



7. Health and Safety

Legislation

- **The Children's Home (England) Regulations 2015**
- **Health and Social Care Act 2008, section 20 Regulations**
- **Regulation 12: of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010,**
- **The Health and Safety at Work etc. Act 1974**
- **The Management of Health and Safety at Work Regulations 1999**
- **Regulatory Reform (Fire Safety) Order 2005**
- **Public Health Infectious Diseases Regulations 1988,**
- **Health Protection (Notification) Regulations 2010**
- **Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)**
- **Control of Substances Hazardous to Health Regulations 2002 (COSHH),**
- **Environmental Protection Act 1990,**
- **The Food Safety and Hygiene (England) Regulations 2013**
- **L8 Approved Code Of Practice The Control of Legionella**
- **The Control of Asbestos Regulations 2012**
- **The Electricity at Work Regulations 1989**

Practice Evidence

Inspection Body	Outcome/ Regulation	Evidence
Ofsted	24 and 26	Medication Records and Facilities, Fire Safety Records, Locality Risk Assessment, Continued Improvement Process Record, Repairs and Maintenance Book. Facilities and Safety Manager

Practice Evidence

Inspection Body	Outcome/ Regulation	Evidence
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CQC	8, 9, 10 and 11	Medication Records and Facilities, Fire Safety Records, Legionella Risk Assessment, Electrical Testing Certifications, Organisational Risk Assessment, Locality Risk Assessment, Continued Improvement Process Record, Repairs and Maintenance Book. Facilities and Safety Manager
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Reference

7.1- Health and Safety Policy

7.2- Fire Safety

7.3- Accidents

7.4-First Aid, Home Remedies and Medication

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7.6- HIV, AIDS and Blood Borne Diseases

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7.1 Health and Safety Policy

Introduction

Ensuring the health and safety of staff and other people affected by the organisations activities is essential.

This document states our policy on health and safety and describes the organisational responsibilities and arrangements for carrying out the policy.

This policy comprises three sections:

1. A general statement of intent, which sets out aims and objectives of the policy.
2. Organisational responsibilities, which allocates responsibilities for health and safety to specific job roles in the organisation.
3. Organisational arrangements, which summarise how the policy aims are to be achieved

Health, Safety and Welfare Policy Statement

The Friends Therapeutic Community Trust's Directors and Trustees acknowledge and accept their statutory responsibility under the terms of the Health and Safety at Work Act 1974 for securing the Health, Safety and Welfare of its residents, employees and visitors. Health and safety at work can only be protected by organising and operating a management system designed with this objective in mind. The Director at Glebe House has delegated responsibility for Health, Safety and Welfare of the Glebe House Community.

The Health and Safety Policy is:

1. To ensure all the organisation's activities are planned and run in as safe a way as can reasonably and practicably be achieved.
2. To provide residents, employees, contractors, visitors and the public with a safe environment in which to work or visit, where hazards have been foreseen, risk assessed and minimised, and are adequately controlled.
3. To ensure the safe transport, storage, handling and use of hazardous substances.
4. To ensure residents and employees are competent, providing them with sufficient information, instruction, supervision and adequate training to allow them to understand the way in which each task is to be completed with greatest regard for safety.
5. To provide and maintain facilities for the wellbeing and convenience of residents, employees and visitors.
6. To make residents, employees and visitors aware of their responsibility for their own safety, and for the safety of others, and of the consequences of disregarding these responsibilities.

7. To consult with residents and employees on health and safety issues affecting their wellbeing, giving them necessary information, instruction and supervision.
8. To work, through continuous improvement, to prevent accidents and work-related ill health.
9. To review and revise the safety policy annually or at intervals as necessary, ensuring effective communication of any such revision.

The Management System is designed:

1. To provide a concise and clear management structure.
2. To provide written instructions in a Health and Safety Policy Manual showing how legislative requirements are to be met by staff with management responsibilities, and other personnel.
3. To arrange the annual planning of Health and Safety objectives, the means by which they are achieved, and the resources required for achieving these.
4. To use routine monitoring, plus audit and review procedures to check the efficient operation of the Management System.

The Director and Trustees ensure that in the annual operating budget, sufficient resources are allocated to allow the Health Safety and Welfare Policy to be achieved.

Organisational Responsibilities

The objectives of this policy are fundamental to our business and the Operational Directors are responsible for ensuring that the requirements of this policy are achieved. These persons are responsible for ensuring safety is taken seriously across the whole organisation.

The Director has responsibility for implementing the specific arrangements made under this policy throughout the trust. All staff are expected to read the relevant sections of the policy, familiarise themselves with its provisions and carry out their defined responsibilities.

Staff are expected and encouraged to be proactive on health and safety issues as part of the continued development of the health and safety culture of the organisation and the manual describes the arrangements for staff consultation and feedback.

All staff has a statutory duty to take reasonable care of their own Health and Safety and that of others who may be affected by their acts or omissions. They must also co-operate so far as is necessary to enable their employer to comply with his/her duties or requirements imposed by law. All members of staff are reminded that a breach of this duty could constitute a disciplinary offence. Specifically members of staff are expected to:

- Ensure their own health and safety and that of others who may be affected by their acts or omissions.
- Observe the trusts health and safety policy and procedures;
- To undertake any Health and Safety Training as directed by the Trust.

- Every employee provided with Personal Protective Equipment to use it in accordance with training and instruction given by the trust.
- Employees to report any loss or damage to PPE to the trust immediately it is noticed.
- Report to line managers any shortcomings, defects or hazards in working practices, equipment or processes that may be a risk to the health and safety of themselves or others in the course of their job;
- Report any incident or accident, including near misses however slight to their line manager immediately to enable any necessary action to be taken;
- Assist at all times, in maintaining good housekeeping standards within the workplace;
- Co-operate and assist in the effective completion of risk assessments with their line manager, and carry out any actions that may be required under the risk assessment process;

Organisational Arrangements- Information, Instruction and Training

Responsibility for staff to be informed on health and safety issues will lie with the Director.

Risk Assessment and Safe Systems of Work

The Director must ensure that any activities or leisure pursuits in which Children participate are, so far as reasonably practicable, free from avoidable risks and, on a day to day basis, staff should take reasonable precautions and make informed judgements about when to allow Children to participate in an activity. Suitable and sufficient caution is required and children should be provided with the opportunity to take risks proportionate to their age, level of understanding and in the light of assessments, historical knowledge and plans/strategies that are in place e.g. where the behaviour or choices that have already been made by a young person are poor or have placed them or others at risk, caused injury, harm or damage to property, staff must take this into consideration when planning activities. For additional guidance regarding risk assessments for activities, see **Leisure and Activities Procedures (Section 10, Guidance re Risk Assessments)**.

The same principles apply to risks in the Home. Trust managers should exercise sensible precautions about the home that a parent would, ensuring there is a homely environment that allows a certain degree of freedom. Where young people demonstrate or are assessed as being able to undertake everyday activities e.g. preparing of meals or looking after their own medication, they should be encouraged to do so rules regarding a safe environment are adhered to safely, taking account of the purpose of the home, age, understanding and known history of the young person.

The **Head of Business and Operations**, in consultation with **Facilities and Safety Manager** will be responsible for completing specific risk assessments on new or expectant mothers as laid down by the Management of Health and Safety at Work Regulations.

Accident Reporting and Investigation

Also see **Accidents Procedure**

All accidents, which occur to children or members of staff, must be reported to **Facilities and Safety Manager** who will inform the **Director** as and when required dependant on the severity of the incident. In all cases, the accident book must be completed no matter how minor including any investigation documentation.

The **Facilities and Safety Manager** shall be responsible for the completion of RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrence Regulations) reports.

Accidents occurring to other visitors or contractors employed by the company will also require reporting in the same way as mentioned above.

Where an accident has resulted in a fatality, major injury or dangerous occurrence as laid down in the [Accidents Procedure](#)

Health and Safety Monitoring

The **Facilities and Safety Manager** shall monitor health and safety. Performance shall be measured on accident statistics and relevant health and safety work related absences, risk assessment review and completion, and enforcement action taken against the company.

Health and Safety Assistance

Competent people have been appointed to assist in meeting Health and Safety objectives. These persons have sufficient knowledge and expertise to insure that statutory requirements are met and that the Health and Safety policy is being adhered to.

Post	
Health and Safety Manager	Nigel Roberts
Fire Safety Manager	Nigel Roberts
Employee Safety Representative	N/A

The company recognises that there may be occasions when specialist advice is necessary. In these circumstances, the services of competent external advisors will be obtained.

First Aid

Suitable numbers of first aid staff will be trained/on duty to deal with minor accidents and emergencies at the workplace. These personnel will have sufficient training and qualifications in accordance with statutory requirements.

See **First Aid, Home Remedies and Medication Procedure**

Emergency Procedures

Emergency procedures are designed to give warning of imminent danger and to allow all personnel to move to a place of safety. The Director is responsible for ensuring that all;

Approved by Peter Clarke, Director, April 2019

Children and young people, staff and visitors within the home are informed of, and are fully conversant with, emergency procedures.

Fire wardens will be appointed for each area to assist with an evacuation during unsocial hours. They will be given adequate instruction and training to ensure effectiveness.

Information and Communication

The Trust will ensure that suitable and relevant information relating to health, safety and welfare at the workplace is disseminated to staff and non-employees.

Statutory notices will be displayed throughout the workplace.

Health and Safety matters are discussed regularly at Health and Safety Meetings, Senior Management meetings and are an agenda item for Trust Board meetings and staff business meetings.

Employee Involvement in Policy Making

The desirability of a co-operative approach to Health and Safety in the workplace has been recognised for many years. A main recommendation of the Robens Committee in 1972 was that an internal policing system should be developed, whereby workforce representatives would play an active part in the workplace, both with employees and management, creating a positive role in explaining health and safety requirements to employees.

All workers have a right to work in places where all risks to their health and safety are properly controlled.

Workers who are encouraged to have a voice and are given the ability to influence health and safety are safer and healthier than those who do not.

A universally involved and consulted workforce would be a major achievement and contribute to getting health and safety recognised as a ‘cornerstone of a civilised society.’

An actively engaged workforce is fundamental to ensuring success of all other interventions on health and safety. It provides a ‘reality check’ for employers from the shop floor and helps ensure activities on health and safety lead to compliance.

These ‘trust’ relationships will build a shared vision of health and safety and if enough organisations encourage them they will reduce the overall need for regulatory intervention.

Employers have a duty to consult with their employees, or their representatives, on health and safety matters.

The law sets out how employees must be consulted in different situations and the different choices employers have to make. There are two different regulations that require employers to consult their workforce about health and safety:

Safety Representatives and Safety Committees Regulations 1977 (as amended);
Health and Safety (Consultation with Employees) Regulations 1996 (as amended).

7.2 Fire Safety

Responsibility and Recording

The Director has overall responsibility for fire safety in their homes and for ensuring that all facilities, including fire protection systems and extinguishers are in good order. They are also responsible for ensuring fire evacuation drills are carried out and checks made in accordance with these procedures.

However, the following person has overall responsibility in the Trust for Fire Safety and any persistent or serious problems or defects must be reported to this person: **Facilities and Safety Manager (Fire Safety)**.

All inspections, checks, defects and repairs must be recorded in the Fire Safety File, and checked/signed by the Facilities and Safety Manager and others, as set out in **Routine Inspections and Checks**.

Fire Risk Assessment

The Fire Risk Assessment is reviewed every twelve months; this may be sooner in the event of any major incidents, significant operational or environmental changes to the building, staffing, and/or residents i.e. age, behavioural risk.

Fire Risk Assessment must always be available for inspection by outside agencies.

The Fire Risk Assessment must be brought to the attention, and be available to all staff, including new (or temporary staff) as part of Induction.

Any amendments or revisions must be shared with all staff without delay.

Precautions

Staff have a general responsibility to be vigilant at all times during their shift and to take all reasonable steps to ensure that the safety of young people and colleagues is not compromised.

No young person is to be allowed matches at any time.

Smoking is not permitted on site see **Smoking and Alcohol Procedure**.

Candles, other than those used decoratively on cakes, must not be allowed on to Trust property and must never be used, even in a power cut.

All Homes must have torches in case of power failure.

Approved by Peter Clarke, Director, April 2019

Barbecues or campfires are never to be left unsupervised and never to be lit using petrol or other inflammable liquids (other than BBQ lighter used in the recommended manner.)

No campfire or barbecue shall be left to burn out. It must be extinguished with water after use.

Maintenance Van and Minibus are to carry a fire extinguisher at all times.

Induction

Staff

On the first day of employment in the Home all new or temporary staff (including agency staff) will have explained in detail Fire Drill Procedures and they will be walked through the key escape routes and directed to assembly points. In addition a copy of these procedures are available to new staff to read in the main office. (Glebe House Fire Safety Policy and Procedures)

As soon as reasonably practicable they will have been fully briefed and have taken part in a fire drill and evacuation ideally within an initial seven day period.

Young People

On the first day of admission each young person will have the Fire Drill procedure explained to them and they will be walked through the key escape routes and shown the assembly point. The young person will additionally be advised of the risks involved when fire occurs and the dangers associated with false alarms and tampering with fire equipment.

If reasonably practicable within the first seven days they will have taken part in a fire drill and evacuation.

Visitors to the Premises

Managers must ensure that the visitor's book is kept in a consistent location which is known to all staff and visitors. In the event of fire this must be removed from the building and used during the roll call to account for visitors to the site.

Individuals responsible for visitors are to ensure they are aware of what to do in the event of the alarm activating.

Fire Procedures

All Young People must be made aware of the Fire Procedures and escape routes upon admission.

On hearing the alarm all young people, visitors, off duty and duty staff must vacate the building as quickly as possible ensuring that all doors are closed behind them.

- a. The senior member of staff on duty is responsible for ensuring that people who do not hear or are ignoring the alarm leave the premises promptly. However, staff must not put themselves at risk to ensure they do so.
- b. If the opportunity presents itself and staff are in the vicinity enabling them to determine which part of the building is affected by checking alarm panel display as they vacate the building (if safe to do so). The senior member of staff must determine the next course of events, either to telephone the Fire Service or continue to determine if there is a fire. If there is any doubt as to the situation the Fire Brigade should be called.
- c. The senior member of staff is responsible for ensuring that the children and young people and visitors are at the designated assembly point and someone has undertaken a role call using the Handover File and visitor's book.

If it becomes apparent that someone is missing, immediately perform a recount and then try to establish where the missing person might be. This information should be passed to the Fire Service by telephone if they are on route.

- d. Send a responsible person to meet and update the Emergency Services, at the gate/drive or nearest junction (if appropriate) ensuring they are aware of any missing person and their possible location, giving them a copy of the fire evacuation plan.
- e. Fire extinguishers are provided at key points/locations to help people exit the building in an emergency, No attempt to fight the fire should be made, unless you are confident that you can quickly and safely extinguish it using the equipment provided. Only staff that have received appropriate training which includes the operation and discharge a Fire extinguisher should attempt to use this equipment.
- f. If there are no obvious signs of fire the senior member of staff will recheck the Fire alarm panel to confirm which location zone triggered the alarm, (please note resetting the alarm is not the priority at this time, although staff may consider muting the sounders if this will aid communication) a member of staff (accompanied by a colleague if possible) will go to the location zone identified in search of the call point or the detector which had been activated. If no fire is found the alarm system can be reset. If evidence of a fire is found they must leave immediately and call the Emergency Services.
- g. Children and Young People must respond appropriately to the Fire Alarm or drills, any wilful failure to do so must be brought to the immediate attention of the Director, Facilities and Safety Manager, the Child's placing Authority and if deemed necessary their family; without delay. Details of action taken must be recorded in the significant event file. Any re-occurrence of behaviour will result in an emergency meeting being held to discuss how the matter can be resolved; the Fire Risk assessment will need to be reviewed without delay. Repeated refusal to cooperate with fire drill may result in the child or young person's placement being closed.
- h. On no account should children and young people or unauthorised staff re-enter the building until confirmation is given by the senior person in charge that there is no risk of fire.

i The investigating members of staff will be responsible for maintaining all related recordings in the Fire Safety File, and the senior person for recording any significant event records.

If the emergency services are called to the home, the Placing Authority for Young People placed should be notified; it will also be necessary to notify the [Regulatory Authority](#)

Fire Drills

The often complex needs and behaviour of the children and young people we look after requires additional consideration when we are managing safety procedures. Fire evacuations must be implemented with care in order to prevent any disturbance of day to day routines and also to avoid any desensitisation to the importance of the alarm. Fire Drills are an integral part of the Trusts Emergency procedure; at least four fire drills, (which including evacuation of all staff and children from the building), must take place within a 12 month period (or more frequently as dictated by risk assessment). At least one fire evacuation must take place at night (after bedtime) each year.

Additional Fire evacuations must be carried out as part of the admission procedure for a young person, or as part of the induction process for new members of staff.

It is essential that staff and children distinguish Fire evacuation from the weekly (Tuesday 1pm) fire system test.

Normally, advance warning should be given of the approximate timing of the fire evacuation, as the main purpose of having the drill is to ensure that all persons participating are familiar with the correct procedure to be followed. Particular emphasis should be placed on staff training and reviewing the effectiveness of the established procedures.

Where the alarm system operates either as a result of a fire or a false alarm, the resulting evacuation of the building must be recorded in the appropriate section of the record book and indicated as such as a fire or as false alarm. All details to be recorded in the Fire Safety File.

Routine Inspections and Checks

Daily Checks

By the Facilities and Safety Manager or senior member of staff on duty.

If required recorded in the Fire Safety Log and reported to the Facilities and Safety Manager (Fire Safety) if any defects are found.

Fire Extinguishers	A visual check that the extinguishers are in place and that the pressure gauges are green.
Escape Routes	A visual check that all doors which should self-close are closed, those held open by automatic devices are open, that no external exits are locked from the inside with more than one securing device, and that no equipment has been moved or stored so as to seriously affect an escape route.
Alarm system	Visual check the display to ensure it is operating, note any issues in the diary in the fire cupboard nr MCP
Emergency lighting	To confirm that the indicator lamps on all emergency light fittings are illuminated and that all fittings are clean and undamaged.
Fire Notices	Ensure that all Fire Notices and posters are located appropriately.

Weekly Checks:

By the Home's Manager or a suitably experienced member of staff.

Recorded in the Fire Safety Log and reported to the Facilities and Safety Manager (Fire Safety) if any defects are found.

Operate Fire System	<p>Review the Fire Safety file and ensure that all defects are followed up and repaired; sign and date the file as required.</p> <p>Via a manual call point (a different call point should be used each week). Check that all sounders are operating correctly including bedhead sounders where applicable.</p> <p>If applicable check that all hold open door magnets close and, that all hold closed doors can be opened on sounding of the alarm.</p> <p>Check that all flashing beacons operate.</p>
Fire Extinguishers	Visual check should be made for tampering and changing pressure.

Monthly Checks:

By the Facilities and Safety Manager or a suitably experienced member of staff and by the person undertaking Regulation 44 Visits.

Recorded in the Fire Safety Log and reported to the Facilities and Safety Manager (Fire Safety) if any defects are found.

By the Manager/Designated Person, detailed check of the fire safety system	Review the Fire Safety Log and ensure that all defects are followed up and repaired; sign and date the log. Switch off the power supply to all emergency light fittings at the key switch or circuit breaker and check that the lights remain illuminated for a 15 minute period, operating on their internal batteries. Once that all lighting is functioning correctly over this period, restore the and ensure that the indicator lamp is again illuminated on each fitting.
By the person undertaking Regulation 44 visits .	Ensure that Fire Notices are present in the Home, any defects to be reported as part of the monthly reporting mechanism and also recorded in the Fire Safety Log.
Fire Extinguishers	Visual check should be made for tampering; tags are in place and change in pressures.
Report on Fire Safety	Ensure a report on fire safety systems is completed.

Every Six Months:

There are two sets of checks that must be made, some by the Home's Manager or a suitably experienced member of staff, and some by a Fire Safety Engineer.

Recorded in the Fire Safety Log and reported to the Facilities and Safety Manager (Fire Safety) if any defects are found.

By the Facilities and Safety Manager or a suitably experienced member of staff Detailed check of the fire safety system	Review the Fire Safety Log and ensure that all defects are followed up and repaired; sign and date the file. Switch of power supply to all emergency light fittings at the relevant key switch or circuit breaker and check that the lights remain illuminated for a 1 hour period, operating on their internal batteries. Once satisfied that the lighting is functioning correctly over this period, restore the power and ensure that the indicator lamp is again illuminated on each fitting.
By a Fire Safety Engineer	Operate a minimum 50% of all odd automatic detectors and manual call points and check 100% of sounders and door open/close contacts. The Engineer to sign and date weekly/bi-annual/annual file to confirm the above tests have been carried out. The Engineer to issue work sheets, certificate of test sheets and maintenance/inspection sheets.

Every 12 Months:

By a Fire Safety Engineer.

Recorded in the Fire Safety Log and reported to the Facilities and Safety Manager (Fire Safety) if any defects are found.

Undertake Annual Check	Review the Fire Safety File and ensure that all defects are followed up and repaired; sign and date the log. For example, switch of power supply to all emergency light fittings at the relevant key switch or circuit breaker and check that the lights remain illuminated for a 3 hour period, operating on their internal batteries. Once satisfied that the lighting is functioning correctly over this period, restore the power and ensure that the indicator lamp is again illuminated on each fitting. Carry out a 50% check of all manual call points, even automatic detectors, sounders and door open/closed contacts. Check batteries at panel and record readings on certificate, replace any defective items and replace batteries on a four year rotation. Sign and date weekly/bi-annual/annual log to confirm the above tests have been carried out. The Engineer to issue work sheets, certificate of test sheets and maintenance/inspection sheets.
Fire Extinguishers	Visual check should be made for tampering and changing pressure. On an annual basis a qualified maintenance engineer should check the equipment. Annual checks are to be recorded both on the appliance and with certificate.

7.3 Accidents

Definition of Accident

An accident is an unplanned event that results in injury or ill health to people as well as damage to property, plant and equipment where there was a risk of harm. This includes what are known as 'dangerous occurrences' or 'near misses'.

Most accidents have the potential to cause both property damage and personal injury but not always both. All accidents need to be reported to enable the company to take appropriate action to prevent a recurrence. To this end the following procedures need to be adhered to by all involved.

Accident Reporting

All accidents must be recorded/reported in the Accident Book and in children's Daily Records. If First Aid is given it will be necessary to record it elsewhere, see [First Aid, Home Remedies and Medication Procedure](#).

If the accident is minor, the Facilities and Safety Manager must investigate the incident and initiate control measures and Risk Assess to determine the possibility of repeat accidents.

If the accident is more serious, it will be necessary to record/report it as set out in the following sections

Reportable Accidents and Incidents

These are any accidents or incidents that fall between 'Minor' and Health & Safety Executive (HSE) reportable (see [Serious Reportable or Notifiable Events/Incidents](#)). For example:

- An injury to a person that results in them being unable to carry out their normal duties.
- An injury that required hospital treatment but the person was not kept in hospital for more than 24hrs.
- Any accident involving a young person that requires hospital treatment

In the case of these accidents:

- The records must be recorded in the accident book and an accident report completed.

The Facilities and Safety Manager must be informed and should conduct/review Risk Assessments as required.

Serious Reportable or Notifiable Events/Incidents

These are accidents and incidents that are serious and are reportable or notifiable (for notifications procedure see [Notifications](#))

- Seven-day reportable accidents. Where a person or self-employed person is absent from work or is unable to carry out their normal duties for seven or more days following the accident (including an act of physical violence). The day of the accident is not included but weekends shift breaks and holidays are to be included in the calculation. Report to be completed within 15 days of the incident.
- Injuries to non-workers involving members of the public or people who are not at work must be reported if a person is injured and is taken from the scene of the accident to hospital for treatment to that injury. There is no requirement to establish what hospital treatment was provided and no need to report incidents where people are taken to hospital purely as a precaution when no injury is apparent.

- Deaths to workers and non-workers must be reported if they arise from a work related accident, including an act of physical violence to a worker. Suicides are not reportable, as the death does not result from a work related accident.
- Serious or persistent self-harming or attempted suicide by a child. See **Self Harming regulation and standards regarding Planning, prevention, notification, recording and reviewing process.**

The list of ‘Specified injuries’ in [RIDDOR 2013](#) (REG4) includes:

- A fracture other than to fingers, thumbs or toes
- Amputation of an arm, hand, finger, thumb, leg, foot or toe
- Permanent loss of sight or reduction of sight.
- Crush injuries leading to internal organ damage.
- Serious burns (covering more than 10% of the body, or damaging the eyes, respiratory system or other vital organs).
- Scalping’s (separation of the skin from the head) which require hospital treatment.
- Unconsciousness caused by head injury or asphyxia.
- Any other injury arising from working in an enclosed space, which leads to hypothermia, heat-induced illness or requires resuscitation or admittance to hospital for more than 24 hours.

Reported Occupational Diseases

Employers and self-employed people must report diagnosis of certain occupational diseases, where these are likely to have been caused or made worse by their work. These diseases include (regulations 8&9)

Examples of reportable diseases include:

- Carpal tunnel syndrome
- Severe cramp of the hand or forearm
- Occupational dermatitis
- Hand-arm vibration syndrome.
- Occupational asthma
- Tendonitis or tenosynovitis of the hand or forearm
- Any occupational cancer
- Any disease attributed to an occupational exposure to a biological agent.

For further guidance on reportable diseases refer to [occupational diseases](#)

Reportable Dangerous Occurrence

Dangerous occurrences are certain, specified near-miss events. Not all such events require reporting. There are 27 categories of dangerous occurrences that are relevant to most workplaces, for example:

Reportable dangerous occurrences include:

- The collapse, overturning or failure of any load-bearing part of any lifting equipment, other than an accessory for lifting.
- The failure of any closed vessel, its protective devices or of any associated pipework (other than a pipeline) forming part of a pressure system as defined by regulation 2(1) of the Pressure Systems Safety Regulations 2000, where that failure could cause the death of any person.
- Any plant or equipment unintentionally coming into:
 - Contact with an un-insulated overhead electric line in which the voltage exceeds 200 volts;
 - Close proximity with such an electric line, such that it causes an electrical discharge.
- Any explosion or fire caused by an electrical short circuit or overload (including those resulting from accidental damage to the electrical plant) which either:
 - Results in the stoppage of the plant involved for more than 24 hours;
 - Causes a significant risk of death
- The malfunction of breathing apparatus:
 - Where the malfunction causes a significant risk of personal injury to the user;
 - During testing immediately prior to use, where the malfunction would have caused a significant risk to the health and safety of the user had it occurred during use other than at a mine.
- The complete or partial collapse (including falling, buckling or overturning) of:
 - A substantial part of any scaffold more than 5 metres in height;
 - Any supporting part of any slung or suspended scaffold which causes a working platform to fall (whether or not in use);
 - Any part of any scaffold in circumstances such that there would be a significant risk of drowning to a person falling from the scaffold
 - Close proximity with such an electric line, such that it causes an electrical discharge.

- Any explosion or fire caused by an electrical short circuit or overload (including those resulting from accidental damage to the electrical plant) which either:
 - Results in the stoppage of the plant involved for more than 24 hours;
 - Causes a significant risk of death
- The malfunction of breathing apparatus:
 - Where the malfunction causes a significant risk of personal injury to the user;
 - During testing immediately prior to use, where the malfunction would have caused a significant risk to the health and safety of the user had it occurred during use other than at a mine.
- The complete or partial collapse (including falling, buckling or overturning) of:
 - A substantial part of any scaffold more than 5 metres in height;
 - Any supporting part of any slung or suspended scaffold which causes a working platform to fall (whether or not in use);
 - Any part of any scaffold in circumstances such that there would be a significant risk of drowning to a person falling from the scaffold

7.4- First Aid, Home Remedies and Medication

First Aid

Glebe House, train all care staff in First Aid.

First Aid boxes must be held in the home and in vehicles used for the transportation of children, they have a white cross with a green background.

The inventory must include the full quantity of each item stipulated in the box. When an item has been used, then it should be replaced as soon as possible. Antiseptic wipes should be used.

Recording: The administration of First Aid must be recorded in the Accident Book if there has been an accident and the Incident report file for non-accidental injuries.

Home Remedies

Homely Remedies are medicines that can be bought over the counter, including Imodium; Dequadin; Lemsip; Kwells, Effervescent Paracetamol; Piriteze.

Homely Remedies are only for the use of the young people (and staff in emergencies). At times young people may have individual homely remedies purchased for them for sole use by them such as bonjela.

Home Remedies are held in stock in the medicine cupboard.

Self administering of medication will be encouraged using our own risk assessment pro forma

Recording: The administration of any Home remedies must be recorded in the Homely Remedies file.

Key First Aid/Medication Records held in the Home

Each Home should keep the following records:

Record	Purpose
Incident report file	To record any non accidental injuries
Accident Book	To record any accidents
Medical Record	Individual record for each child, details of health related issues, medication used, name of GP
Medication Administration Record (MAR)	Individual record for each child to record any medication (or Home Remedies) administered etc

Ordering Ongoing Medication

Some young people will have prescribed medication, which is ongoing. This should be ordered on monthly basis where possible. Responsibility for ordering these medicines is that of the Registered Manager or a delegated person/member of staff.

When ordering, a note must be made of:

- The name of the young person;
- The name, strength, form and quantity of the medicine;
- The name of the surgery/G.P.;
- When the prescription will be ready.

When ordering, staff should check stock levels before ordering. To minimise wastage and reduce risks of errors, stock levels should be kept to a minimum (No more than six weeks stock).

Collecting Prescriptions

Staff should collect prescriptions from the GP/surgery and check to make sure that they have received all the prescriptions they have ordered and the quantities are correct before leaving the pharmacy. Staff should check with the pharmacy as to when the prescriptions will be ready for collection (they may be able to wait on it).

Receiving/Collecting Medicines

Staff should take ID when collecting medicines or controlled drugs.

When the medicines are collected, staff should check the medicine against the scripts that they have. Any discrepancies should be brought to the attention of the pharmacy and rectified as soon as possible.

The Pharmacy will be able to give advice on:

- Potential side effects;
- Advice on how the medicine should be taken;
- Advice on whether the medicine may be affected by any other medicine;
- Whether the medicine should be stored in the fridge;

- If the medicine is a Controlled Drug.

Staff should ensure that the medicine has been properly labelled. If the medicine does not have a dispensing label on it then it should be returned to the pharmacy. Staff should also make sure that they have received a Patient Information Leaflet from the pharmacy. If it hasn't been received then the pharmacy should be contacted and one requested.

The receipt of medication should be recorded on the individual child's Medication Administration Record (MAR), if a Controlled Drug has been prescribed, 2 staff should record/sign the record.

Administration

Circumstances	Relevant Guidance
For detailed guidance on the administration of medication	
For guidance on specific issues, e.g. refusal to co-operate, if a child is missing/ absent, covert administration	
For the administration of medication away from the home e.g. if a young person is on holiday or having contact with his parents	
Skilled health tasks e.g. for young people with diabetes	

Medication should be administered as set out on the label or instructed by the GP/Medical Practitioner.

Administration should be recorded on the individual child's Medication Administration Record (MAR), if a Controlled Drug has been administered, 2 staff should record/sign the record.

Storage and Expiry Dates

All medicines must be kept in a safe/secure place, e.g. a locked cabinet that does not exceed 25C*. A key should be held by a senior/responsible member of staff.

Medicines that are taken internally should be stored separately to those used externally in the medicine cabinet, with liquids preferably on the bottom shelf.

* Medicines that require refrigerated storage should be kept in either a dedicated lockable fridge (in the Meds Room) or a locked box inside the food fridge. In both cases the maximum and minimum temperature should be recorded on a daily basis on the handover sheet, when in use. Both these temperatures should be between 2 and 8C.

All medicines have expiry dates, usually clearly stated on the label, upon expiry, they should be disposed of, see below.

Disposal

Medication should be disposed of when:

- The expiry date has been reached;
- The course of treatment is completed;
- The medication has been discontinued.

Unless instructed by a GP/Pharmacy, unused/expired medicines should be returned to the pharmacy, and a signed receipt in the returned drugs book.

Effectiveness of the medication

On the reverse of each MAR sheet there is a section which at the end of a course of medicine the effectiveness of it can be reviewed.

Appendix 1: Administration of Medication Guidance

All medicines must be administered strictly in accordance with the prescribers (or as advised on the packet in relation to homely Remedies) instructions. Only the prescriber (e.g. GP) can vary the dose. Medicines must be locked away in the locked storage areas when not in use and the keys for these areas must be kept in the key cupboard.

Before administration, staff should:

- Wash their hands;
- Make sure they have a pen that works;
- Enough cups for each young person receiving medication;
- Individual cups of water from cooler water;
- A supply of clean dry cups for medicines.

The procedure for administration is as follows:

- Check the young person's identity only one young person should be administered medication at a time, this reduces the risk of mistakes being made;
- Check the young person's medical profile;
- Check the medication on the Individual Medication records corresponds with that on the young person's Medical Profile;
- Check the Individual medication record sheet to ensure that someone else has not already given the medication;
- Check the expiry date and use by date (where appropriate) on the medication;

- Check the amount to be given at that time;
- If opening a new container, add the date;
- Measure or count the dose without touching the medicine.
- If the medicine is a solid (such as a tablet) then carefully place into a medicine pot and offer to the young person. They may wish to put it in their hand or swallow straight from the medicine pot;
- If the medicine is a liquid, take care not to drip onto the label. If the amount to be measured is less than 5ml, then use a medicine syringe otherwise use a medicine spoon or measure;
- If the medicine is a cream or ointment, then it should be squeezed directly onto the young person's finger to apply them. If necessary to be applied by staff, then latex/ PVC gloves must be worn;
- When administering a Controlled Drug, another member of staff prior to it being given must check the dose;
- Watch the young person as they take their medicine- some are known not to swallow the dose;
- Offer the young person a drink of water (where appropriate);
- Check that the medication is recorded in all the appropriate records;
- Print and sign your name against each medicine administered;
- Record when medicine has been refused / not taken and the reasons why;
- If a young person is absent when medication is due- this should be recorded;
- Do not sign for any medicines that you have not administered or witnessed yourself;
- If a young person refuses to take medication, under no circumstances should they be forced to do so;
- Medication must be kept in the original labelled (by the pharmacy)
- After administration the medicines should be returned to the cabinet immediately and the cabinet locked;
- Each time you give medication, remember that it is important to consider the time of administration. Care should be taken to ensure that if the medicine is required to be
 - taken before food that this is made to occur. Similarly the administration of some medicines such as eye drops or inhalers may not be suitable to be given at meal times. Not all medicine administration times will fall in line with meal times.

Appendix 2: Specific Issues Re Administration of Medication

Swallowing Problems

Staff may find that some young people may struggle with swallowing their medicines. The young person's doctor should be contacted for an alternative. Under **no** circumstances should staff take it on themselves to crush tablets without seeking advice from the doctor or pharmacist. Any advice given should be recorded.

Medication Refusal

When a young person refuses to take their medicine this information must be recorded. Young people cannot be forced to take their medicines.

If a Young Person is Absent when the Medicine is Due

When a young person is absent and their medication is due, this should be recorded. When the young person returns to the home, then staff must consider the time delay and seek advice from the pharmacist, the doctor or [NHS Direct website](#) depending on the time of day. To miss taking a medicine completely can be dangerous depending on the medical condition.

Covert Administration

Covert administration is where a medicine is hidden in food and the person does not know that they are taking it. Residential staff **must not** hide any medicine in food.

Spilt Medicines

When a medicine has been dropped on the floor then this must be placed to one side for disposal and a note must be made in the records. A second dose should be offered to the young person.

When a medicine has been spat out then again this must be placed to one side for disposal and a note made in the records. However a second dose must not be offered, as staff will not know how much has been absorbed. The doctor should be contacted.

Detached or Illegible labels

If a label becomes detached from a container or is illegible, then staff must seek advice from the pharmacist. Until this advice is received then the container should not be used.

Secondary Dispensing

Staff must ensure that medicines stay in the containers supplied and labelled by the pharmacist. Medicines must not be placed in daily or weekly medicine trays.

Medication Errors

In the event of an error being made in the administration of any medication, advice must be sought from the young persons G.P. or another medical practitioner/ help line (e.g. NHS Direct) immediately or as soon as the error has been discovered. Staff must record the advice that they have been given.

Verbal Alterations

There may be times when it is necessary to stop or change the dose of a young person's medication without receiving a new prescription. Verbal requests to change medication by the doctor must be confirmed by email before any changes are permitted. These changes must be recorded on the Individual Medication Record in the file. Staff must note the change, the name of the doctor, the time the email was received and the date. Staff must not alter the dispensing labels. A note may be added saying 'Refer to record for new instructions'. Staff should check the next prescription to make sure these new changes have been implemented.

Adverse Drug Reaction

Any adverse drug reaction or suspected adverse drug reaction should be reported to the G.P. before further administration is considered. Advice should be sought on whether the medicine should be stopped or the treatment carries on.

Drug Recalls

When a Drug Recall notification is received then staff should check the medication to see if the unit is holding any stock. If there is none in stock then the notification should be signed, dated and filed for reference.

When stock is found that is listed on the drug recall, then staff must follow the directions given after isolating the stock.

Appendix 3: Administration away from the Home

If a child spends time away from the Home, either on home visits, holidays, any medication due to be taken must be kept in the original labelled container.

Any medication taken away from the Home should be appropriately recorded on the individual Young Person's Medication Administration Record (MAR). The staff must complete the documents for administration while they are away as normal.

Appendix 4: Skilled Health Tasks

This applies to specialist or skilled healthcare tasks, for example:

- For Young People with diabetes;
- Physiotherapy programme;

If a child requires a skilled health task to be undertaken, this will only be carried out with the written authorisation of the prescribing doctor in relation to the child concerned, and either set out in a Placement Plan or other written plan.

Appropriate training will be provided, together with written guidance, included how the skilled tasks will be recorded.

Appendix 5: Aide Memoir to Medication Practice

When taking a resident to visit a GP or other medical practitioner. On return to GH check the medicine received is the same that is prescribed by the GP. If not self-medicating, then fill in the white mar sheet paying special attention to side effects and contraindications. Then place this in the medication action record file along with the instruction leaflet that comes with the medication. The medication can then stored in a medication cabinet.

Then fill in the whiteboard in the main office stating the start and end dates and the specific times they should take their medication and not the name of the medication itself. However if it is a controlled drug such as Ritalin place it in the controlled drugs cabinet inside the locked store cupboard in the office.

Finally fill in the appropriate section in the resident's health care booklet so we have a record of their visit to the GP or other health professional.

Repeat Prescriptions

Where a resident is on long term medication the designated officer will be ordering this through the pharmacy meaning medication will need collecting and need entering on the Medication Action Record, MAR, sheets.

Self Medication

It is important that we enable young people to self-medicate.

Appendix 6: Self Medication Risk Assessment is intended to aid in risk assessing whether a resident should self-medicate. This must be stored in the medication file with the resident signed agreement form, which is listed below the risk assessment.

Once this is done update the whiteboard by the medication cupboard with their name, start and end date of their medication. Then give them a photocopy of their MAR sheet which they can then fill in the times and dates of their administration themselves. The young people will needed to be provided with a safe to store their medicines in a spare key should be put on the medication key set.

Appendix 6: Self Medication Risk Assessment

There are two parts to this risk assessment

Firstly what level of risk is presented by the young person in regard to self-harming. Use knowledge of previous behaviour consult with resident's file.

High Risk (clear evidence past and present of risk)	3
Medium Risk (some evidence of low level self-harm)	2
Low risk (very little or no evidence of self-harm)	1

Secondly the toxicology of the medication. What is the risk if the young person were to consume all of the medication. Use the British National Formulary to inform this decision.

High Risk (could cause fatality)		3
Medium Risk (could result in hospital admission)		2
Low risk (unlikely to cause serious harm)		1
Risk of Self Harm	Score	Toxicity of Medication
High 3		High 3
Medium 2		Medium 2
Low 1		Low 1
Scores 1-4	Low risk	Can self-medicate.
Score 6	Medium risk	Can self-medicate providing we make adaptations to reduce the risk to low, either by monitoring medication or some other method.
Score 9	High risk	Can only self-medicate if significant changes are made for example, the resident can only hold a low amount of paracetamol which would reduce paracetamol from high risk to low.

Name of young person.....

Name of staff member.....

Date.....

Risk assessment score if not low, what factors have been carried out to reduce risk to low?

Administration of Prescribed Medicine

Before giving medication ensure that you read the persons medical file to check what medication they have, at what time and by what route (oral, cream, etc.). Using this information confirm that the medication you take from the cabinet is that particular resident's medication. If it is in tablet form push the pill into a medication pot for the resident to take themselves; the same applies to medicines. Please ensure that you observe the resident taking the medication. For other medications follow the guidance on the MAR sheet. After the medicine has been administered please sign and date an entry on the MAR sheet.

Controlled Drugs

These are stored in the main office in a locked wall safe. When administering the medication we have to sign the running tally in the controlled drugs book, this requires two staff signatures to confirm.

Administration of Homely Remedies

Ensure that the medication is appropriate for the young person's ailment and that it will not react with any other medication the resident is taking or that they are exceeding a recommended dosage. Use the medication pots to administer the medication if they are pills or medicine, observe the resident take the medication and then make an entry in their section in the homely remedies file.

The approved list of homely remedies is:

- Imodium;
- Dequadin;
- Lemsip;
- Kwells;
- Effervescent Paracetamol;
- Piriteze.

7.5- INFECTION CONTROL

Glebe House have a duty of care to prevent the spread of infection. Infection control is the name given to a wide range of policies, procedures and techniques intended to prevent the spread of infectious diseases amongst staff and service users.

The staff at Glebe House is at a potential risk of infection or of spreading infection, especially if their role brings them into contact with blood or bodily fluids like urine, faeces, vomit or sputum. Such substances may well contain pathogens that can be spread if staff do not take adequate precautions.

Policy Statement

Glebe House believe that adherence to strict guidelines on infection control is of paramount importance in ensuring the safety of both service users and staff. It also believes that good, basic hygiene is the most powerful weapon against infection, particularly with respect to hand washing.

Glebe House adheres fully to the effective operation of systems designed to assess the risk of associated infection and to prevent, detection and control of the spread of a health care associated infection.

Aim The aim of Glebe House is to prevent the spread of infection amongst staff, service users and the local community through the use of basic principles of infection control.

Goals

The goals of Glebe House are to ensure that:

- Service users, their families and staff are as safe as possible from acquiring infections through work-based activities
- All staff are aware of and put into operation basic principles of infection control

How will this be achieved?

- All staff are required to make infection control a key priority and to act at all times in a way that is compliant with safe, modern and effective infection control practice
- The management team will make every effort to ensure that staff working in the home of service users have access to sufficient facilities and supplies of appropriate equipment to ensure that they can implement effective infection control procedures and techniques
- Any staff who does not feel that they have access to sufficient facilities and supplies of appropriate equipment to ensure that they can implement effective infection control procedures and techniques have a duty to inform their line manager or supervisor

Effective Hand Washing

Glebe House believe that the majority of cross-infection in a care environment is caused by unwashed or poorly washed hands which provides an effective transfer route for micro-organisms. Glebe House believe that regular, effective hand washing and drying, when done correctly, is the single most effective way to prevent the spread of communicable diseases. Staff who fail to adequately wash and dry their hands before and after contact with service users may transfer micro-organisms from one service user to another and may expose themselves, service users and the public to infection.

Staff should:

- observe high standards of hygiene to protect themselves and their service users from the unnecessary spread of infection
- ensure that their hands are thoroughly washed and dried:

- Between seeing each and every service user where direct contact is involved, no matter how minor the contact
 - After handling any body fluids or waste or soiled items
 - After handling specimens
 - After using the toilet
 - Before handling foodstuffs
 - After smoking
 - Before and after any care or clinical activity
 - Before and after handling medications
- should wash Hands thoroughly — liquid soaps and disposable paper towels should be used rather than bar soaps and fabric towels (whenever possible)
- All cuts or abrasions, particularly on the hands, should be covered with waterproof dressings at all times
- Ordinary soap is considered to be effective for routine use in removing dirt and reducing levels of transient micro-organisms on the skin to acceptably safe levels
- The use of antiseptic or antimicrobial preparations is recommended if service users are known to have an infectious disease or are colonised with antibiotic-resistant bacteria, such as Methicillin Resistant Staphylococcus Aureus (MRSA)
 - Antiseptic hand washing solutions may also be used in situations where effective hand washing is not possible

The Handling and Disposal of Clinical and Soiled Waste

- All clinical waste should be disposed of in sealed yellow plastic sacks.
- Offensive/ Hygiene waste should be disposed of in yellow bags and disposed of in the yellow waste bin for collection by the approved provider.
- Each resident has a small waste bin with yellow bags with black stripes for collection of offensive/ hygiene waste located in their bedroom under their personal control.
- When no more than three-quarters full, yellow sacks should be sealed and stored safely to await collection by an authorised collector as arranged.
- Staff should alert the staff member responsible for Medication if they are running out or yellow sacks, or any protective equipment.

The Use of Protective Clothing

- Adequate and suitable personal protective equipment and clothing should be used.
- All staff who are at risk of coming into direct contact with body fluids or who are performing personal care tasks should use disposable gloves and disposable aprons.
- Non-sterile gloves are provided for non-clinical procedures.

- The responsibility for ordering and ensuring that supplies of gloves and aprons are readily available and accessible lies with the member of staff responsible for medication.

Cleaning and Procedures for the Cleaning of Spillages

- Staff should treat every spillage of body fluids or body waste as quickly as possible and as potentially infectious.
- When cleaning up a spillage staff should wear protective gloves and aprons provided.
- Staff should use the available body fluid spillage kits in medical room

The Handling and Storage of Specimens

- Specimens should only be collected if ordered by a GP.
- All specimens should be treated with equally high levels of caution.
- Specimens should be labelled clearly and packed into self-sealing bags before being taken to the doctors.
- Non-sterile gloves should be worn when handling the specimen containers and hands should be washed afterwards.

The Disposal of Sharps (e.g. Used Needles)

- Sharps — typically needles or blades — should be disposed of in proper, purpose-built sharps disposal containers complying with BS7320.
- Sharps should never be disposed of in ordinary or clinical waste bags.
- Staff should never re-sheath needles.
- Boxes should never be overfilled.
- When full, boxes should be sealed, marked as hazardous waste and clearly labelled with the service user's details.
- Staff should never attempt to force sharps wastes into an over-filled box.
- Used, filled boxes should be sealed and stored securely until collected for incineration according to individual arrangements.

In the event of an injury with a potentially contaminated needle staff should:

- Wash the area immediately and encourage bleeding if the skin is broken
- Report the injury to their line manager immediately and ensure that an accident form is filled in
- Make an urgent appointment to see a GP or, if none are available Accident and Emergency.

Food Hygiene

All staff should adhere to Glebe House food hygiene policy and ensure that all food prepared in service users homes for service users is prepared, cooked, stored and presented in accordance with the high standards required by the The Food Safety and Hygiene (England) Regulations 2013

Any member of staff who becomes ill while handling food should report at once to the duty officer.

Staff involved in food handling who are ill should not return to work in the kitchen until clear of symptoms for a minimum of 48 hrs. Where appropriate, kitchen based staff should see their GP and should only return to work when their GP states that they are safe to do so.

Reporting Infectious Diseases or Infections

The Public Health (control of disease) Act 1984, and the Health Protection (Notification) Regulations 2010 oblige Glebe House to report the outbreak of notifiable diseases to the HPA within 3 days.

Notifiable diseases include:

- Acute encephalitis
- Acute infectious hepatitis
- Acute meningitis
- Acute poliomyelitis
- Anthrax
- Botulism
- Brucellosis
- Cholera
- Diphtheria
- Enteric fever (typhoid or paratyphoid fever)
- Food poisoning
- Haemolytic ureaemic syndrome (HUS)
- Infectious bloody diarrhoea
- Invasive group A streptococcal disease
- Legionnaires disease
- Leprosy
- Malaria

- Measles
- Meningococcal septicaemia
- Mumps
- Plague
- Rabies
- Rubella
- Severe Acute Respiratory Syndrome (SARS)
- Scarlet fever
- Smallpox
- Tetanus
- Tuberculosis
- Viral haemorrhagic fever (VHF)
- Whooping cough
- Yellow fever

Report other diseases that may present significant risk to human health under the category 'other significant disease'.

Records of any such outbreak must be kept specifying dates and times and a completed disease report form must be sent to the HPA.

In the event of an incident, The Registered Manager is responsible for informing the HPA.

Biological Agents

All diseases and any acute illness needing medical treatment must be reported to the HAS under Reporting of Incidents, Diseases and Dangerous Occurrences Regulations 2013, when it is attributed to a work-related exposure to a biological agent. The term biological agent is defined in the Control of Substances Hazardous to Health Regulations 2002 (COSHH) and means a micro-organism, cell culture or human endoparasite which may cause infection, allergy, toxicity or other hazard to human health. Work with hazardous biological agents is subject to specific provisions under COSHH.

Work related exposure to biological agents may take place as a result of:

- An identifiable event, such as the accidental breakage of a laboratory flask, accidental injury with a contaminated syringe needle or an animal bite.
- Unidentified events, where workers are exposed to the agent without their knowledge eg where a worker is exposed to legionella bacteria while conducting routine maintenance on a hot water service system

A report should be made whenever there is reasonable evidence suggesting that a work-related exposure was the likely cause of the disease. The doctor may indicate the significance of any work-related factors when communicating their diagnosis.

Training

All new staff should be encouraged to read the policy on infection control as part of their induction process. Existing staff should be offered training covering basic information about infection control.

All new staff will complete the Common Induction Standards (2010 Refreshed Edition) within the first 12 weeks of employment

Record of induction and ongoing training in infection control will be kept in the staff personal files.

7.7- HIV, Aids and Blood Borne Diseases

Introduction

HIV can only be transmitted by specific activities, and it may need to be considered in the following situations:

- a. Penile penetration (vaginal and anal)
- b. Oral sex (although this represents a much lower risk)
- c. Used needles and syringes - therefore, it may be a rare consideration in assessment of risk where family members have a casual attitude to the disposal of such needles.

Injecting drugs by itself is not necessarily indicative of exposure to risk of HIV infection - it is the sharing of drug using equipment that is risky. Information relating to the nature and extent of the parent's drug use should be sought from the parent and from other agencies with the knowledge of the parents.

In circumstances where children and parents share concerns about HIV, these should be responded to by sensitive discussion of the reasons for their concern. If penetration or oral sex has not taken place, then reassurance can be given that it is highly unlikely that the child will have been exposed to HIV.

Where it is known that penetration or oral sex has taken place, it is still unlikely that the child has been exposed to HIV.

In either situation, the child and/or parents may require specialist advice and counselling to help them weigh up the potential risks and to make future decisions.

It should be borne in mind that children may not talk about the full extent of the abuse they have experienced, especially during the initial investigation.

The decision to have a HIV test is a major step and poses many moral dilemmas. Any such decision should only be made therefore after a balanced consideration of all advantages and disadvantages lead to the conclusion that it would be in the best interests of the child.

The advantages are

- a. Knowledge of HIV status allows access to medical care and support
- b. If the child is not infected, it can remove doubt and prevent unnecessary stress and anxiety
- c. If the child is infected, the child and family can be helped to cope and be encouraged to respond constructively

The disadvantages are

- a. There is no cure for AIDS
- b. The side effects from treatment can be severe and have a profound effect on the child
- c. Awareness can be harmful to the emotional well-being of the child and family
 - a. Knowledge of HIV status may lead to stigma and isolation
 - b. There is an obligation to disclose the results of the test
 - c. Having been tested, regardless of the outcome, can cause difficulties later in life in obtaining insurance and some other services

There is negligible risk to children cared for in the homes by staff with HBV,HCV or HIV.

It is important for us as an employer, as well as individual home managers, is clear and explicit about the standards of confidentiality expected from staff.

We may regard any breaches of confidentiality as a disciplinary offence for consideration through the normal recognised procedures. See **Disciplinary Procedure**

Hygiene Precautions

The following hygiene precautions are recommended as safe practice for all local authority staff and for all those who care for children. These are common sense precautions that will protect against blood borne viruses and other infections that may be transmitted via blood and body fluids.

They should be incorporated as standard practice in all settings at all times.

Standard infection control precautions

- Always keep cuts or broken skin covered with waterproof dressings
- Avoid direct skin contact with blood or body fluids
- If blood is splashed onto skin, it should be washed off immediately with soap and water. Splashes of blood into eyes or mouth should be washed immediately with plenty of water
- If a sharps injury is sustained or blood splashed into eyes or mouth, or on a non-intact skin (e.g. eczema) medical advice should be sought promptly
- Wear disposable gloves when contact with blood or body fluids is likely
- Always wash and dry hands after removing gloves
- Always wash and dry hands before and after giving first aid
- Never share toothbrushes and razors
- Teach children about avoiding contact with other people's blood as soon as they are able to understand it
- Teach children to wash and dry their hands before meals and after using the toilet.

Spillages of blood or body fluids

Household grade gloves and a disposable plastic apron should be worn when cleaning splashes or spillages. Eye protection should be considered if there is a risk of splashing. Gloves should be washed with neutral detergent and hot water after use. Hands should always be washed and dried on removal of gloves.

Approved by Peter Clarke, Director, April 2019

Spillages of blood

Small spills or splashes of blood on floors or other hard surfaces should be cleaned with neutral detergent and hot water.

Large spills should be covered with sodium dichloroisocyanurate (NADCC) granules for two minutes. The spillage and granules should be removed with paper towels, which should be disposed of carefully into a waste bag. The area should be cleaned with hot water and neutral detergent.

NADCC granules should not be used on metal, wood or fabric as they may damage these surfaces.

Chlorine fumes will be released when NADCC granules are used, therefore it is important that the area is well ventilated. These granules should not be used on spillages of urine.

Spillages of body fluids

Small spills or splashes on floors or other hard surfaces should be cleaned with neutral detergent and hot water.

Large spillages should be covered with absorbent paper towels and the area then cleaned with hot water and neutral detergent. Paper towels should be disposed of carefully into a waste bag.

Carpets and upholstery

Remove the spillage as far as possible using absorbent paper towels, then clean with a fresh solution of neutral detergent and water.

Carpets and upholstery can then be cleaned using cleaner of choice.

Steam cleaning may be considered.

Crockery and cutlery

Crockery and cutlery can be cleaned in the normal way either by hand washing with hot soapy water or in a dishwasher.

Linen

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

Care should be taken to avoid splashing body fluids into the mouth or eyes. In residential/day care/special schools it is recommended that an industrial washing machine is used.

Soiled linen/clothing does not need to be sluiced in this instance with a sluice pre wash programme.

Disposal of waste

Paper towels, together with gloves and aprons, should be put into a plastic waste sack prior to disposal, the top tied and placed in a household waste bag for collection.

Vomit, urine and faeces should be flushed down the toilet.

It is important that standard infection control precautions, such as hand washing and the use of gloves, are followed when handling body fluids.

In some individual cases, a child's general practitioner may identify a specific infection risk associated with their medical condition and may make additional arrangements for disposal of waste via the local authority. This should be discussed with the general practitioner and local infection control team or paediatric community nursing service.

Confidentiality

The number of people to be informed of a person's blood-borne infection status should be kept to a minimum and this information will only be shared on a need to know basis.

Staff who receive this information need to be fully aware of the need to maintain the strictest confidentiality.

7.8- Repairs and Maintenance

At Glebe House we have an onsite maintenance team who work as part of and in partnership with the rest of this Therapeutic Community.

The maintenance team operate through a Planned Preventative Maintenance (PPM) process, through a reactive maintenance process and through a Continued Improvement Process (CIP).

PPM takes place through monitoring and regular servicing of equipment, reactive maintenance is structured on a day to day basis through a reporting procedure, enabling prioritisation of works that need immediate attention. A CIP file is generated through regular maintenance/management team meetings, enabling small works and capital projects to be formulated.

Major and/or disruptive projects involving both the maintenance team and external specialist contractors, for example the testing of fire safety systems; is planned wherever possible, when the resident group is off-site on a residential activity like the house holiday or narrow boat challenge.

All contractors are now undergoing an assessment process, all works are by prior arrangement, and contractors are monitored through the agreed risk management process.

Electrical equipment and wiring

The electrical wiring within the building(s) will be inspected every 5 years, or at a duration that has been suggested by the contractor performing the tests. A NICEIC contractor will perform the periodic inspection and test in accordance with BS7671 (formerly the IE Wiring Regulations).

No person is to make any alterations to the electrical installation without prior agreement from the Facilities and Safety Manager.

Portable electrical appliances will be maintained, inspected and tested routinely. This will be undertaken as risk dictates by the site maintenance team under guidance by the HSE.

Certificates of wiring inspections, alterations and portable appliance test records will be kept in the Facilities Office.

Ensure that electrical equipment is visually inspected before use and used safely, following the manufacturer's instructions. Do not overload sockets, ensure extension leads are not to be used in the main residential building sleeping accommodation and take care to prevent tripping hazards when using reeled extension cables.

Manual Handling

All employees and residents will be given general instruction/training in manual handling techniques. This instruction will include all tasks that require lifting, carrying, putting down, pushing, pulling, stretching, bending, twisting of the trunk and working in a confined space.

Employees will be informed to assess tasks and never to lift or attempt to lift any items, equipment that is too heavy or appears too heavy for them, and to request assistance from other employees, residents in the first instance.

All employees and residents must inform their line manager/key worker immediately of any medical conditions that might be adversely affected by manual handling tasks.

Significant manual handling tasks will be independently risk assessed by the Facilities and Safety Manager or designated person.

Legionella Management

The HSE's Approved Code of Practice and Guidance Document L8 – (ACOP) "Legionnaires' disease: the control of Legionella bacteria in water systems" (ACOP) L8, is taken as the main source of guidance on matters relating to legionella risk management.

Friends Therapeutic Community Trust policy is to resolve to meet the requirements of the relevant ACOP L8 guidance and to comply with these procedures so far as is reasonably practicable as directed in the site legionella risk assessment.

COSHH

Substances Hazardous to Health

All substances that fall under the Control of Substances Hazardous to Health Regulations 2002 (as amended), The Control of Pesticides Regulations 1986 The Dangerous Substances and Explosive Atmospheres Regulations 2002 will be stored in a cabinet or area, which shall be locked, and the key restricted to authorised persons only.

Employees and staff are responsible for ensuring there are Safety Data Sheets and full COSHH assessments completed for any new substances they wish to purchase and/or bring on site, the Facilities and Safety Manager will support this function. Where no Safety Data Sheet has been obtained or COSHH assessment has conducted on the product, the staff member must report this to the Facilities and Safety Manager. He will ensure that a Safety Data Sheet is obtained and COSHH assessment is carried out, and once completed the staff member will be provided with the assessment and be free to use the product.

Employees and staff must not use new substances purchased or on trial until a Safety Data Sheet and COSHH Assessment on each has been recorded and the relevant information has been communicated to all potential users.

All employees will be given information, instruction, and training on any hazardous substance identified by COSHH assessments. In circumstances where their health cannot be protected by other reasonably practicable means, employees will also be provided with PPE (See below), free-of-charge. There must be special consideration about the use of COSHH substances by residents and a separate risk assessment should be considered for them. This should take account their own abilities.

Substances should ALWAYS be kept to a minimum in the workplace. Consideration should always be given priority if a safer alternative is available in the first instance. Any substance that is not regularly used must be returned to the store or cupboard for storage and re-issued as required.

Any spillage of substances will be immediately cleaned up in accordance with the spillage procedure detailed in the Safety Data Sheet or COSHH assessment.

All substances will be monitored on a regular basis by either the Facilities and Safety Manager or the Assistant Director of Care to ensure that such substance is being stored correctly, Safety Data Sheets held and are the latest version and COSHH Risk Assessments that involve staff with their use or in supervising their use are aware of these instructions.

Asbestos Management

Friends Therapeutic Community Trust is committed to providing a safe environment for its young people, employees, contractors and visitors, by conducting its business in a way that protects the health, safety and welfare of each individual. FTCT therefore recognises its responsibility to prevent staff, students, visitors and contractors being exposed to asbestos containing materials.

FTCT is responsible for:

Ensuring the effective application of FTCT Asbestos Management Plan, plus to reduce as far as reasonably practicable the risk of exposure to asbestos fibres;

Ensure that suitable arrangements are in place to enable appropriate staff, who may during the course of their work encounter asbestos, to attend asbestos awareness training appropriate to their area of work and level of responsibility/duty;

To provide an accurate asbestos register, detailing the location of all known ACM's within all buildings throughout the trust site

To implement an effective asbestos management strategy, based on risk assessment, to ensure that all asbestos-containing materials are maintained, sealed and labelled, isolated, or removed safely;

To apply resources effectively, in a planned and strategic manner, to address asbestos issues and prevent as far as is reasonably practicable, exposure to asbestos fibres;

To undertake an assessment of the asbestos register and when required, liaise with an Approved Asbestos Consultant (AAC) to ensure that all ACM's have been identified and addressed prior to commissioning/undertaking any form of maintenance/refurbishment work;

To provide information freely on asbestos, to regularly review ACM's identified.