreaks of certain notifiable diseases, as well as accidents such as needle-stick injuries.
- The Control of Substances Hazardous to Health Regulations 2002 (COSHH), which places a duty on establishments to ensure that potentially infectious materials are identified as hazards and dealt with accordingly.
- The Health and Safety (Sharps Instruments in Healthcare) Regulations 2013, which places a duty on healthcare providers to handle and dispose of sharp objects such as needles in line with specific health and safety instructions.

Responsibilities/Roles:

The Head of Centre, Health and Safety Lead, and Line Managers are the designated Infection Control Leads for the provision. Their responsibilities include:

- Managing and implementing infection control systems across the setting.
- Overseeing local infection prevention and control policies and ensuring their implementation.
- Assessing the impact of all existing and new policies on infection control and recommending changes where necessary.

- Producing an annual statement on the setting's compliance with good practice guidance for infection control.
- Conducting and/or overseeing infection control risk assessments at regular intervals.
- Ensuring all staff undertake appropriate infection control training relevant to their roles.
- Providing access to sufficient facilities, equipment, and materials to enable staff to follow infection control procedures effectively.

Staff Responsibilities:

All staff must make infection control a key priority in their work and act in ways that align with safe, modern, and effective infection control practices. This includes:

- Maintaining cleanliness and tidiness throughout the site.
- Identifying and reporting areas that fall below acceptable hygiene standards.
- Informing their line manager immediately if they lack access to adequate infection control facilities or supplies before performing any duty that carries an infection risk.

Handwashing Policy

Hand hygiene is the most effective way to prevent the spread of communicable diseases. All staff must wash and dry their hands thoroughly:

- Upon arrival and before leaving the setting each day.
- Between direct contact with different students.
- Before handling food or drink.
- After using the bathroom.
- After coughing, sneezing, or blowing their nose.
- Before putting on PPE and after removing it.
- After handling waste, soiled items, or body fluids.
- Before and after any personal or medical care activity.

Method:

- Wash hands with antibacterial soap and water for at least 40 seconds.
- Dry hands using disposable paper towels (not fabric towels or electric dryers).

- Cover any cuts or wounds with waterproof dressings before washing hands.

COVID-19 and Flu Guidance

The provision will comply fully with official public health guidance during COVID-19 and seasonal flu outbreaks. All staff must:

- Stay updated on national infection control restrictions.
- Follow all infection control policies, especially those related to hand hygiene, sanitisation, and environmental cleaning.
- Encourage students to adopt good hygiene practices, including:
 - Covering mouth and nose when coughing or sneezing.
 - Disposing of tissues immediately.
 - Washing hands regularly or using hand sanitiser (minimum 60% alcohol).
 - Avoiding close contact with unwell individuals.
 - Avoiding touching the face with unwashed hands.
 - Wearing PPE as required.
 - Cleaning frequently touched surfaces regularly.

Vaccination:

Staff are strongly encouraged to receive all relevant COVID-19 vaccinations and boosters and to get their annual flu jab.

Cleaning of Spillages

Spillages of non-bodily substances such as food/drinks, water, toiletries and cleaning products should be dealt with promptly by a relevant member of staff to remove any contamination or slip hazards. This will usually involve sweeping, mopping and/or wiping down the surfaces, and putting any soft furnishings/materials in the wash. Spillages of potentially hazardous substances such as strong chemicals should be handled with care in line with the COSHH Policy.

Spillages of body fluids such as blood, vomit or excreta are unlikely to be a regular occurrence at The Services; however, any such spillage can pose a significant health hazard and must be dealt with immediately using the proper precautions. Staff must treat any spillage of body fluids as potentially infectious. They should wear protective gloves and aprons and use disposable wipes wherever possible. Eye protection should also be used if there is a risk of

splashing. Mops and buckets should never be used for cleaning up body fluid spills to avoid residual contamination.

The Services' procedures for the safe and hygienic handling of body waste spillages are detailed further in the Handling Spillage of Body Waste Policy.

When using chlorine-releasing substances or other potentially hazardous cleaning agents, staff should always adhere to the manufacturer's guidelines. All such procedures should be subject to an appropriate COSHH risk assessment.

Food Safety

All staff must adhere to the Food Safety and Hygiene Policy and ensure that all food prepared for students is prepared, cooked, stored and presented in line with the high standards required by the Food Safety Act 1990 and the Food Safety and Hygiene (England) Regulations 2013.

Any storage or handling of food in the setting presents a potential risk of food poisoning, so the highest standards of hygiene must be observed by all staff at all times.

Any member of staff who becomes ill while handling food must report at once to their Line Manager/Health and Safety Lead to be passed on to the Head of Centre.

Staff whose duties involve handling food who fall ill should consult their GP and should not return to work within 48 hours of any symptoms.

Food brought into the site by staff must be stored correctly and used or disposed of before its expiry date. Staff must follow all food storage recommendations based on manufacturer instructions and health and safety guidelines and observe use-by dates carefully.

Kitchen areas and appliances will be kept clean and well-maintained. The Services' full procedures for the safe handling of food and cleaning of food-handling areas are detailed in the Food Safety and Hygiene Policy and Cleaning of the Kitchen & Food Handling Areas Policy.

Electronic Devices

With the increasing use of electronic devices such as computers, tablets and smartphones as care practice tools, research shows that there is a low but significant risk of disease transmission from the deposition and growth of pathogens on frequently touched areas such as touch screens, buttons/keyboards, mouses and trackpads. There will be clearly greater risks of transmission from the use of electronic devices in environments where the risks of contamination are also higher, such as with the incidence of communicable disease. Risk assessment and management procedures should be put in place to help protect staff from infection.

The Services adopts a common-sense approach to the prevention and control of possible cross-infection from the use of electronic devices in the course of daily work, which is consistent with other infection control measures:

Ensure effective handwashing procedures are followed, to reduce the risk of contamination of electronic devices.

Ensure regular (e.g. daily) cleaning of devices, or cleaning after each use in high-risk situations, usually by wiping with a suitable cloth, or an alcohol-based cleaning wipe. Care should be taken when cleaning these devices to the potential vulnerability of the product to be damaged by certain products. Devices should be cleaned in line with manufacturer instructions.

Where necessary, i.e. in high-risk situations, staff who use devices are encouraged to set regular reminders to carry out the proper cleaning protocols.

All staff are expected to keep their devices and equipment used in service delivery as clean and free from contamination as possible in line with this Policy.

In rare high-risk situations, The Services might temporarily halt the use of electronic devices for work to eliminate any associated infection risk.

Infection Response Procedures

Procedures for an Outbreak of Infectious Disease

An outbreak of infectious disease is defined as more cases than would normally be expected of the same infection within the setting. This will essentially be if more than 2 cases that are suspected or known to be infectious occur within a few days. If an outbreak is suspected, The Health and Safety Lead/ Head of centre/Line Manager and/or relevant medical practitioner must contact the Local Authority Health Protection Team (HPT)/Consultant in Communicable Disease Control (CCDC) who will verify whether or not the outbreak is of valid concern and, if so, work with The Services to develop an appropriate action plan.

The local HPT/CCDC can be found at gov.uk/health-protection-team.

If the outbreak is verified, various actions may be taken as directed by the CCDC, for example:

Infected students may be asked to isolate to reduce the risk of transmission until no longer contagious. Any new admissions or transfers will be placed "on hold" for an agreed period to help in containing the infection.

Records of all infections will be kept in the affected students' clinical notes. Brief summaries will also be recorded in the Incident Log. Records will be made of all samples sent for laboratory analysis and any screening/test results.

The Line Manager will monitor the health of all students within the setting and respond promptly to any signs of infection. This will be coordinated with the CCDC.

In the case of food-borne infections/food poisoning, the local Environmental Health Officer (EHO) will be informed immediately, who will visit The Services to:

Inspect hygiene standards and cleaning procedures within the kitchen/food-handling areas.

Interview relevant staff regarding their health, if necessary, referring to the appropriate Staff Questionnaires and compliance with the Food Safety and Hygiene Policy.

Examine menus and records of food taken/eaten by students.

Retrieve for analysis any retained samples of the affected food, where applicable.

Notifications of Infectious Diseases

"Notifiable diseases" are infectious diseases which are legally required to be reported to the authorities, under the following legislation: RIDDOR requires an organisation to report any outbreak of a notifiable disease to the Health & Safety Executive (HSE).

The Health Protection (Notification) Regulations 2010 state that if a GP suspects a patient to be suffering from a notifiable disease, the Local HPT/CCDC must be notified immediately.

Full list of notifiable diseases:

- Acute encephalitis
- Acute infectious hepatitis
- Acute meningitis
- Acute poliomyelitis
- Anthrax
- Botulism
- Brucellosis
- Cholera
- COVID-19 (SARS-CoV-2 coronavirus) *
- Diphtheria
- Enteric (typhoid/paratyphoid) fever
- Food poisoning
- Haemolytic uraemic syndrome (HUS)
- Infectious blood diarrhoea (dysentery)
- Invasive Group A streptococcal disease (iGAS)

Legionnaires' disease
Leprosy
Malaria
Measles
Meningococcal septicaemia
Monkeypox
Mumps
Plague
Rabies
Rubella
Severe Acute Respiratory Syndrome (SARS)
Scarlet fever
Smallpox
Tetanus
Tuberculosis (TB)
Typhus
Viral haemorrhagic fever (VHF)
Whooping cough
Yellow fever
Other significant diseases that may present significant risk to human health.

*The HSE has clarified its position regarding RIDDOR reports associated with the COVID-19 pandemic. HSE states that the reporting requirements relating to cases of illness or deaths from COVID-19 under RIDDOR apply only to occupational exposure, that is, because of a person's work. There is no requirement under RIDDOR to report incidents of disease or deaths of students or members of the public from COVID-19.

Records of a notifiable disease outbreak must be kept, specifying dates and times in line with the Records Policy, and a completed disease report form must be sent to the HSE. In the event of a suspected disease outbreak, the HPT should also be contacted immediately. Blank disease report forms are kept in the office (hard copy) and electronic copy on ClearCare. The Health and Safety Lead/Head of centre/Line Manager is responsible for ensuring notifiable incidents are reported to the HSE and Local Authorities.

RIDDOR reports to the HSE should be made by the Director, via an online report form, available at.

Notifiable disease reports to local HPT will normally be made by a registered medical practitioner such as a GP; therefore, any suspected notifiable disease at The Services must be referred to a medical professional. A notification should be made as soon as possible upon clinical diagnosis, regardless of whether it has been confirmed by a lab test. Public Health England publishes annual surveillance data to help epidemiologists and healthcare professionals identify clusters and prevent outbreaks.

Appendices: Exclusion Periods for Infectious Diseases

Additional guidelines for illness and time off

Recommended absence period for preventing the spread of infection. The following list of recommended absence periods for preventing the spread of infection is taken from non-statutory guidance for provisions and other childcare settings from Public Health England (PHE).

- Rashes and skin infections

Recommended period to be kept away from the provision.

- Athlete's foot.

Athlete's foot is not a serious condition. Treatment is recommended.

- Chickenpox

Until all vesicles have crusted over. Some medical conditions make children vulnerable to infections that would rarely be serious in most children, these include those being treated for leukemia or other cancers. These children are particularly vulnerable to chickenpox. Chickenpox can also affect the pregnancy if a woman has not already had the infection.

- Cold sores (herpes simplex).

Avoid kissing and contact with the sores. Cold sores are mild and self-limiting.

- German measles (rubella)

* Four days from onset of rash. Preventable by immunisation (MMR x2 doses). If a pregnant woman comes into contact with German measles, she should inform her GP and antenatal carer immediately to ensure investigation.

- Hand, foot and mouth

Impetigo, until lesions are crusted and healed, or 48 hours after starting antibiotic treatment. Antibiotic treatment speeds healing and reduce the infectious period.

Impetigo do not attend until 48hours after stating a prescribed medicine from the doctors. Or the patches have dried out and crusted over.

- Measles

* Four days from onset of rash Preventable by immunisation (MMR x2 doses). Some medical conditions make children vulnerable to infections that would rarely be serious in most children, these include those being treated for leukaemia or other cancers. These children are particularly vulnerable to measles. Measles during pregnancy can result in early delivery or even loss of the baby. If a pregnant woman is exposed, she should immediately inform whoever is giving antenatal care to ensure investigation.

- Molluscum contagiosum

A self-limiting condition.

- Ringworm

Exclusion is not usually required. Over-the-counter treatment is required.

- Scabies

A child can return after the first treatment. Close contacts require treatment.

- Scarlet fever

* Child can return 24 hours after starting appropriate antibiotic treatment. Antibiotic treatment is recommended for the affected child.

- Slapped cheek syndrome/fifth disease (parvovirus B19) (once the rash has developed.)

Some medical conditions make children vulnerable to infections that would rarely be serious in most children, these include those being treated for leukaemia or other cancers. These children are particularly vulnerable to parvovirus B19. Slapped cheek disease (parvovirus B19) can occasionally affect an unborn child. If exposed early in pregnancy (before 20 weeks), inform whoever is giving antenatal care as this must be investigated promptly.

- Shingles

Exclude only if the rash is weeping and cannot be covered. Can cause chickenpox in those who are not immune, i.e., have not had chickenpox. It is spread by very close contact and touch. If further information is required, contact your local PHE centre. Some medical conditions make children vulnerable to infections that would rarely be serious in most children, these include those being treated for leukaemia or other cancers. These children are particularly vulnerable to shingles. Shingles can also affect the pregnancy if a woman has not already had chickenpox. Warts and verrucae.

Verrucae should be covered in swimming pools, gymnasiums and changing rooms.

- Diarrhoea and vomiting illness

Recommended period to be kept away from provision or nursery. Diarrhoea and/or vomiting 48 hours from the last episode of diarrhoea or vomiting.

- E. coli O157 VTEC Typhoid* [and paratyphoid*] (enteric fever) Shigella (dysentery).

Should be excluded for 48 hours from the last episode of diarrhoea. Further exclusion may be required for some children until they are no longer excreting. Further exclusion is required for children aged 5 years or younger and those who have difficulty in adhering to hygiene practices. Children in these categories should be excluded until there is evidence of microbiological clearance. This guidance may also apply to some contacts who may also require microbiological clearance. Please consult your local PHE centre for further advice.

- Cryptosporidiosis

Exclude for 48 hours from the last episode of diarrhoea. Exclusion from swimming is advisable for two weeks after the diarrhoea has settled.

- Respiratory infections

Recommended period to be kept away from the provision.

- Flu (influenza)

Until recovered. Some medical conditions make children vulnerable to infections that would rarely be serious in most children, these include those being treated for leukaemia or other cancers. It may be advisable for these children to have additional immunisations, for example, pneumococcal and influenza.

- Tuberculosis

* Always consult your local PHE centre Some medical conditions make children vulnerable to infections that would rarely be serious in most children, these include those being treated for leukaemia or other cancers. It may be advisable for these children to have additional immunisations, for example, pneumococcal and influenza.

- Whooping cough

* Five days from starting antibiotic treatment, or 21 days from onset of illness if no antibiotic treatment is Preventable by vaccination. After treatment, non-infectious coughing may continue for many weeks. Your local PHE centre will organise any contact tracing necessary.

- Other infections

Recommended period to be kept away from provision.

- Conjunctivitis

None If an outbreak/cluster occurs, consult your local PHE centre.

- Diphtheria

* Exclusion is essential. Always consult with your local HPT Family contacts must be excluded until cleared to return by your local PHE centre. Preventable by vaccination. Your local PHE centre will organise any contact tracing necessary.

- Glandular fever

Seek doctor's advice.

- Head lice

None. Treatment is recommended only in cases where live lice have been seen.

- Hepatitis A

* -Exclude until seven days after onset of jaundice (or seven days after symptom onset if no jaundice) In an outbreak of Hepatitis A, your local PHE centre will advise on control measures.

- Hepatitis B*, C*, HIV/AIDS

None. Hepatitis B and C and HIV are bloodborne viruses that are not infectious through casual contact. All spillages of blood should be cleaned up immediately (always wear PPE). When spillages occur, clean using a product that combines both a detergent and a disinfectant. Use as per manufacturer's instructions and ensure it is effective against bacteria and viruses and suitable for use on the affected surface. Never use mops for cleaning up blood and body fluid spillages – use disposable paper towels and discard clinical waste as described below. A spillage kit should be available for blood spills.

- Meningococcal meningitis*/ septicemia

* Until recovered Meningitis C is preventable by vaccination. There is no reason to exclude siblings or other close contacts of a case. In case of an outbreak, it may be necessary to provide antibiotics with or without meningococcal vaccination to close provision contacts. Your local PHE centre will advise on any action is needed.

- Meningitis

* due to other bacteria - Until recovered Hib and pneumococcal meningitis are preventable by vaccination. There is no reason to exclude siblings or other close contacts of a case. Your local PHE centre will give advice on any action needed.

- Meningitis viral*

None Milder illness. There is no reason to exclude siblings and other close contacts of a case. Contact tracing is not required. MRSA. Good hygiene, in particular handwashing and environmental cleaning, are important to minimise any danger of spread. If further information is required, contact your local PHE centre.

- Mumps

* Exclude child for five days after onset of swelling Preventable by vaccination

- Threadworms

Over-the-counter treatment is recommended for the child and household contacts.

- Tonsillitis

None. There are many causes, but most cases are due to viruses and do not need an antibiotic.

* Denotes a notifiable disease. It is a statutory requirement that doctors report a notifiable disease to the proper officer of the local authority (usually a consultant in communicable disease control). In addition, organisations may be required via locally agreed arrangements to inform their local PHE centre. Regulating bodies (for example, Ofsted/Commission for Social Care Inspection (CSCI)) may wish to be informed.

Responding to Illness in the Services

Infectious disease can take many different forms. Specific provisions for types of illness are outlined below.

Diarrhoea/vomiting: Diarrhoea and vomiting do not always present an infection risk, but for safety reasons they must be presumed to be infectious unless confirmed otherwise. The affected student's parents'/guardian/ carer should be contacted immediately.

A young person who is having diarrhoea and/or vomiting should be kept in a single room for the duration of the evacuation to reduce the risk of any airborne disease transmission.

Where possible, the affected young person should have sole use of a dedicated toilet/bathroom for as long as symptoms persist.

A full review should be undertaken with the CCDC to develop a contingency action plan. This plan will consider elements of overall health, personal hygiene, the vulnerability of other students and the facilities available.

Respiratory tract infections (RTIs): Respiratory infections may be viral (e.g. cold, flu, COVID-19) or bacterial (e.g. pneumonia). Symptoms include coughing, sneezing, a stuffy or runny nose, and shortness of breath. The affected person's GP should be informed and sputum (phlegm) samples or throat swabs may need to be sent for analysis.

Parents/guardians/carers should be informed that the young person is unwell and advised to keep them home until they are better to avoid cross contamination.

Skin infections: Skin infections can be caused by a wide range of pathogens and parasites. Common skin infections include warts, impetigo, chickenpox, herpes

and athlete's foot. Advice should be sought from the individual's GP via parent/guardian/carer.

Due to the potential visibility of such an infection, affected persons must be handled sensitively and with due regard to their dignity.

Blood-borne infections: Blood-borne infections such as HIV, hepatitis B and hepatitis C are potentially serious and should be addressed as soon as possible if identified or suspected. The student's parents/guardians/carer must be informed and informed to seek a GP appointment. If there are acute symptoms, they should be seen urgently or taken to A&E. A blood test may be required.

See the AIDS & HIV+ Policy for procedures on handling students who are HIV positive or have been diagnosed with AIDS.

Risk Assessment

The Services views risk assessment as a key element in infection control. All risk assessments are prepared by the relevant Line Manager/Health and Safety Lead and shared with staff in order that they may understand their personal duties and obligations.

The Services' quality assurance framework includes:

- evidence of appropriate action to deal with occurrences of infection
- an audit programme to ensure that appropriate policies have been developed and implemented.
- evidence that the annual statement from the Infection Control Lead has been reviewed and where indicated acted upon.

Providing Information to students and Families

The Services provides general information appropriate to students, families, visitors etc. on common infections and standard procedures and precautions which are designed to minimise the possibility of an infection occurring or spreading.

Training

All staff are trained in basic infection prevention and control measures from the point of induction and at regular intervals, in line with all relevant Policies and procedures.

Staff with specific infection control responsibilities are provided with the relevant training for their role, duties and levels of responsibility.

All new employees will be expected to complete induction training which complies with government guidance for social care workers for children and students.

The Services believes that operating effective infection prevention and control systems and procedures is vital in ensuring the health, wellbeing and safety of students, staff and visitors, and guarding against the spread of infectious disease agents such as methicillin-resistant *Staphylococcus aureus* (MRSA).

This MRSA Policy summarises the arrangements in place at The Services to prevent the spread and growth of bacteria, deal with any potential contamination or infection with MRSA, care for any young person who may be infected.

The health and welfare of students, families and staff is paramount to our services, and The Services takes all reasonable precautions to keep them as safe as possible from MRSA. All staff are trained to be aware of the risks, signs and sources of MRSA bacteria/infections and the preventative measures to be taken. Students who have been diagnosed with MRSA infections will receive the highest quality of care which is non-discriminatory and meets their needs.

What is MRSA?

MRSA, which stands for methicillin-resistant *Staphylococcus aureus*, refers to a specific strain of the bacterial species *Staphylococcus aureus* (SA) that is resistant to antibiotics such as methicillin.

The SA bacteria usually lives harmlessly on our skin. About one in three of us carries SA on the surface of our skin, or in our nose, without developing an infection. This is known as being "colonised" by the bacteria. However, if SA bacteria get into the body through a break in the skin, they can cause serious disease, boils, abscesses or impetigo and can prevent wounds from healing properly, or lead to pneumonia. If SA gets into the bloodstream, it can cause life-threatening conditions such as septicaemia. Most SA infections can be treated with antibiotics such as methicillin (a type of penicillin). However, SA is continually evolving and becoming increasingly resistant to most commonly used antibiotics.

MRSA bacteria are those types of SA bacteria that are resistant to methicillin (and commonly other antibiotics that are normally used to treat SA infections). MRSA is no more infectious than other types of SA bacteria; however, MRSA infections are much more difficult to treat due to their antibiotic resistance. MRSA infections are especially dangerous in elderly or vulnerable people who are immunocompromised and can be fatal in severe cases. In some cases, antibiotics may be effective against MRSA if they are used in much higher doses and over longer periods, or if antibiotics are used to which the bacteria are not resistant. can still be used to treat MRSA, the infection may simply require a much higher dose over a much longer period, or the use of an antibiotic to which the bacteria is not resistant.

MRSA can be transmitted via skin-to-skin contact from people who do not wash their hands properly between contact. It can also spread via indirect contact by lingering on bedding, clothes, furniture and other frequently touched materials.

Eradicating the bacteria or preventing their growth can require extremely vigorous cleaning and infection control techniques and frequent, thorough handwashing.

Preventative Measures

MRSA does not normally pose a serious hazard to healthy people, and according to Department of Health guidelines, the proper implementation of standard infection control techniques such as adequate handwashing is usually sufficient to control the spread of the bacteria.

Washing your hands properly is the single most effective way to prevent the spread of infection, whether you are a known carrier of MRSA or not.

Therefore, to help prevent MRSA infection, The Services observes the following precautions:

All staff must comply with The Services' Infection Control Policy and procedures and adhere to best practices in infection control at all times.

All staff must follow The Services' Handwashing Policy at all times, ensuring that their hands are washed with antibacterial soap and thoroughly dried at the following times:

Upon their arrival and before leaving the setting

Before and after any direct contact with students or entering their bedrooms

Before preparing or handling food/drinks or kitchenware

After handling any waste, soiled items or body fluids

Before and after performing any cleaning or maintenance duties

After using the bathroom.

Where they do not have access to soap and water, staff must use the hygienic hand sanitiser provided.

Support staff should encourage students and visitors to wash/sanitise their hands regularly in line with the above guidance.

All staff must adhere to The Services' Personal Protective Clothing and Equipment Policy, and gloves and aprons should always be worn when dealing with bodily fluids or assisting with personal care.

Gloves and aprons must be changed and disposed of after each task or contact and always in between contacts with different students.

Open cuts, sores and wounds must be covered with suitable dressings in line with the First Aid Policy.

Any blood and bodily fluid spills should be dealt with immediately according to The Services' Infection Control Policy.

Staff should ensure that any visiting healthcare professionals dispose of clinical waste according to The Services' Infection Control and Waste Disposal Policies using the secure clinical waste bags provided.

MRSA risks should be included in COSHH assessments and any appropriate control measures taken to reduce identified risks.

Students and staff should not need routine screening for MRSA unless there is a medical reason/probable cause (for example, a wound getting worse or new sores appearing). MRSA screening would only be requested by a GP or by a local Consultant in Communicable Disease Control (CCDC).

Response Measures

If a young person shows signs of MRSA infection, e.g., if a wound gets worse, does not heal or does not respond to treatment, staff must inform The Line Manager. The student's parents/guardians/carers must be informed immediately. Their GP may then arrange for a screening examination. MRSA infection can only be diagnosed through a laboratory analysis of screening test swabs. The GP will be notified of the test results and pass these on to the young person and/or their key worker.

If a young person is found to be colonised with MRSA (but not infected):

- they are still allowed to go out, visit family and friends, and receive visitors at the setting, and should not be discouraged from normal social contact.
- they should not be physically isolated (according to government guidelines, isolation is unnecessary for colonised individuals and may affect their quality of life)

If a young person is found to be infected with MRSA:

The Line Manager and senior staff will liaise with all relevant members of the healthcare team to revise the student's support plan where necessary and to ensure that everybody involved in supporting the young person is informed.

In rare cases, the young person may be admitted to hospital where there is a need for specialist or round-the-clock care.

Upon the arrival of a young person to the setting or transfer of a young person to hospital (for any reason):

The Line Manager should always ask in the initial pre-placement meeting whether the young person is known to be colonised or infected with MRSA, and this information should be kept in the student's file/case notes. However, colonisation with MRSA is not sufficient reason for refusing a student's placement, preventing discharge from hospital, or for any other form of discrimination.

The Services staff should always inform a hospital if a young person that they support who is admitted to hospital for any reason is known to be infected with or colonised with MRSA.

Students with MRSA will not normally require special treatment after discharge from hospital, but if a specialised course of treatment needs to be completed, the hospital should be asked to provide all the necessary details and agree in advance in the discharge plan that the agency is agreeable

The Services staff should seek and follow expert infection control advice from the local public health protection team in any case where support is required and for any young person with MRSA who has a post-operative wound or a drip or catheter.

MRSA is not a notifiable infection under the Reporting of Injuries, Diseases, and Dangerous Occurrences Regulations 2013 (RIDDOR), so it does not need to be reported to the Health and Safety Executive.

Training

All new staff are encouraged to read The Services' MRSA and Infection Control Policies as part of their induction process. Staff will receive training in infection control principles and procedures on a regular basis and as applicable to their duties. The Line Manager is responsible for organising and coordinating this training.

Work Restrictions for Staff with Infectious Conditions Policy

Policy Statement

The Services understands its responsibilities with respect to keeping students safe from infectious disease in line with our duty of care and statutory obligations. This Policy defines The Services' approach to monitoring the health of staff and measures to be taken when a staff member is infected or comes into close contact with contagious/notifiable disease; specifically, the need to limit staff activities and contact with students, up to the point of a temporary leave period until the infectious period has passed.

Provisions

These provisions will apply to any member of staff who:

- is known or suspected to be infected with a contagious or notifiable disease; and/or
- has been in close contact with infectious diseases outside of work (e.g. at home).

All staff will receive the appropriate training in infection control, prevention, and response procedures, placing emphasis on the need to prevent the spread of infections to students and other staff at The Services.

All staff have a duty to report any infection or exposure as described above to the Director.

Staff whose duties involve direct contact with students and/or food preparation, and who are returning to work after prolonged sick leave or after travelling abroad (particularly in "high-risk" locations), must complete a "Return-to-Work Questionnaire" before resuming those duties.

Each reported case will be reviewed individually. The action taken in each case will be determined based on the following considerations:

- Nature of the disease/infection
- Likely routes of transmission
- Persons within The Services are most likely to be infected.
- The staff member's job duties e.g. those with direct responsibility for support provision and food handling especially high risk.
- The individual(s) involved; specifically:

Susceptibility/vulnerability to infection (check previous medical history/pre-employment)

- Questionnaires (where relevant)
- Degree of training, as reflected in Training Records.
- Anticipated compliance with work restrictions.

Depending on the outcome of the review, the affected staff member may be:

- Limited or reassigned to duties which pose a lesser risk of transmission or contamination until no longer infectious (i.e. duties involving minimal contact with students or food).
- Suspended from working at The Services altogether until no longer infectious. The suspension period may be taken as paid leave, at the discretion of the Director.
- Written confirmation that the staff member is no longer contagious must be obtained from the individual's GP or healthcare professional before they can resume their normal duties.

Storage of Cleaning /Gardening Materials Policy

Key Principles

For the purpose of routine maintenance activities, The Services keeps certain substances and chemicals on the premises that qualify as hazardous to health under COSHH legislation. The Services understands that direct or prolonged exposure to these materials can have adverse effects including acute and chronic illness and death, as well as presenting a fire hazard. The Services has a responsibility to protect students, staff and visitors from avoidable harm in this regard as part of its duty of care.

This Policy will summarise the arrangements and measures taken by The Services for the safe storage of cleaning and gardening materials used at The Services to assure conformance to the COSHH Regulations 2002.

Cleaning Materials

The following procedures apply to the following cleaning materials:

- Detergents, polishes, disinfectants and bleaches
- Aerosols, air fresheners, spray polishes and toilet bleach blocks
- Washing powders/liquids and fabric conditioners
- Dishwasher powders and salts
- Detergents, Polishes, Disinfectants and Bleaches and Aerosols, etc.

Kept in designated cleaning stores, locked when not in use and the key held by the duty staff member.

Large containers will be stored on the floor, the oldest stock at the front and the newest stock at the back. Materials are selected from the front as required to facilitate stock rotation.

Any dilutions of detergents/disinfectants made from concentrates must be discarded at the end of the day of use. If dilutions need to be stored during the day they will be labelled with a description of contents and date of dilution. The disposal will be through an outside drain.

Smaller items, such as bleach blocks and aerosols, will be stored on shelves or racks with the newest stock kept at the back, and products selected for use from the front (stock rotation).

→ Washing Powders/Liquids and Fabric Conditioners

Kept in the utility/laundry room and may be stored on the floor or on shelves according to pack size and ease of use. New stock is kept at the back, with materials for use selected from the front (stock rotation).

→ Dishwasher Powders and Salts

Kept in the kitchen and stored on the floor away from food stores. New stock is kept at the back, with materials for use selected from the front (stock rotation).

Copies of relevant COSHH Data Sheets will be kept in each location where these materials are stored. COSHH Data Sheets are "Published Standards", and Master Copies are retained by the Health and Safety Lead

Gardening Materials

The following provisions apply to the following gardening and outdoor maintenance materials:

- Pesticides, fungicides, and herbicides/weed killers
- Preservatives (e.g. creosote, etc)

All garden products identified above will be stored in a secure bin or cabinet which is itself kept in a locked garden shed. All large containers will be stored on the floor of the outbuilding. Smaller (unit) containers may be stored on shelves.

The Health and Safety Lead/Line Manager are responsible for the keys to the outbuilding, and for holding file copies of all COSHH data Sheets relating to materials stored within it.

Smoking and open flames are prohibited in all areas of the property, and this is especially important in the vicinity of flammable chemicals. The outbuilding has exterior No Smoking signs to remind staff of the dangers.

Where hazardous chemicals such as pesticides need to be disposed of, this will be done using The Services of a Preferred Services Sub-contractor in line with the Waste Disposal Policy.

Monitoring and Review

The Head of Centre will check this Policy is working properly and review it at least once a year. We will make improvements to the Policy wherever we can.

Employees are invited to suggest any ways the Policy can be improved.

This Policy does not form part of any employee's contract of employment, and it may be amended at any time.

Food Safety & Kitchen Hygiene

Policy Statement

The Services recognises its duty of care to students and staff and its responsibility to take reasonable steps to safeguard students from harm in their daily life. This includes protecting everyone as far as reasonably practicable from food poisoning, allergic reactions, and other health consequences that could result from unsafe food preparation and storage practices.

General Principles

For the purposes of this Policy, the following general provisions will apply at The Services:

- Where scrubbing pails are used, these must be rinsed in hot water after use and stored upside down when not in use.
- Mop heads must be washed in hot water and detergent, rinsed and hung upside down to dry.
- All dishcloths and other cloths and biocidal wipes used for wiping surfaces must be single-use disposable.
- Detergents, sanitisers, disinfectants, anti-bacterial concentrates or wipes must conform to BS EN 1276 and BS EN 13697 international standards (latest editions).
- All cleaning products and equipment should be used in line with the manufacturer's instructions primarily.
- All new kitchenware/kitchen equipment must be cleaned before first use.

A poorly maintained or unclean kitchen presents many potential risks, including infection/food poisoning, wastage, slips, trips and falls, fire hazards, electrical/gas safety hazards and pest problems. The following Policy summarises The Services' routine cleaning procedures with respect to the kitchen, food preparation/handling areas and food storage areas within our service, to promote the health, safety and wellbeing of students, staff and visitors.

Cleaning Procedures

The tables below provide a general guide for the routine cleaning of the kitchen and food handling areas, including:

- Items and surfaces to be cleaned.
- Recommended cleaning materials and methods.
- Cleaning frequency.

*Frequency guidelines refer to routine maintenance cleaning only. Any significant mess/spillage must be cleaned up immediately to avoid health and safety hazards.

At the end of each day relevant staff member will conduct a check, sign, and date an appropriate Cleaning Record to evidence that the required cleaning has taken place. The Line Manager is responsible for ensuring all staff comply with this Policy.

Training

All staff are trained in basic infection control measures from the point of induction and at regular intervals in line with company Policies. Any staff employed to work with food must complete the Level 2 Food Safety Award before commencing their duties and will receive ongoing development and refresher training in accordance with current recommendations.

Staff with specific responsibilities for cleaning the kitchen and food handling/storage areas are expected to familiarise themselves with this Policy and are provided with the relevant training for their roles and levels of responsibility.

This Policy is intended to:

- ensure that students benefit from having food provided for them that is high-quality, nutritious and suited to their needs and preferences.
- protect staff, students and visitors from food-related health issues.

The following provisions apply to all food or beverages prepared, cooked, stored, or served by the service or staff at The Services. Where students store and prepare food for themselves, they are reminded of food hygiene standards and encouraged to follow these rules to protect the health and safety of themselves and others.

For the purposes of this Policy, "food" will refer to all nutritive substances supplied or prepared for human consumption, including solid foodstuffs, sauces/condiments, seasonings, drinks and beverages.

Key Principles

Improperly stored or prepared or contaminated food can harbour dangerous bacteria such as Salmonella, Listeria and E. coli, which can cause food poisoning and lead to serious health complications. It is therefore crucial to follow stringent rules when handling food at The Services to protect everyone's health and safety. The Services believes that the effective management of food safety requires written operational policies for the safe preparation, storage and handling of food and beverages. The Line Manager is responsible for implementing food hygiene standards within the setting.

The person at The Services responsible for ensuring compliance with food hygiene principles is all staff working within this area/ Health and Safety Lead

Food Preparation Facilities

We will allocate, use and maintain food preparation facilities at The Services in accordance with the Food Safety and Hygiene (England) Regulations 2013:

- All food preparation areas will be designed with good hygiene practices in mind and be easy to clean and disinfect.
- All food preparation and storage areas will be designed and situated to provide adequate ventilation and protect food against external contaminants such as pests. Adequate pest control measures will be taken to ensure that the risk of contamination is minimised.
- All food preparation, storage and serving areas will be kept in good repair and condition at all times. Regular risk assessment and maintenance checks will be made with the findings recorded and logged.
- All food preparation, storage and serving areas will be kept clean at all times. Kitchens are cleaned regularly by competent cleaning staff using colour-coded equipment solely designated for use in kitchen areas, in accordance with an established rota. Any catering staff employed are expected to clean food preparation surfaces, equipment and utensils regularly after use and as required during food preparation and cooking. Records of cleaning activity will be kept and random quality checks made by the Director.
- Adequate handwashing and sanitation facilities will be made available for all staff.
- Bathrooms will not lead directly into food-handling areas.

Food Preparation and Handling

At The Services:

- All food will be prepared, cooked, stored and presented in accordance with the high standards required by the Food Safety Act 1990 and the Food Safety and Hygiene (England) Regulations 2013.
- All food safety and hygiene policies and procedures will be implemented through effective management of food safety systems in place, including risk assessments based on the Hazard Analysis and Critical Control Point or HACCP system. All risk assessment findings will be documented and records kept in line with the Records Policy.
- Staff preparing food will take all reasonable steps to avoid the risk of cross-contamination of food, ingredients, work surfaces and equipment.
- All utensils, equipment and surfaces that come into contact with food during preparation or consumption must be thoroughly cleaned in between uses.

Everyone in a food handling area must maintain a high level of personal cleanliness, and those handling food must wear suitable clean clothing and personal protective equipment (e.g. gloves, aprons, hairnets) where appropriate.

At all stages of food handling, from procurement, transport and storage through to preparation and serving, food must be protected from contaminants that could render it unfit for consumption.

Staff handling food should ensure that the correct colour-coded knives, utensils and chopping boards are used when preparing food to avoid cross-contamination between food groups:

Red: raw red meat & poultry

Blue: raw fish

Yellow: cooked meats

Green: salad and fruit

Brown: vegetables

White: bread, baked goods and dairy

Purple: "free-from"/allergy-safe foods (e.g. gluten-free, egg-free, dairy-free).

Hot food should be properly cooked before serving and should not be reheated more than once. "High-risk" foods such as custards, gravies, meat dishes and rice should not be reheated.

Poultry, meat joints, stews, casseroles, minced meats and other meat products should achieve a core temperature of 75°C (measured using a digital probe thermometer).

Digital probe thermometers should be cleaned and handled appropriately to prevent cross-contamination. Thermometers will be checked monthly to ensure that they are giving an accurate reading and should be serviced regularly and recalibrated as required and in line with manufacturer instructions. Results of checks and services should be recorded.

All foods that are to be kept hot prior to/during serving must be maintained above 63°C and placed in appropriate containers, such as a preheated bain-marie/hot cabinet, as soon as possible after cooking.

All prepared sandwich fillings, salad toppings etc. should be stored in a fridge until needed, and small quantities taken out as required.

Staff should be aware of the risk of food poisoning associated with consuming certain foods raw, including eggs, chicken, and flour. Students should be informed of these risks so they can keep safe when cooking for themselves.

Staff should avoid preparing any food containing raw eggs. For at-risk or immunocompromised students, eggs should be cooked until hard (both yolk and white).

Utensils that have come into contact with raw eggs, meat or fish must be thoroughly washed with hot water and detergent before reuse.

Catering staff should never allow liquids or juice from raw meat to contaminate other foods. Raw and cooked food must be stored separately and prepared using separate cutting boards and knives. Raw meat must be kept at the bottom of the fridge to prevent dripping.

Salad ingredients must be washed thoroughly before serving.

Staff must undergo adequate supervision, instruction and training in food hygiene before taking on any food-handling duties.

When serving food, staff must observe appropriate hygiene standards at all times.

Staff must wash their hands with soap before and after handling food and advise students to do the same. All staff involved in preparing or serving food for The Services should wear the appropriate PPE such as gloves, caps and aprons.

When serving or plating food, it may be kept out of temperature control for one limited period. Any food left over after this time must be disposed of or kept chilled at 8°C or below until it is used or surpasses the safe storage period for that food type.

Staff should be careful to ensure that any food served to a young person away from the dining area (e.g. for students with dysphagia) is appropriately covered and kept hot between plating and serving.

Where a young person requires help to eat or drink, this should be provided promptly after serving to ensure hot food does not cool down too much.

Any sandwiches, salads or similar which are not to be consumed immediately should be wrapped in food-safe foil or clingfilm before storage to prevent contamination and retain their freshness.

All wrapped sandwiches should be labelled with their contents and the date and time of preparation.

Sandwiches should be always stored chilled.

Sandwiches with high-risk fillings (e.g. meat, fish, eggs) kept at room temperature should be disposed of after four hours.

Wherever possible staff should use gloves, utensils, or foil when handling food to avoid direct contact with hands.

Waste Disposal

At The Services:

- All food waste should be disposed of in a hygienic and environmentally friendly way in line with the Waste Disposal Policy.
- Waste and refuse should not be allowed to accumulate in kitchens and should not be left overnight.
- Food waste should be kept in appropriately labelled and covered waste receptacles – receptacles that are usually used for the storage of food for consumption should not be used for refuse.
- Kitchen bins should be foot pedal-operated and must be lined with appropriate bin bags/liners. Staff must wash or sanitise their hands after touching bins or waste receptacles.

- Non-compostable kitchen waste should be deposited in black plastic bin bags which should be removed and placed in the correct outside bins at the end of each day and whenever full. Bin bags should not be overfilled and must be properly tied/sealed to avoid attracting pests.
- Suitable outdoor waste disposal facilities will be provided for the deposition of food waste prior to its removal from the establishment. These facilities must be maintained in a clean and secure manner and bins must not be overfilled to prevent health and safety/fire hazards, pests, or theft.

Food Procurement and Storage

Product Date Codes

To ensure good stock rotation and compliance with the Food Labelling Regulations, all foods except for unprepared and uncut fruit and vegetables, sugar, wine, salt and fresh bread must be date coded. All produce delivered by nominated suppliers is date-coded as part of the purchase specification.

Date codes must specify whether they refer to a "use by" or "best before" date.

"Use by" or expiry date codes apply to highly perishable, "high-risk" foodstuffs such as meat/fish, eggs and dairy. These products must be disposed of and not consumed after the use by date.

"Best before" date codes apply to perishable and non-perishable foodstuffs including cereals and packaged products, canned and jarred foods. "Best before" dates indicate quality and freshness rather than safety, so low-risk foods may still be fit for consumption after the best before date. High-risk perishable foods will be marked with a use by date code as well as a best before, but if there is no use by, then the best before should be considered as the date of expiry.

At The Services:

- All food products will be procured from reliable, high-quality suppliers.
- All products must be used or disposed of before the expiry date.
- Food labels should be retained and referred to for specific storage and use instructions - e.g., the product may need to be consumed within a limited period once opened.
- A general "first in, first out" rule should be applied (i.e. use up the food with the closest expiry/best before date first) to maximise useability and minimise waste.
- Opened packaged foods should be decanted into clean suitable containers with close-fitting lids labelled and date coded for storage, in accordance with label instructions (e.g. acidic foods such as tomatoes should be kept in non-metallic containers).

Refrigeration

At The Services:

Refrigerators should be stocked in a manner that allows good air circulation and not overfilled.

All food will be covered to retain freshness and prevent cross-contamination and odour absorption.

Where possible, cooked, ready-to-eat and uncooked and raw foods will be kept in separate refrigerators.

If kept in the same refrigerator, high-risk foods should be placed below lower-risk foods and above uncooked foods. Raw meat should be kept at the bottom of the refrigerator.

Refrigerators will be cleaned at least once per week using food-safe cleaning products.

Spillages must be cleaned up as soon as they occur. Surfaces must be wiped completely dry after cleaning.

Internal temperatures of all fridges, freezers, coolers and chillers will be checked and recorded daily. The following temperature guidelines apply when storing food in a fridge or freezer:

- High-risk foods should be stored between 0–4°C.
- Fresh raw meat, poultry and fish should be stored between 0–1°C.
- Chilled cooked products should be stored at 3°C or below.
- Frozen foods should be stored at –18°C or below.

Food Poisoning Incidents

The following provisions will be followed in the event of any identified or suspected case of food poisoning at The Services:

Any member of staff who becomes ill whilst or after handling food must stop work at once and report to the senior on-duty staff member who will place them on sick leave.

The staff member should then consult their GP or other healthcare provider as soon as possible and only return to work when their GP states that they are safe to do so.

Any young person who becomes ill with suspected food poisoning must receive medical attention appropriate to the nature and potential severity of the illness. This may entail a GP consultation, A&E referral or, in serious cases, ambulance/hospital admission. Staff should help the young person to summon and access the appropriate help (e.g. offering transport to GP practice/A&E) or summon help on their behalf if necessary. Information about what the young person ate, when, and how it was prepared should be sought.

Foods identified to be contaminated or to have caused or contributed to food poisoning/illness at The Services must be immediately disposed of in a sealed

refuse bag using PPE and all containers, surfaces and equipment that came into contact with the food thoroughly sanitised.

Any other individuals who consumed food which caused or may have caused food poisoning in someone else should receive medical oversight and attention in case they also fall ill.

Suspected outbreaks of food-related illness or infection at The Services should be reported immediately to The Line Manager or Health and Safety Lead directly.

The Line Manager or Health and Safety Lead will report immediately any suspected outbreak to the local Health Protection Team so steps can be taken as soon as possible to contain the outbreak and prevent further spread or contamination.

Thames Valley Local Health Protection Team (South East)

Chilton OX11 0RQ

Email address:

Telephone number: 0344 225 3861

All food poisoning incidents and near misses should be recorded in line with our Accident and Incident Reporting procedures.

Allergies and Intolerances

Any allergies, intolerances or special dietary requirements relating to a young person will be assessed upon their admission to the service and detailed on their Support Plan, Health Action Plan and Risk Assessment. The information must include details of the allergy/intolerance, severity/symptoms, preventative measures and steps to take in an emergency.

The following general guidelines should be applied to protect the health and safety of individuals with food sensitivities and reduce the risk of adverse reactions:

Separate containers, utensils, cutting boards etc. will be used to prepare and store specific "free-from"/allergy-safe foods and ingredients.

Where possible, separate cupboards and appliances will be provided for free-from foods to help avoid cross-contamination.

Before preparing or providing food for a young person, staff must refer to the student's Support Plan for any specific requirements and act in accordance with the Plan as well as considering the student's wishes and preferences.

Where meals are served to students, free-from meals will be clearly demarcated to distinguish them from other meals.

For trace-sensitive/airborne allergies, meals will be prepared and served in separate rooms or areas, and windows/doors kept open for ventilation.

Where a range of food is provided together (e.g. buffet/nibbles at an event), each food will be labelled with any allergens it contains, and free-from foods will be served covered on a different table and appropriately demarcated.

Anaphylaxis is a severe allergic reaction involving rapid swelling of the throat and tongue which can obstruct breathing. Anaphylactic allergies are potentially fatal and require immediate action to protect the person's life. For more information on responding to anaphylaxis, see the Anaphylaxis Policy.

Training

All staff are fully trained in food safety and hygiene principles as part of their induction and as applicable to their duties. Any staff employed to work with food must complete the Level 2 Food Safety Award before commencing their duties and will receive ongoing development and refresher training in line with current recommendations for hygiene and infection control procedures.

Staff are also reminded of their duties to help students keep themselves safe by making them aware of the risks of food poisoning and cross-contamination and the steps they can take to mitigate such risks.

Water, Heat & Legionella Policy

This Policy should be read in conjunction with our:

Health and Safety Policy

Infection Control Policy

Handwashing Policy

Personal Protective Clothing and Equipment Policy

First Aid Policy

Work Restrictions for Staff with Infectious Conditions Policy

Policy Statement

The Services believes that operating effective infection prevention and control systems and procedures is vital in ensuring the health, wellbeing and safety of students, staff and visitors, and guarding against the spread of infectious disease agents such as Legionella bacteria.

This Control of Legionella Policy summarises the arrangements in place at The Services to prevent the spread and growth of bacteria, deal with any potential contamination or infection with Legionella, care for any young person who may be infected, and report any outbreaks to the authorities.

The health and welfare of students, families and staff is paramount to our services, and The Services takes all reasonable precautions to keep them as safe as possible from Legionella and Legionnaires' disease. All staff are trained to be aware of the risks, signs and sources of MRSA bacteria/infections and the preventative measures to be taken. Students who have been diagnosed with MRSA infections will receive the highest quality of care which is non-discriminatory and meets their needs.

All reasonable steps will be taken to identify potential legionellosis hazards in the workplace and to prevent or minimise the risk of exposure for all parties. If staff are concerned about the risk of an outbreak, they must report their concerns to The Health and Safety Lead/ Head of centre/Line Manager, so The Services can take appropriate measures to eliminate or reduce the risks that might occur as a result of the normal operation of the water system in the premises.

What is Legionella and Legionnaires' disease?

Legionella bacteria are very commonly found in natural sources of water including rivers, streams and ponds and may even be found in soil. Here they do little harm, but they can also grow in recirculating hot and cold-water systems in buildings and, in certain conditions, they can cause infections, particularly when released as a spray, in a shower for instance.

Legionnaires' disease (LD) is a pneumonic infection caused by ingesting or inhaling Legionella bacteria. LD is the most common form of legionellosis (disease caused by Legionella), with other forms including Pontiac fever and Pittsburgh pneumonia.

Symptoms of LD begin around 2-10 days after exposure, and include fever, chills, cough, muscle aches, headache, fatigue, vomiting/diarrhoea and confusion among other effects. Kidney and liver function can be affected and can lead to acute septicaemia. For older and immunocompromised individuals, the infection can be life-threatening or lead to severe complications such as renal failure.

Since Legionella bacteria are so common in our environment, they cannot be prevented from entering water systems, but the risk of an outbreak developing can be reduced by taking simple precautions.

LD is classed as a "notifiable disease" in the UK, meaning that registered practitioners have a legal duty to report any outbreak to the authorities under the Health Protection (Notification) Regulations 2010.

General Provisions

To help identify any case of Legionella and prevent infection, The Services observes the following precautions.

All staff must comply with The Services' Infection Control Policy and procedures and always adhere to best practices in infection control.

Legionella risks should be included in COSHH assessments, informing appropriate risk management and hazard avoidance protocols to reduce identified risks.

Any persons exposed to a significant occupational risk of infection will receive instruction about the nature of the risks and the means of controlling exposure. Staff must report to The Health and Safety Lead/ Head of centre/Line Manager any potential symptoms of legionellosis.

Where potential exposure to infection cannot be prevented, there is a written control scheme to minimise exposure. Renata Czechowicz holds managerial responsibility for implementing and supervising the scheme.

Environmental control measures will be put in place and all water supply and storage systems will be maintained to limit the survival and proliferation of Legionella (see below).

Preventative Measures

Because Legionella can thrive in domestic environments such as water tanks, showers and hose systems, The Services should monitor and maintain all water systems in the setting to avoid, as far as possible, conditions which favour the growth of these bacteria.

Risk Assessment and Management

In order to effectively control Legionella and guard against legionellosis in the setting, The Services will ensure:

- all systems on its premises that could be a potential source of infection are identified and assessed for risk on a regular basis.
- a risk management and control scheme are implemented to ensure the risk of exposure is minimised.
- special instructions are issued to plant maintenance staff in line with the risk management scheme.

Safe Systems of Work

Staff involved in plant maintenance or who might otherwise be at significant risk will require safe systems of work. The following should be their priorities.

Design procedures to minimise exposure, e.g. by prior disinfection.

Avoid the creation of water sprays, e.g. by high-pressure jetting.

Avoid exposure of others in the building to water sprays, e.g. by carrying out maintenance outside of normal working hours.

Wear respiratory protection approved by the Health and Safety Executive (HSE). These will normally be high-efficiency, positive-pressure respirators with either a full facepiece or hood and blouse.

Take necessary precautions when entering confined spaces, e.g. permits to work.

Handle biocides and water treatment chemicals with care.

Report relevant symptoms of illness to supervisors immediately.

System Maintenance

Only water system fittings and materials which comply with water authority by-laws will be used in water and plumbing systems. Materials prone to microbial growth (e.g. leather, some rubber and plastics) should be avoided. Tanks should have tight-fitting covers or lids to protect against contamination.

Pipes and plumbing infrastructure will undergo regular maintenance checks and any necessary repairs carried out by qualified professionals. Corrosion, scale deposition and buildup of biofilms and sediments will be monitored and addressed.

Water systems will be disinfected by an effective means before being taken into service and after shutdowns of five or more days. The plant must be regularly and effectively inspected and maintained (e.g. by monthly visits from a water treatment specialist). The plant should be disinfected periodically (normally twice yearly) by chlorination or by temporarily rising water temperatures. Biocides may be used to control microbial growth. Maintenance personnel must wear appropriate protective clothing.

Temperature Control

Legionella grows at temperatures between 25 and 45°C and so water systems will be kept well above or below these ranges wherever practicable. The recommended temperature for storing hot water is at least 60°C with its distribution such that it reaches a temperature of 50°C within one minute at the outlets. Cold water systems should be maintained, where possible, at a temperature below 20°C. Temperature control valves should be located as close as possible to the outlet.

Water Circulation

Legionella thrives in stagnant (still) water, so ensuring adequate circulation throughout the entire water system is important to limit the growth of bacteria. "Dead legs" are areas of stagnant water that can occur in pipes leading to infrequently/intermittently used water outlets, and these can act as reservoirs for bacteria. The Services will optimise its plumbing system use of water outlets throughout dead legs".

Spray Control

The dissemination of bacteria should be reduced by careful design of equipment and the use of drift eliminators to stop the excessive circulation of potentially contaminated air or enclosure.

Sampling

Sampling for Legionella should not normally be necessary, unless in the case of an outbreak or to monitor the effectiveness of precautionary measures. Weekly monitoring of chemical and microbial water quality may give a useful indication of the state of the system.

Response Measures

Outbreak Action Plan

The Services has an action plan to be implemented in the case of an outbreak of legionellosis. The steps to be taken involve:

- Identifying all people who may have been exposed/infected.
- Seeking medical advice from the infected person's GP
- Collecting information about the potential source of the exposure so that protective measures can be put in place.
- Consulting/notifying the relevant public health authorities (see below)
- Informing all staff, students and other relevant parties of the nature of the risks and how to keep themselves and others safe

An outbreak of infectious disease is defined as more cases than would normally be expected of the same infection within the setting. This will be if more than 2 cases that are suspected or known to be infectious occur within a few days. If an outbreak is suspected, The Health and Safety Lead/ Head of centre/Line Manager and/or relevant medical practitioner must contact the Local Authority Health Protection Team (HPT)/Consultant in Communicable Disease Control (CCDC) who will verify whether or not the outbreak is of valid concern and, if so, work with The Services to develop an appropriate action plan.

The local HPT/CCDC: - find them at gov.uk/health-protection-team.

If the outbreak is verified, various actions may be taken as directed by the CCDC, for example:

Infected students may be asked to isolate to reduce the risk of transmission until no longer contagious. Any new admissions or transfers will be placed "on hold" for an agreed period to help in containing the infection.

Records of all infections will be kept in the affected students's clinical notes. Brief summaries will also be recorded in the Incident Log. Records will be made of all samples sent for laboratory analysis and any screening/test results.

The Line Manager(s) will monitor the health of all students within the setting and respond promptly to any signs of infection. This will be coordinated with the CCDC.

Development and implementation of the action plan is the responsibility of the Director.

Notifications of Infectious Diseases

Any known or suspected cases of legionellosis at The Services must be reported to the HSE under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). This report should be made by the Director, via an online report form, available at: www.hse.gov.uk/riddor.

LD is a notifiable disease in England. The Local HPT must be informed of any suspected cases. This report will normally be made by a registered medical practitioner such as a GP; therefore, any suspected Legionella infection at The Services must be referred to a medical professional. A notification should be made as soon as possible upon clinical diagnosis, regardless of whether it has been confirmed by a lab test. Public Health England publishes annual surveillance data to help epidemiologists and healthcare professionals identify clusters and prevent outbreaks.

Full information on notifications of infectious diseases can be found in the Infection Control Policy.

Training

All new staff must read this Policy along with the Infection Control Policy as part of their induction process. Other staff should be offered training in infection control and safe use of water systems as relevant to their roles and responsibilities.

Persons carrying out control measures associated with the management of Legionella will receive appropriate in-depth training, so they are able to perform their duties competently.

In-site training sessions should be conducted at least annually and all relevant staff should attend.

The Head of Centre and Line Managers are responsible for organising and coordinating training.

Hot Water and Surfaces Policy

This Policy will summarise the measures taken by The Services to control and monitor the temperature of the hot water supply at taps and shower outlets and any surfaces that are prone to becoming hot, to assure conformance to environmental health and safety requirements

The Services operates robust systems to monitor and maintain safe water temperature limits whilst also complying with Legionella control requirements. We will also identify where the presence of hot surfaces may pose a significant risk to the safety of students and others and take adequate steps to eliminate or reduce this risk.

The Management of Health and Safety at Work Regulations 1999 require employers to undertake a suitable and sufficient risk assessment of the health and safety issues within the workplace. These regulations apply to all cases where an assessment indicates there is a possibility of risk from the use of hot water and hot surfaces.

Background Information

→ Hot water and Scalds

Scalds are a type of burn injury resulting from hot fluids such as water. Scalding can result from exposure to extremely hot tap water, or boiling water from hot foods or drinks. Scalds can also be caused by steam, and steam scalds can be more severe because steam can reach higher temperatures than liquid water.

The likelihood and severity of scalding from hot water depends on:

- the temperature of the water;
- the duration of contact/immersion;
- the age of the person;
- any existing medical conditions.

The risk of scalding increases dramatically from water temperatures of 45°C and above. At 52°C, scalding injuries may occur within 90 seconds of contact. At 56°C, scalding injuries can occur within 15 seconds. At 60°C, scalding can occur within 5 seconds.

→ Hot Surfaces and Contact Burns

Contact burns are a type of burn injury resulting from physical contact with a hot surface or solid object. Common sources of contact burns include hot stoves/ovens, kettles, cookware etc., heaters/radiators, hot water pipes, irons and hair styling tools.

Like scalding, the severity of a burn depends on:

- the temperature of the surface;
- the duration of contact;
- the age of the person;
- any existing medical conditions.

Temperatures of 43°C and above carry a high burn risk.

→ Water Temperature Control

The domestic hot water system at The Services is designed to provide instant hot water at the following outlets:

- Bathrooms: baths, showers, washbasins.
- Kitchen: sinks, handwashing stations, dishwasher plumbing points.
- Laundry: washing machine plumbing points (hot feed only).

In line with Environmental Health requirements, the hot water system is heated in excess of 60°C to prevent growth of Legionella bacteria. As a result, hot water temperatures at the above outlets can reach 60°C or above.

The temperatures at each tap/shower outlet must be checked as follows to ensure the continuing proper functioning of the thermostats.

On a weekly basis, the maintenance manager (or approved contractor) will verify the temperature readings at each outlet with a calibrated thermometer and record the readings in the book provided.

Output temperatures must not exceed 43°C. Temperature readings in excess of this figure will be re-checked using the calibrated thermometer after an interval of 10 minutes. Repeat readings in excess of 43°C will be reported to The Health and safety Lead/ Line Manager who will, at their discretion, take the following actions:

Place the affected outlet "out of use" by placing appropriate notices on the bathroom door, or on the outlet itself.

Arrange for the functioning of the thermostat system to be checked by a specialist contractor taken from the Preferred List of Service Sub-contractors.

Records will be maintained of all maintenance/servicing work performed on the thermostat as part of the equipment and installation maintenance procedures.

Risk Assessments for Hot Surfaces

The risk assessment process should take into account two areas of concern:

- The students and individual risks associated with them.
- The identified significant hazards present – hot water or hot surfaces

Where freestanding portable heaters or heated equipment are in use, precautions must be taken to safeguard against the risk of exposure, also a risk assessment of the environment must be carried out and measures taken to guard the heated area.

Where a risk of burns/scalds has been identified, suitable control measures need to be introduced to prevent skin contact with the hazardous materials, such as fitting barriers or guards around the hazardous area, e.g. radiator covers, covering exposed pipework, isolating the area from persons at risk.

Risk Assessment Records and Review

The results of the risk assessments are to be recorded in the site Risk Assessment folder.

The individual risk assessment process or an impact risk assessment for newly admitted students must identify where there is a significant risk of injuries such as scalds/burns, taking into account the history, capabilities and needs of the individual.

Risk assessments should be reviewed on a yearly basis and where required due to environmental changes such as building alterations, an incident or near miss, or changes in the behaviours or personal circumstances of the young person.

Training

The Line Manager will ensure that all relevant staff have the appropriate level of training and information to enable them to protect students, themselves and others from burns and scalds.

By going through this Policy with staff and explaining the steps to take, The Services should ensure that all parties have a full understanding of potential hazards together with the correct safety precautions to protect against those hazards.

Equipment, Electrical Safety & DSE

What is carbon monoxide?

Carbon Monoxide (CO) is a colourless, odourless, tasteless gas. After breathing in CO, it enters the bloodstream. It mixes with haemoglobin (the part of red blood cells that carries oxygen around the body) to form carboxyhaemoglobin. The blood is no longer able to carry oxygen, causing the body's cells and tissues to die.

It is produced during the incomplete burning of carbon-based fuels, such as gas (mains or liquid petroleum gas), oil, wood and coal. These types of fuel are normally completely safe to use; it is only when the fuel does not burn properly, e.g. in a defective central heating boiler, that excess carbon monoxide is produced. Gas fires, stoves, heating boilers, gas-powered water heaters, paraffin heaters and solid fuel-powered water heaters are all potential sources of carbon monoxide.

Carbon monoxide can be produced:

- If an appliance is not working correctly or is not installed properly.
- If an appliance has not been properly maintained or serviced regularly.
- If the room has inadequate ventilation.
- If the chimney or flue is blocked.
- If improperly trained engineers are used to install or maintain appliances.

Why is carbon monoxide dangerous?

Carbon monoxide is poisonous and can kill. It cannot be seen or smelled and so is easily inhaled by victims who have no way of knowing they are being poisoned. When carbon monoxide enters the body, it prevents the blood from bringing oxygen to cells, tissues and organs, and this can quickly lead to unconsciousness and death.

Lower levels of carbon monoxide that do not kill can still cause serious harm to health if breathed in over a prolonged period. In extreme cases, paralysis and brain damage can be caused as a result of prolonged exposure.

Symptoms of low-level carbon monoxide poisoning include:

A headache is the most common symptom of carbon monoxide poisoning. Other common symptoms include:

- Dizziness
- Breathlessness
- Nausea
- Tiredness
- Pains in the chest or stomach
- Confusion
- Visual problems.

Symptoms of higher levels of carbon monoxide can be more severe and include:

- Intoxication, erratic behaviour and changes in personality
- Vertigo
- Ataxia (loss of physical co-ordination due to underlying damage to the nervous system and brain)
- Breathlessness and tachycardia (a heart rate of more than 100 beats a minute)
- Chest pain due to angina or heart attack
- Seizures
- Loss of consciousness.

Symptoms can develop within two hours if carbon monoxide levels are high. However, at lower levels, the symptoms will build over a number of days or months.

In cases where there are exceedingly high levels of carbon monoxide, death may occur within a few minutes.

The early symptoms of carbon monoxide poisoning can look like a number of other common ailments and can easily be missed or ignored without realising that something serious may be wrong. In its initial stages, carbon monoxide poisoning can easily be mistaken for food poisoning, viral infections, flu, or simple tiredness. However, unlike the flu, carbon monoxide poisoning does not cause a high temperature (fever).

It may be noticed that symptoms are less severe at times when away from the source of carbon monoxide.

What action should be taken if someone has carbon monoxide poisoning?

If a staff member of The Services suspects that an appliance is malfunctioning and may be producing carbon monoxide, they should switch off the appliance immediately and shut off the gas supply at the meter control valve. All doors and

windows should be opened, and the premises should be ventilated. Any students who may have been made ill through exposure to carbon monoxide should be moved to fresh air and provided with urgent medical advice from either their GP (General Practitioner) or an A&E department.

The safety gas switch-off is located at the gas meter. The gas meter can be found in a white metal box mounted on the front wall of the site, to the right when facing the property. The key to access the gas meter is stored in the key cabinet within the office.

In an emergency, an ambulance should be called on 999.

A Gas Safe registered engineer should be contacted to check the suspect appliance immediately.

In an emergency, the National Gas Emergency Service can be called on 0800 111 999.

For non-emergency checks and service contact Plumbed Wright Ltd at 01235 352691.

The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) cover the reporting of certain incidents involving gas, gas appliances and fittings. If a person becomes unconscious because of exposure to gas on business premises, the incident must be reported in line with the regulations.

Indicators of CO leakage into the environment

The following should be taken as warning signs of potential leakage of CO into the environment:

- Constant experience of symptoms listed above in low-level symptoms. These can progress to higher-level symptoms if left unchecked.
- Other persons in the site fall ill with similar symptoms.
- Symptoms disappear when leaving the site (for example, for an extended break) and return when coming back.
- Symptoms tend to be seasonal (for example, headaches happen more often during the winter months when central heating is used more often)
- Pets become ill.
- Black, sooty marks on the front covers of gas fires
- Smoke building up in rooms due to a faulty fire.
- Yellow instead of blue flames coming from gas appliances.

Action to be taken if CO leakage is suspected.

If more than one person develops flu-like symptoms without a temperature, and there is cause to believe that this is due to a CO leak, the following action should be taken:

- Immediately stop using all appliances that use fuel other than electricity.
- Move away from the probable source of the CO and open all the windows.

- Visit your GP as soon as possible. If you have been exposed to high CO levels, then referral to a hospital for oxygen therapy treatment may be indicated. Students, pregnant women, persons with chronic heart disease, and persons with respiratory problems are particularly vulnerable to CO poisoning. Prolonged exposure to CO during pregnancy can also damage an unborn child.

For gas appliances have a suitably qualified (Gas Safe Registered) engineer inspect all cooking, central heating and water heating appliances to check that they are safe.

The Gas Safe Register

The Gas Safe Register replaced the Council of Registered Gas Installers (CORGI) as the UK body that certifies gas engineers as being competent to install and maintain gas systems and appliances.

Registration is a legal requirement for anyone installing or repairing gas fittings or appliances.

The engineer's registration card should always be inspected before work is commenced. The card contains a photograph of the employee, their trading title, their registration number and the expiry date of the card. On the back, the card specifies the type of appliance the engineer is qualified to work on. For example, some engineers servicing gas-fired heating systems may not be qualified to service gas catering equipment.

Protecting people from carbon monoxide poisoning

It is the responsibility of The Health and Safety Lead at The Services to ensure that the premises that they are responsible for have a functioning carbon monoxide alarm. Registered Managers should never merely assume that all their appliances are working properly. They should look out for signs that may indicate incomplete combustion is occurring in their appliances and fires which may result in the production of carbon monoxide. These include:

- yellow or orange rather than blue flames (except fuel effect fires or flueless appliances which display this colour flame)
- Soot or yellow/brown staining around or on appliances.
- Pilot lights that frequently blow out
- increased condensation inside windows.

The Health and Safety Lead at The Services should also make sure that appliances are appropriately serviced and checked to ensure they are burning correctly. Carbon monoxide can be produced by any appliance that burns fossil fuels. All these appliances should be properly serviced and maintained by a competent person. The blockage of flues and outlets is a common problem causing carbon monoxide production. Flues and outlets should be regularly checked and chimneys should be swept.

All work on gas-powered appliances should be conducted by a Gas Safe registered engineer.

The Services staff should be made aware of the dangers of carbon monoxide poisoning and should know the symptoms to look out for and the signs that appliances may be emitting the gas. There should be a set procedure in place that specifies what staff should do in an emergency and all relevant emergency phone numbers should be available to duty managers. If any concerns are noted, staff should be instructed to report the matter immediately to their line manager who should arrange for immediate remedial action.

Other steps that can be taken include:

- Never use oversized pans on the gas stove or place aluminium foil around the burners.
- Never use ovens or gas ranges to heat the site.
- Ensure that rooms are adequately ventilated and that air vents are not blocked.
- Ensure that the kitchen is fitted with an extractor fan that is regularly cleaned to prevent blockage.
- Do not sleep in a room that has a gas fire without a flue, or a paraffin heater.
- Ensure all chimneys and flues are not blocked and are regularly swept by a qualified Chimney Sweep.
- Do not burn charcoal in an enclosed space, such as on an indoor barbecue.
- Do not leave cars or petrol-fuelled lawnmowers running in the garage.

Should a carbon monoxide alarm be fitted?

The HSE (Health and Safety Executive) strongly recommends the use of carbon monoxide alarms as one useful precaution to give people advance warning of carbon monoxide on a property. However, the HSE state that alarms should not be regarded as a replacement for regular maintenance and safety checks by a Gas Safe registered engineer.

Carbon monoxide alarms should comply with British Standard EN 50291 and carry a British or European approval mark. They should be installed and maintained in line with the manufacturer's instructions. Detectors must be tested weekly and the results recorded on the carbon monoxide alarm test log sheet. Any faults must be reported to the maintenance department immediately.

Carbon monoxide detectors are installed in the dining room, living room, all four bedrooms, and the hallway. A heat detector is installed in the kitchen.

Legal requirements regarding carbon monoxide

In education setting, both staff and students may be at risk from carbon monoxide poisoning as they both share the same premises and breathe the same air.

Workplace premises in the UK are subject to a range of legal duties and health and

safety regulations. Key pieces of legislation are the Health and Safety at Work, etc. Act 1974 (HSWA) and the Workplace (Health, Safety and Welfare) Regulations 1992. Also relevant are the Building Act and current fire regulations.

Under the HSWA, employers have a duty, as far as is reasonably practicable, to ensure the health, safety and welfare of employees at work. This duty includes the provision and maintenance of safe and healthy workplace premises and working environments. A similar duty is placed on occupiers or persons in control of work premises, but who is not the employer of the people who work on the premises.

Employers have a further duty to ensure, as far as is reasonably practicable, the health and safety of non-employees who visit the premises, such as members of the public, contractors and other care professionals.

In addition to the above, all owners of workplace premises are covered by the Gas Safety (Installation and Use) Regulations 1998 which impose a duty to make sure gas appliances, fittings and flues are safe. In particular, the regulations make them responsible for the maintenance and repair of flues, appliances and pipework by a Gas Safe registered engineer. Although there is no prescribed timeframe for these duties, they should ensure regular maintenance checks and subsequent repairs are in place.

Training

All new staff will receive training in The Services' policy in line with the education setting Standards.

Further and refresher training is provided to staff with specific responsibilities for health and safety and monitoring CO levels in The Services.

Maintenance, Waste & Pest Control Policy

Policy Statement

Spillages of body fluids such as saliva, sputum, vomit, blood or excreta are unlikely to be a regular occurrence at The Services; however, any such spillage can pose a significant health hazard and must be dealt with immediately using the proper precautions. This Policy will summarise the procedures to be taken to clean up body fluid spills thoroughly and efficiently, to help ensure the health, safety and welfare of students, staff and visitors in the setting.

Legal Background

The Services will adhere to all relevant UK laws covering infection control and hazardous body waste, including:

- the Health and Safety at Work, etc Act 1974
- the Public Health Infectious Diseases Regulations 1988
- the Control of Substances Hazardous to Health Regulations 2002 (COSHH)

Under this legislation and associated codes of practice, The Services understands its legal and moral duty of care to students and staff, and will, wherever practicable, protect its stakeholders from dangerous substances in the workplace, including the risk of infection/disease transmission.

Cleaning Procedures

Staff at The Services must treat every spillage of body fluids or body waste as potentially infectious and deal with them as quickly as possible while practicing appropriate caution. The use of appropriate personal protective equipment (PPE) is essential before attempting any cleaning of body fluids. Protective gloves and aprons should be worn, and eye protection if there is a risk of splashing. Mops and buckets should never be used for cleaning up body fluid spills to avoid residual contamination. All necessary cleaning products and equipment are stored in the lockable utility/chemical storage cupboard.

For spillages on hard/non-porous surfaces:

1. Put on clean disposable gloves, apron and other appropriate PPE.
2. Remove excess biological material using clean absorbent paper towels and discard as hazardous waste (see Waste Disposal Policy). Any solid or semi-solid matter in the spillage should be removed first as this can inhibit the disinfectant.
3. Cover the remaining spillage with clean absorbent paper towels soaked in a 10,000 parts per million (ppm) available chlorine/hypochlorite solution/bleach (EXCEPT FOR URINE SPILLS - SEE NOTE BELOW) and leave for 2 minutes. After 2 minutes, remove the towels and discard as hazardous waste.
4. Clean the area with hot water and a suitable detergent cleaner and dry thoroughly.
5. Clean any water bucket or bowl used in fresh soapy water and dry thoroughly.
6. Remove and discard PPE as hazardous waste.
7. Wash hands with soap and water using the 12-step procedure.

IMPORTANT NOTE: Bleach/hypochlorite must never be applied directly to urine spills as these chemicals can react with the ammonia in urine to produce toxic chlorine gas. Urine should be cleaned up using towels and the area cleaned with detergent before applying any bleach or disinfectant.

For spillages on absorbent surfaces/soft furnishings:

1. Put on clean disposable gloves, apron and other appropriate PPE.
2. Remove excess biological material using clean absorbent paper towels and/or absorbent powder such as Vernagel, a super absorbent powder which prevents spillages and leaks by solidifying liquids. Vernagel is designed specifically to cope with bodily fluids – trapping them in a dry, semi solid gel that is convenient and easy to dispose of. Any solid or semi-solid matter in the spillage should be removed first as this can inhibit the disinfectant.
3. Clean the area with cold water. Any detachable soft furnishings, carpets, linen, upholstery, etc. must be removed and machine-washed thoroughly with detergent and hot water (where consistent with manufacturer's care instructions), separately from general laundry.
4. Allow to dry fully, then clean the affected area with a mechanical cleaner (e.g. carpet cleaner).
5. Where appropriate, decontaminate the affected area following the fabric manufacturer's instructions.
6. Remove and discard PPE as hazardous waste.
7. Wash hands with soap and water using the 12-step procedure.

Please note that some fabrics/soft furnishings may be damaged by disinfectant/bleaching products such as sodium hypochlorite. The Health and Safety Executive (HSE) recommends that fabrics which cannot tolerate chemical disinfectants should be washed with a detergent and steam cleaned. If the item remains soiled after attempting to clean it, it should be disposed of and replaced. However, staff should be sensitive to the ownership of possessions. Soft items and furnishings that are the property of a young person should be dealt with according to their wishes as far as is safe and practicable.

Health and Safety Precautions

Staff at The Services must adhere to the following provisions when cleaning or dealing with any spillage of body waste:

Always follow the manufacturer's guidance when using any cleaning product or equipment. This includes any dilution instructions for disinfectants.

Always wear the correct, clean PPE and use the right supplies when dealing with bodily fluids.

Disposable gloves and aprons must be worn.

Eye protection (e.g. goggles, visor) must be worn if there is a risk of splashing.

A medical-grade face mask must be worn if there is a risk of inhalation.

Plastic shoe covers should be worn where there is a risk of stepping in the spillage.

Use disposable wipes/paper towels wherever possible when dealing with bodily fluids.

Exercise caution when using strong chemicals such as hypochlorite as these can irritate or damage the skin/eyes and damage clothes and furnishings. Upon contact with skin or eyes, the affected area must be washed immediately with clean running water.

Urine spillages must not be cleaned with bleach/hypochlorite as this can release toxic chlorine gas.

Never mix cleaning products together as the chemicals can react with each other and produce harmful substances or render the cleaning products ineffective.

All cleaning procedures are subject to an appropriate COSHH risk assessment.

Training

Uncleaned spillages of body waste can represent a significant infection control hazard and it is therefore essential that all staff are trained to know exactly how to deal with a spillage and where to find the necessary cleaning products and equipment. This is especially essential as cleaning products themselves can also present a hazard to staff who are not trained in their use.

All staff are trained in this Policy as part of their induction and as applicable to their duties. In-site training sessions are conducted at least annually and all relevant staff must attend.

Pest Control Policy

Policy Statement

The Services recognises that any building or establishment can be at risk of pest problems, especially properties where large amounts of food or waste are kept. As an education setting provider, we have a duty of care to our students, staff and visitors to protect them from the potential dangers of an infestation.

The term "pest" refers to any animal that can infest human-inhabited areas and destroy or contaminate food, crops, buildings, furniture/belongings, etc. Common pests include insects such as flies, moths, beetles and bed bugs, silverfish and mites, as well as larger animals like rats, mice and foxes. Many pest animals can breed and multiply rapidly, so any concern must be dealt with as soon as possible. Pests can be particularly problematic around kitchens, food stores, waste disposal areas, heating plants, water/septic tanks, toilets, bathrooms and outbuildings.

The potential dangers of a pest infestation include:

- Unsanitary conditions where germs and disease can take hold and proliferate.
- Risk of food poisoning/water contamination
- Damage to buildings and premises, causing safety hazards (e.g. mice represent a risk to buildings by eating their way through the wood and by gnawing electric cables, therefore increasing the risk of electrical fire).

In businesses where food is stored and provided on the premises, the possible risk of food poisoning is a serious one as many pests carry microorganisms that cause disease, such as Salmonella. The Services also recognises its obligation under environmental health legislation to control pests and ensure that food produced and stored on the premises is free from contamination and meets all food hygiene standards and requirements, including the Food Safety Act 1990.

This Policy describes The Services' approach to any form of pest control and the need to maintain high standards of cleanliness and hygiene in line with all statutory requirements and our duty of care. The Policy is in line with national care standards that require care services to maintain high standards of cleanliness of facilities and equipment and health and safety laws.

Procedure

The Services observes the following standard procedures for pest control:

- A comprehensive cleaning and maintenance system is used to ensure that the premises and their surroundings are clean, hygienic, secure and in good repair at all times.
- The Health and Safety Lead and maintenance team will ensure that all windows and doors to kitchen and food storage areas are appropriately screened and the screens fit securely into their frames.
- Staff will be trained to identify the signs of any pest infestation and to report any concerns to their manager.
- Appropriate action will be taken in the event of any pest problem – depending on the nature and severity of the problem, actions may be taken by in-site maintenance staff, by the employment of expert contractors or by referral to and full co-operation with local authority environmental health teams.

Where contractors are employed for pest control purposes, The Services will only use contractors that are registered with the British Pest Control Association (BPCA) and on the list of approved contractors.

The Line Manager and Health and Safety Lead will complete and review appropriate risk assessments relating to the use of deterrents, traps, baits and pesticides.

Humane and environmentally friendly control methods will be employed wherever practicable.

All staff are required to:

- comply with the Waste Disposal Policy – especially the procedures relating to food waste – and keep waste bins clean and tightly covered
- store foodstuffs according to recognised food hygiene practices, including keeping foods in resealable containers with airtight lids and keeping perishable fresh foods such as dairy products in a fridge
- keep kitchens, dining rooms and other areas where food is eaten clean and free of food residue and crumbs, clear up spillages and avoid leaving food out on surfaces
- clean regularly and minimise clutter inside and outside buildings, maintaining high standards of cleaning and hygiene, and making sure areas are swept and vacuumed often (especially in eating areas) to help eliminate food sources for pests such as mice
- keep rubbish areas clean and tidy and store waste in closed refuse containers that are collected regularly.

Maintenance staff and contractors are required to:

- seal cracks, crevices, and other gaps, especially around doors and windows to prevent the ingress of pests
- seal any cracks and leaks in pipes and faucets
- keep trees, shrubs and flowerbeds well maintained and avoid having them touch the buildings
- ensure that gutters are cleaned regularly, and direct water from downspouts and drains away from buildings
- seal any gaps where utility wires or pipes come into buildings
- ensure that basements and attics are well ventilated
- employ traps and baits with extreme care and according to manufacturers' instructions, placing them in secure areas and keeping them away from people and pets
- follow all aspects of COSHH guidelines when using substances that may be hazardous to health, such as pesticides.

Implementation

All staff have a collective responsibility for implementing the above procedures. Overall responsibility for applying, monitoring and reviewing this Policy rests with the Director. Information on the Policy will be made accessible to all staff, shared with new employees, and incorporated within our cleaning, maintenance, infection control, food safety and waste disposal procedures.

Training

All new staff are encouraged to read this Policy as part of their induction process. Those with specific duties and responsibilities under the Pest Control Policy will be offered additional training.

Staff will be trained to know what to do in the event of spotting signs of possible pest infestations, including insects, mites and rodents.

Maintenance staff who will be required to tackle minor pest problems will be given further specialist training in deterring, controlling and eliminating pests, including all necessary health and safety training.

Flooding and Cleaning Policy

Policy Statement

There are many potential dangers associated with flooding, including health and safety risks, travel disruption, and property damage. The main sources of floods include rainstorms, mains water leaks and overflow from sewers, rivers and canals. As extreme weather and water pollution become greater concerns, The Services recognises the importance of having robust systems to deal with floods and protect students, staff and visitors as well as their belongings and the building itself. This Policy defines the actions to be taken upon a major flooding incident at The Services, including risk assessments, contingency plans and sanitation procedures for floods arising from river or sewage overflows where the floodwater is likely to be polluted or contaminated.

Responsibility

The Directors/Head of Centre/ Line Manager(s) are responsible for the implementation and management of any response to a local flooding emergency. They will ensure

- Service continuity plans are put into effect, including checking on the wellbeing of students to see how they might be affected, and rescheduling plans where there are clear disruptions.
- The Services' premises remain in secure, in good repair and compliant with health and safety regulations.
- Evacuation plans are in place in respect of The Services.'s premises where directed by the Local Authority or emergency services.

Planning for a Flood

→ Risk Assessment

As part of our general service continuity planning, The Services carries out risk assessments for flooding as part of the Location Risk Assessment, using Local Authority and Environment Agency guidance, and will monitor local flood and weather alerts, including for flash flooding.

The Services will take all reasonable steps to mitigate the adverse impacts of flash flooding by ensuring all buildings are well-maintained, with drains kept clear and pipes regularly checked for leaks.

We will also assess the risks of any student's education setting being exposed to flooding and take these risks into account in the Support Planning process.

→ Preparation Measures

Where a flood risk is identified, The Services will:

- Prepare a contingency plan to mitigate the effects of possible flooding in line with Local Authority and national guidance, which will include arrangements to:
- Ensure students stay safe, warm and dry and have continued access to essential supplies, including food, water and medication.
- Protect students' wellbeing, ensure continuity of support and minimise disruption to their lives.
- Maintain sufficient staffing levels if travel is disrupted, e.g., by deploying temporary/cover staff where regular staff are unable to come to work.
- Ensure continuity of support in the event that some students have to be temporarily relocated to another service.
- Put in place appropriate measures to protect The Services' property and premises and limit potential loss or damage wherever possible.
- Ensure the appropriate insurance arrangements are in place to cover damage and disrupted operations.
- Brief staff on the procedures to follow in the event of local flooding or on receiving a flood warning.
- Consult fully with Local Authorities and emergency services on the flood contingency plans.

Post-Flood Cleaning/Maintenance

→ Safety Precautions

Before conducting a post-flood clean-up, all persons carrying out the cleaning must be properly attired in waterproof aprons, rubber gloves and rubber boots. If pressure-washing is involved, a disposable face mask and washable protective goggles should also be worn.

Any wounds or open sores in the skin must be thoroughly cleaned and covered with waterproof dressings or plasters to guard against infection from contaminated floodwater.

Mains gas and electricity supplies must be kept switched off after a flood if there is any possibility that they may have got wet. These utilities must be checked by a qualified technician before they are switched on.

→ Clean-Up Procedures

Items That Can Be Used After Cleaning:

Non-porous Items: Metal, glass, and ceramic kitchenware must be thoroughly washed and sanitised with hot water and detergent.

Canned Foods: Canned goods that have not been damaged or rusted. These should be washed and sanitised before opening.

Utensils and Cookware: Stainless steel utensils, pots, and pans can be used after they are thoroughly cleaned and sanitised with hot water and detergent.

Hard Surfaces: Countertops, tiles, and other non-porous surfaces must be cleaned with detergent and hot water, followed by sanitisation with a suitable disinfectant.

Items that must be discarded:

- **Perishable Food Items:** Any food that has come into direct contact with floodwater, including fresh produce, meat, dairy and any opened or unpackaged food items.
- **Packaged Foods:** Foods in paper, cardboard, or any non-waterproof packaging, as well as items in jars or bottles with screw-top lids, pop-tops, or peel-off tops.
- **Single-use Items:** Disposable items like plastic cutlery, paper plates and napkins that were exposed to floodwater.
- **Porous Materials:** Wooden chopping boards, wooden porous spoons, utensils, and any other porous kitchen tools or equipment must be discarded and must not be re-used for food preparation.
- **Damaged Equipment:** Any kitchen equipment or appliances that have been submerged or show signs of water damage, especially if they have electrical components.
- **Soft/fabric items** such as bedding, clothing and curtains must be machine-washed at 60°C or hotter with detergent and separately from other laundry. If problems with the drainage system are suspected, it is recommended that large quantities of laundry be washed at a local laundrette until such systems are cleared or repaired by a qualified professional.

Dirty water, mud and silt should be expunged from the property as far as possible, including any spaces under the floorboards which, in extreme cases, may need pumping out.

Any dead insects, pests or organic matter pose a high contamination risk; they must therefore be handled with washable rubber gloves and placed in a suitable plastic bag for disposal in accordance with the Waste Disposal Policy.

After cleaning, hands must be thoroughly washed with anti-bacterial soap and warm water. All clothes, shoes and garments worn during a clean-up must be machine-washed at 60°C or hotter with detergent, on a separate wash cycle to other laundry, immediately afterwards.

→ Drying-Out Procedures

Following the post-flood clean-up, the premises should be left to "dry out" before moving back in, to avoid any adverse effects of condensation in the air.

Windows and internal doors should be kept open to maximise airflow, so far as this does not pose a security risk. Where deemed safe, electric fans, heaters and dehumidifiers may be used to speed up this process. These must be battery-powered unless the mains electricity has been confirmed to be in working order. If any portable indoor heating appliances are used, it must be ensured that there is adequate ventilation and that they do not present a fire hazard. Any stand-alone appliances powered by fuel combustion must not be used indoors to avoid any risk of carbon monoxide buildup.

Central heating can also be used to assist in the drying-out process, provided that the system has been checked by a qualified engineer. Thermostats should be set at an optimum of 20-22°C for a steady drying-out effect.

Any air bricks to underfloor areas must be kept unblocked to ensure adequate cross-ventilation to these areas.

As walls and floorboards continue to dry out, there will likely be residual dust and waste material left behind, which should be regularly vacuum cleaned up. Rubbish should be placed in hard bins or strong bags to await collection.

Any mould or mildew that has formed on floors, walls and surfaces should gradually disappear during the drying-out process. If mould persists, an appropriate specialist cleaning contractor should be deployed to decontaminate the property before students move back in to protect them from harmful exposure.

→ Recovery

Following a flooding incident, The Services will implement the recovery procedures:

Any students adversely affected by a flooding episode will have their needs reassessed and counselling offered where necessary to ensure their continued wellbeing.

Staff will also be supported to address any practical and occupational health issues arising from the incident.

The Services premises will undergo a thorough inspection for any physical or structural damage, and utility supplies checked thoroughly by qualified contractors.

Any persons who may have been exposed to polluted or contaminated floodwater will undergo a full health assessment and appropriate control measures put in place.

Local Authorities and service commissioners will be fully consulted on the recovery plans.

Waste Disposal Policy

All waste generated at the site will be classified into three categories:

1. Domestic / Household Waste.
2. Biohazardous / Clinical Waste.
3. “Sharps”

Waste will be collected into plastic bags according to the following colour-coding system, which reflects appropriate waste management principles managed at The Services:

Domestic waste that cannot be recycled will be collected in black plastic sacks and placed into the refuse disposal container provided for this purpose by The Services staff. This container is kept outside and is closed at all times to prevent the ingress of scavenging animals and to reduce the incidence of environmental litter. The container will be kept inside the back doors of the premises until collection day when the black bags will be securely fastened and placed outside for collection.

Domestic waste that can be recycled will be collected in white plastic sacks and left for collection on the appropriate days. If the local authority has provided appropriate containers for the collection and segregation of recyclable materials, these will be used instead.

The responsibility for collecting and storing waste in readiness for collection will be that of the appropriate person in charge of the respective sections, with assistance from Domestic Staff as needed.

The collection will be through the normal refuse collection services, as listed on the Preferred Service Sub-contractors List.

On no account should:

- clinical waste be mixed with domestic waste in black bags
- clinical waste be stored near domestic waste in black bags
- bags be placed outside until collection day, to minimise access by scavenging animals/pests

The responsibility for the daily management of waste will be that of the person in charge of the department where the waste has been generated. This person will ensure that all waste is correctly bagged, sealed and stored in readiness for collection.

The effective management of waste will form an essential part of Staff Training Plans.

Clinical Waste

Clinical Waste is classified by C.O.S.H.H. into five categories:

ClassA: Human tissues and/or blood (whether infected or not)

ClassB: Contaminated disposable Sharps, e.g. used hypodermic syringes,

cartridges ClassC: Microbiological cultures from research laboratories

ClassD: Pharmaceutical products and chemical wastes (including outdated drugs)

Class E: Disposable containers for faeces, urine and other bodily secretions/excretions not covered by Class A, e.g. disposable bedpans, incontinence pads and urine containers.

This procedure will address Classes A, B & E, which are of direct relevance to The Services. Class D (for outdated drugs) is addressed in the Medication Policy; Class C is not applicable to The Services. Classes A & E

The responsibility for managing waste in readiness for collection will be that of the appropriate Supervisor / Manager of the Department where the waste is generated, with assistance from Domestic Staff as needed.

Clinical waste will be collected and placed in colour-coded plastic bags, which, when full, are securely fastened. Staff handling such waste must always wear disposable protective gloves and aprons. After use, this disposable clothing will be treated as clinical waste.

All secured bags will be kept in the locked out-buildings used for storing pesticides, to await collection.

Collection of waste will be undertaken by a specialist waste disposal contractor as listed on the Preferred List of Service Sub-contractors at The Services. The Services will formally agree on collection services with this contractor.

A Certificate of Collection/Disposal will be issued by the contractor for each load collected as confirmation that the load has been collected and properly disposed of. These Certificates will be retained by the Proprietor or Manager as part of the Quality Records System.

Class B - Sharps

“Sharps” is a collective term to describe needles, scalpels and other sharp instruments, glass ampoules and broken glass. It is essential that sharps are handled and disposed of safely, and to avoid needle-stick injury since exposure to contaminated blood and blood-stained body fluids can be associated with the transmission of blood-borne viruses.

All sharps MUST be disposed of in special plastic sharps containers supplied by an approved contractor. This contractor will also be responsible for collecting sharps containers when full and supplying new containers as part of the overall waste disposal contract.

The use and handling of sharps containers will be subject to an appropriate Risk Assessment in the form of an Infection Control Checklist.

The following Health & Safety measures must be observed when handling sharps and sharps containers.

Sharps containers must conform to BS7320 or UN3291 standards.

Handling of sharps should be kept to a minimum. Needles must not be bent, broken or re-capped.

Sharps must be discarded at the point of use directly into the sharps container.

No attempt should be made to retrieve items from a sharps container.

Sharps container will be used to a maximum of 3/4 full as indicated by a mark on the container. Staff must not try to press sharps down in the container to make more room.

When full, the sharps container must be sealed shut and placed in the out-buildings to await collection for incineration by the waste disposal contractor.

When carrying a sharps container this must be done using the handle and ensuring that the aperture to the container is properly closed.

Handling Needle-stick and Other Sharps Injuries

It is recommended that staff who handle sharps, and hazardous infected waste, should receive a course of Hepatitis B vaccine and have their antibody level checked to establish immunity.

In the event of a needle-stick or sharps injury, the following First Aid procedure must be performed:

Squeeze the wound to encourage bleeding.

Wash the wound in soap and warm running water but without scrubbing.

Cover the wound with a dressing.

Ensure that the sharp is disposed of safely in accordance with Part A of this Policy.

Report the incident to the immediate supervisor and complete an Accident Report.

Depending upon the source of the sharp, and the perceived degree of exposure to blood-borne viruses, it may be necessary to go to the nearest hospital Accident & Emergency Department.

Maintenance Policy

Policy Statement

The Services understands its responsibility to provide safe, functional and well-maintained facilities and services as part of its duty of care to students and staff and statutory obligations with respect to health and safety.

This Policy summarises the arrangements in place to ensure that all buildings, internal and external structural facilities, utilities, fixtures and grounds on The Services premises are maintained in a clean and safe condition and good state of repair.

The Policy also outlines our procedures to ensure proper servicing, safety checks, maintenance and calibration of all fitted and portable equipment, appliances and installations on the property. This includes:

Equipment, appliances and installations owned by and in use at The Services (e.g. security/call systems, lighting, ventilation and utility supply systems, kitchen/laundry appliances, stairlifts/mobility equipment, portable electrical appliances, digital probe thermometers, etc.)

This Policy should be read and understood by all staff for general information and awareness purposes.

The Health and Safety Lead/Line Managers are responsible for the maintenance and management of The Services equipment, installations and premises.

Maintenance Standards

The Services will monitor and maintain its premises to meet the following standards.

Floors

Slip-resistant floor surfaces should be provided in kitchens and dining rooms.

Floors should be kept in good condition without defects creating tripping hazards.

Adequate drains should preferably be provided to carry away water, drips and spillages.

Walls

Walls should be smooth, impervious and easily cleanable, without sharp corners created by tile damage, etc.

Ideally, exposed quoins (square corners) to the wall surface should be protected to at least two metres, with angled strips of stainless steel or plastic construction.

Ceilings

Ceilings should be structurally sound with no danger of collapse.

Doors

Doors should be kept in good repair and working condition, with particular attention to exposed edges where splintering may occur.

Internal doors should be fire-resistant fire doors triggered by activation of the fire alarm.

Lights

Lighting must be sufficient to enable staff and students to clearly see what they are doing and where they are going.

Light fittings should be positioned so that there is even lighting throughout the working area, without glare or shadowing.

Fittings should be cleaned regularly.

Light bulbs must be replaced with the same or equivalent wattage and specification.

Ventilation

Ventilation, with sufficient air changes and adequate movement of air, is necessary to cool the building and control humidity.

Fume extraction alone may not be sufficient in some areas (eg kitchens) and additional fans or air conditioning units may be necessary.

The main hazard associated with range extraction canopies is a fire caused by the ignition of accumulated grease within the hood and hood filters. In order to overcome this hazard:

Grease filters should be removed and cleaned regularly.

The inside surfaces of canopies should be cleaned regularly.

Oven gloves, towels, etc., should not be hung over or near cooking ranges, etc.

If a fire starts, the emergency procedures relevant to the premises should be carried out.

Fire Safety (See Fire Safety Policy)

Provision of adequate firefighting equipment, heat/smoke detectors, escape routes and alarm points in accordance with the Fire Risk Assessment, and as required by provisions of the Regulatory Reform (Fire Safety) Order 2005.

All maintenance of equipment must be serviced or repaired by an approved company.

Extinguishers should be checked on a regular basis to ensure they are in position, unobstructed and have not been discharged.

Extinguishers should be inspected (at least annually) by The Services's specialist contractor, with the date of inspection normally recorded on the extinguisher. If an extinguisher has not been so inspected or is otherwise defective, inform your relevant manager or senior on-duty staff member.

Gas Safety

The provision of an accessible gas shut-off valve is required, to allow isolation of gas supply to all appliances in an emergency.

The main hazard associated with gas is fire and possibly explosion when accumulations of unburnt gas are ignited.

Gas appliances should be regularly serviced by a competent engineer.

Service records should be held in line with the Records Policy.

Always follow the manufacturer's instructions.

If an integral ignition device repeatedly fails, then this should be reported to The Health and Safety Lead/ Head of centre/Line Manager and maintenance personnel.

Appliances with manual ignition should always be lit using a taper.

Gas Leaks

If you smell gas or suspect a leak:

Do not use any naked flames.

Do not switch the lights or any other electrical equipment on or off.

Open doors and windows to get rid of the gas and leave them open until the leak has been stopped.

Report the leak.

If in doubt, evacuate the premises.

Isolate the gas supply.

Water and Scale

Limescale in water supply pipes, steam boilers, etc., can cause blockages which can lead to serious accidents including explosions. In this respect, water softening equipment should be operated correctly and descaling procedures carried out as necessary.

Soft scale can be removed with a nylon brush and a good supply of hot water, but a hard scale may require the use of acidic descaling liquids.

The shut-off valve in the case of water incidents/emergencies is to be clearly identified within the premises.

Yearly Legionella testing should be carried out and evidence available for inspection.

Kitchen/Cooking Areas

All equipment should be installed on a level surface on a secure base.

Smaller items of equipment located on the work surface should be stable.

There should always be sufficient room around items of equipment for staff and students to move around and work safely.

Staff using knives and other food preparation equipment should have sufficient workspace.

Side-hinged and bottom-hinged doors to ovens etc. should not obstruct a walkway.

Hazards can occur by the incorrect placing of equipment, e.g. a deep fat fryer should not be positioned next to a sink unit (or other water supply) or a shelf placed above an open-top range.

Thermometers/thermostats

All thermometers and thermostats (e.g. oven/cooking thermometers, water thermometers) will be calibrated at least annually at the same time as the appropriate audit is carried out. The thermometer calibration process will involve pouring some hot water into a clean vessel and placing all thermometers and probes into the water at the same time. All thermometers should stabilise at the same temperature reading. Any outliers should be marked as faulty and taken out of use until they can be repaired or replaced. A record will be made in the audit confirming that the process has been completed and describing any problems found and the action taken.

Risk Assessment

In any circumstances or events where a risk has been identified a risk assessment must be implemented for all to follow. This must include:

- Details of identified risks and hazards
- Level of risk prior to assessment
- Action plan/risk management strategy
- Reinforcement
- Level of risk once the assessment is implemented.

All risk assessments must be graded by an appropriate matrix and advice obtained in any areas of uncertainty. They must be agreed and signed off by The Head of Centre and other relevant persons.

No new equipment or new procedures will be introduced before the matter has been discussed with The Health and Safety Lead/ Head of centre/Line Manager and a full risk assessment has been conducted, taking into account the requirements of the Provision and Use of Work Equipment Regulations 1992.

Falls Prevention

Slips, trips and falls are the most common cause of injury in the workplace and are mainly caused by poor housekeeping standards and insufficient maintenance.

Slips, trips and falls may be caused by:

- Slipping on wet or greasy surfaces or treading on slippery objects
- Tripping over clutter/obstructions, uneven floors/steps, etc.
- Falling from various heights such as chairs, stools, ladders, stairs, windows and balconies

Avoiding clutter and keeping passages and stairways clear and well-lit is a crucial way to help prevent slips, trips and falls and protect staff, students and visitors from avoidable harm. In particular, yard areas where deliveries may take place should be clear of debris to facilitate safe distribution and transportation of goods.

All staff should adhere to the following protocols to minimise the risk of falls:

If you need to reach something high up, always use a proper step ladder, step stool or portable platform (see below). Do not stand on tables, chairs, crates, boxes, etc.

All floors should be kept dry and grease-free to avoid slipping hazardous; especially those in kitchens and on stairways. Any mess or spillage should be cleaned and dried up immediately.

Any worn, torn or warped linoleum or PVC covering, raised tiles, turned-up edges of mats, carpets or rugs must be corrected immediately or reported to The Health and Safety Lead/ Head of centre/Line Manager for repair.

All surfaces where people may walk should be kept in good condition.

Any floor polish should be non-slip and must not be used under mats or rugs.

Staff should wear appropriate footwear and avoid loose or cumbersome shoes, flip flops/slides, high heels and slippers, as they can pose a tripping hazard.

Ladders

Ladders should only be used by a competently trained person.

When trying to reach a high object, staff must always use the right equipment and never improvise with something close to hand. When using a ladder, the following rules should be observed:

Use the correct type and height of the ladder. Place it on a safe, non-slip base, with the top of the ladder resting against a firm surface. The ladder should either be tied securely at the top or stacked securely at the bottom. The distance between the foot of the ladder and the surface against which it is resting should be about a quarter of the height of the ladder.

Treads of all ladders should be in good condition and strong enough to bear the weights they are going to be taking.

Wear suitable footwear.

Stairs

It is important that stairs are always kept free from obstruction and any clutter or trip hazards are reported to the Health and Safety Lead/Line Managers

Window Restrictors

Where vulnerable students have access to windows large enough to pose a risk of falls, those windows should be fitted with window restrictors to prevent such falls. Window restrictors should:

restrict the window opening to 100 mm or less

be suitably robust to withstand foreseeable forces applied by an individual determined to open the window further

be sufficiently robust to withstand damage (either deliberate or from general wear);

be robustly secured using tamper-proof fittings so they cannot be removed or disengaged using readily accessible implements (such as cutlery) and require a special tool or key. Please note that 'safety restricted hinges' that limit the initial opening of a window can be overridden without the use of any tools and are not suitable in health and social care premises where individuals are identified as being vulnerable to the risk of falls from windows.:

ensure the window frames to which restrictors are fitted are sufficiently robust;

consider any impact on the comfort of students from reduced natural ventilation and provide adequate cooling where necessary (e.g. high-level and/or restricted aperture ventilation, fans or air conditioning).

Maintenance Procedures

A year planner will be prepared which will identify the checks to be done, and their frequency, on all The Services equipment, installations and premises to ensure that all remain in a good state of repair. Any necessary maintenance or repair work will be carried out by a specialist service subcontractor from the Preferred List of service subcontractors (with full records to be maintained by the Director).

Indoor Maintenance Checks

The following checks should be carried out as part of routine indoor/buildings maintenance:

- Safety checking of the electrical wiring system, including emergency generators.

- Checking the condition of the plumbing, with particular attention to lead water pipes
- Verification that 43°C thermostats fitted to water outlets are functioning correctly.
- Evidence of the ingress of damp through ceilings, walls and floors.
- Worn carpets, which may present a trip hazard.
- Checking the roof for displaced or missing tiles etc.

Outdoor Maintenance Checks

The following checks should be carried out as part of routine exterior/grounds maintenance:

- Paths and driveways should be level and free from hazards.
- Sound boundary walls, fences, etc.
- Handrails fitted onto steps, ramps etc.
- Lighting over exits, drives and pathways.
- Upkeep of gardens.
- Wheelchair ramps are even and in good repair.
- Safe upkeep of ornamental ponds and lakes, ensuring adequate fencing where required.
- Sound and secure condition of garden sheds etc, particularly where these are used for storing pesticides, fertilisers, fuels and other hazardous substances.
- Sound condition of garden furniture, gazebos and other ornamental structures.

Maintenance and Damage Records

All damage to premises, equipment or installations must be notified formally to the senior on-duty staff member, and The Health and Safety Lead/ Head of centre/Line Manager should then be informed via a Maintenance Record Form. A copy of every completed form must be retained in the Director's office.

All electrical equipment must have undergone PAT and evidence must be clearly documented on the equipment and a record retained in the office.

An annual electrical installation inspection must be completed by a qualified engineer and documents of evidence stored in the site.

Records of servicing, maintenance and calibration will be retained in accordance with the Records Policy.

Repairs/Emergency Repairs/Untoward Events

In the event of an equipment breakdown or malfunction requiring repair, the affected equipment should not be used. The Health and Safety Lead/ Head of centre/Line Manager will call the relevant supplier/contractor from the Preferred List of suppliers and contractors to perform the needed repairs/replacements. If there is no relevant contractor listed or they are

unavailable, arrange for suitable contractors to quote for the work required. The Head of Centre/ Health and Safety Lead must be informed.

The Services has an emergency file containing guidance and risk assessment/management procedures to be enacted in the event of any emergency/crisis situations. This file/book is kept in the reception area and includes the Preferred List, which The Health and safety Lead should keep up to date.

Power Failure Procedure

"Power failure" for the purposes of this Policy will be taken to mean the complete failure of the power supply at The Services premises due to e.g. adverse weather conditions, property damage or a generalised malfunction.

The Services is equipped with a backup emergency lighting system which is tested and maintained on a regular basis in accordance with the testing records.

In the event of a power failure, the following provisions apply:

The emergency lighting system is set to be triggered upon failure of The Services' main electrical circuit.

All staff must take care to switch off electrical appliances in use at the time of the failure. This is especially critical for kitchen appliances.

There is a list of the emergency telephone numbers of key local services kept in the emergency file. The emergency number of the electrical supply company will be called by the Director, proprietor, or senior on-duty staff member in order to ascertain the problem and to verify how long repairs will take and the projected duration of the power cut.

Depending upon the above, at the discretion of The Line Manager, contingency plans may need to be put into practice for:

Evacuating the premises on a temporary basis (if, for example, the loss of power has led to a breakdown in the heating system) - refer to the Evacuation Policy.

Freeing anybody that may be trapped in an elevator or similar.

For more information, see the Emergency Contingency Plan Policy.

An Incident & Action Log Form will be completed with details of the loss of power and action taken.

Accident & Incident Reporting (incl. RIDDOR)

Policy Statement

The Services is committed to ensuring that all accidents, incidents, hazards, and near misses are reported promptly and accurately in line with legal requirements. All staff have a collective and individual responsibility to monitor their environment for potential health and safety hazards and report them so they can be rectified before causing harm. Employees also have a statutory obligation to report any conditions that could represent a danger to health and safety in their workplace.

Accident Record Book

- An accident form must be completed as soon as possible after the accident occurs by the member of staff or first aider who deals with it.
- As much detail as possible should be supplied when reporting an accident.
- Records held in the first aid and accident book will be retained for a minimum of **3 years**, in accordance with Regulation 25 of the **Social Security (Claims and Payments) Regulations 1979**, and then securely disposed of.
- The Health & Safety Officer will keep a record of any accident which results in a reportable injury, disease, or dangerous occurrence as defined in **RIDDOR 2013** (Regulations 4, 5, 6 and 7).
- The Health & Safety Officer will report these to the Health and Safety Executive as soon as is reasonably practicable and in any event within **10 days** of the incident.

Reportable Injuries, Diseases or Dangerous Occurrences Include:

- Death
- Specified injuries such as:
 - Fractures (other than fingers, thumbs and toes)
 - Amputations
 - Permanent loss or reduction of sight
 - Crush injuries to the head or torso causing internal organ damage
 - Serious burns (including scalding)
 - Any scalping requiring hospital treatment
 - Loss of consciousness caused by head injury or asphyxia

- Injuries from working in an enclosed space leading to hypothermia, heat-induced illness, resuscitation, or hospital admission for more than 24 hours
- Injuries where an employee is away from work or unable to perform normal duties for more than **7 consecutive days**
- Any accident leading to someone being taken to hospital
- Any event that could have resulted in injury (near miss)

Examples of Near-Miss Events Relevant to Provisions:

- Collapse or failure of load-bearing parts of lifts and lifting equipment
- Accidental release of a biological agent likely to cause severe human illness
- Accidental release or escape of any substance that may cause serious injury or damage to health
- Electrical short circuit or overload causing fire or explosion

General Provisions

The Services will:

- Conduct thorough location and equipment risk assessments at regular intervals.
- Implement an effective system for reporting hazards found by staff.
- Remind staff of their legal and contractual responsibilities regarding hazard reporting.
- Inform staff how to make a hazard report, including where forms are located and to whom to report.
- Instruct staff to verbally report serious and imminent dangers immediately (e.g., fire, gas leak, hazardous substance, security/equipment failure).
- Ensure all reported hazards are dealt with efficiently and effectively.
- Check that action has been taken following receipt of a hazard report.
- Complete hazard identification and maintenance checklists at prescribed intervals.

Procedure

- Any staff member who discovers a hazard or potential hazard must contact their Line Manager or the Health and Safety Lead as soon as possible.
- If there is a serious and imminent danger, notify the Line Manager or Health and Safety Lead verbally immediately.
- When safe to do so, complete a hazard report form (available in the office or from the Health and Safety Lead).
- Submit completed forms to the Line Manager or Health and Safety Lead promptly.
- The Line Manager/Health and Safety Lead will assess the situation and decide on the best course of action.
- Actions taken will be recorded and retained for inspection and monitoring purposes.

Further Guidance:

Information on how to make a RIDDOR report is available at:
<http://www.hse.gov.uk/riddor/report.htm>

Monitoring and Review

The Head of Centre/ Health and Safety Lead will check this Policy is working properly and they will review it at least once a year. We will make improvements to the Policy wherever we can.

Employees are invited to suggest any ways the Policy can be improved.

This Policy does not form part of any employee's contract of employment, and it may be amended at any time.

After reading this Policy, you should be able to:

Understand what the Health and Safety Policy is and how it operates.

Understand how the Health and Safety Policy operate at The Services and have an awareness of the actions we take in preventing, identifying and reporting concerns.

Understand the role you play in the Health and Safety Policy.

If you have not understood any of these points, please ask your Line Manager/Health and Safety Lead or trainer for further help.

Authorisation and Signature

This Policy is the authorised version agreed upon by the CEO.



OUTREACH • BARN • FARM • POST 16

All employees are expected to follow this Policy and failure to do so could result in disciplinary action.

Ludivine Parmentier

Chief Executive Officer