



Health and Safety



Updates

Senior person responsible ensuring the following is implemented and kept under review:
David Bartlett, Managing Director.

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Review Date: January 2015

Review Date: April 2016

Review Date: April 2017

Review Date: September 2017

Added: Medication Policy No 33 - Reviewing and Reducing previously prescribed medication to young people.

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Amended: October 2019

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1. Health and Safety policy

Pear Tree Projects Ltd recognises and accepts its responsibility as an employer for providing a safe and healthy work place and working environment for all of its employees and clients. As far as is reasonably practicable, this issue must always be considered in the context of the type of work undertaken and may therefore require members of staff seeking advice from the Managing Director as and when situations arise.

It must also be recognised that much of the work is undertaken in domestic dwellings, either clients' own homes or Pear Tree homes (homes or let properties), and therefore health and safety matters should be considered in the context of suitable and necessary precautions that should be taken in any house, whilst still promoting either the ethos of the home or an individual's rights as a tenant.

1. Pear Tree will, so far as is practicable meet this responsibility by the provision and maintenance of:
 - Plant, equipment and systems of work that are safe.
 - Sufficient information, instruction, training and supervision to enable all employees to avoid hazards and contribute positively to their own, and clients', Health and Safety.
 - A safe place of work.
 - A healthy working environment.
 - Adequate welfare facilities.
2. Pear Tree will provide competent advice on Health and Safety matters where this is necessary. The Health and Safety Officers are:

Overall: David Bartlett

School/Farm: Stephen Douglas / David Bartlett

Heather House - Mr Sean Cooper / Angela Ramsbottom (Health & Safety in care environments)

Penally - Lesley Holywell / Denise Farr (Health & Safety in care environments)

The Sycamores - Mr Steven Sturman (Health & Safety in care environments)

Oakwood House - Mrs Diana Hewick-Crawford (Health & Safety in care environments)

Holly Tree House - Mr Steven Bradwell (Health & Safety in care environments)

The Manor - Mr Gary Ramsbottom (Health & Safety in care environments)

3. No safety policy is likely to be successful unless it actively involves the workforce themselves. Pear Tree reminds all Staff of their own duties, under Section 7 of the Health and Safety at Work Act, to take care of their own safety and that of other workers and residents, and to co-operate with Pear Tree so as to enable it to carry out its own responsibilities successfully.
4. A copy of this document and relevant supporting or explanatory literature will be kept readily available and open for perusal in every Pear Tree Projects Ltd establishment. Its contents will be brought to the attention of every employee and others considered appropriate by senior staff. A copy will be brought to the attention of new employees at the commencement of their duties.
5. The contents will be periodically reviewed and modified from time to time.

In furtherance to the above Pear Tree Projects Ltd will ensure that all theoretical and practical programmes are carried out safely and involve all staff and clients in establishing the following good practices:

1. Ensure that Health and Safety factors are taken into account when new working practices are introduced or changes in existing premises are planned - management.
2. Comply with all changes in Health and Safety legal requirements – all staff.
3. Ensure that safety instructions are given to staff and residents, where appropriate – House Managers, Health and Safety Officer – Peninsular Advice Line.
4. Ensure that adequate First Aid facilities are available and that staff are adequately trained in First Aid – all staff.
5. Provide adequate instructions on the procedure to be followed in the event of an accident and provide access for recording any occurrences on an accident recording forms.
6. Systematically review all training needs in safety and welfare – in Annual Appraisal system.
7. Provide adequate Third Party Employer's Liability Insurance in compliance with current legislation.
8. Systematically review all training needs, safety and welfare and, where appropriate, to ensure that this Safety Policy be modified or supplemented by further statements relating to the work of particular sections of Pear Tree Projects Ltd and its clients.
9. Make adequate provision for fire prevention, fire fighting and fire evacuation procedures. Training provided by Lloyd Dunn, Tel: 01388772761. Training also provided by High Speed Training.

10. Ensure that staff are aware of the location of fire extinguishers and that staff and residents know the fire evacuation procedures – House Managers.
11. A weekly safety inspection/audit to be carried out. - House Managers to ensure completion.
12. Annual household risk assessment to be completed. - House Manager
13. Periodic inspection for electrical installation completed every 5 years. - House Manager to ensure completion.
14. Annual gas safety inspection. - House Manager to ensure completion.

2. Risk Assessment

CHILDREN

Risk assessments on all children in residential facilities are carried out by the House Manager and reviewed by the staff team at staff meetings every 2 weeks.

HOUSES

House Managers along with the Health and Safety officer to conduct risk assessments on the homes on an annual basis. House Managers are also responsible for ensuring staff working within the homes receive appropriate guidance and instruction regarding Health and Safety issues within the home and in respect to planned activities.

COSHH- Any hazardous substances must be recorded on COSHH recording form and instructions complied with.

Homes and House Managers:

Heather House - Mr Sean Cooper
Penally - Miss Lesley Holywell
The Sycamores - Mr Steven Sturman
Oakwood House - Mrs Diana Hewick-Crawford
Holly Tree House - Mr Steven Bradwell
The Manor - Mr Gary Ramsbottom

ACTIVITIES

Risk assessments on specific activities should be carried out by members of staff when potential risk can be identified. This is particularly relevant to:

Outdoor Education Team – Sean Cooper, Steven Sturman, John Cambridge, Paul Glynn, Fran Watson, Mark Wade, Steven Bradwell, Mark Jackson, Fran Watson, Noel Snowden, Steven O Leary and Sharon O Leary

Rural and Environmental Studies Team – David Bartlett, Bernadette Price, Louise Beaumont

M.O.S should also consult 'Specific Activity Risk Assessment' for instructions in respect of risks.

The following Risk Assessment forms are to be used for the following

Home

1. Household Risk Assessment
2. COSHH Assessment

People

1. Referral Procedure

2. A Guide for carers
3. Individual Risk Assessment

Activities

1. Specific Activity Risk Assessment
2. Outdoor activity Risk Assessment
 - Camping
 - Hill Walking
 - Mountain Bikes
3. Horse Riding Risk Assessment
4. Holiday Risk Assessment
5. Fishing

3. Accident procedure

All accidents on Pear Tree property, which result in injury, must be recorded by completing an "Important Information Accident" form. A copy is also sent to the young person's social worker and other relevant agencies where applicable.

In the event of injury, requiring medical treatment, to client or staff, Senior Staff must be informed as soon as possible.

4. RIDDOR

Certain injuries, illnesses and dangerous occurrences must, by law, be reported to the Health and Safety Executive. It is vital therefore that the following procedure is strictly adhered to. Failure to do so could render Pear Tree Projects Ltd liable to prosecution for a criminal offence. Information is available from:

<http://www.hse.gov.uk/riddor/>

David Bartlett is the 'responsible person' and will notify, investigate and report all injuries, diseases and dangerous occurrences in lines with Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR).

5. Non-reportable accidents

The majority of accidents will not be reportable and the only action required will be completed on 'Important Information Accident Form'. However, there will be cases when an accident which does not have to be reported, will give cause for concern, possibly because it highlights a safety problem or the person concerned is considering taking action against Pear Tree. In such cases, the staff member should inform Senior Staff through an incident report as soon as possible.

6. List of reportable injuries

1. The death of any person as a result of an accident arising out of, or in connection with the work of Pear Tree.
2. Any person suffering from the following injuries or conditions as a result of an accident arising out of, or in connection with the work of Pear Tree:
 - Fracture of skull, spine, pelvis, any bone in arm or wrist, any bone in leg or ankle.
 - Amputation of any part of a finger, thumb, hand, toe or foot, if the bone or joint is completely severed.
 - Dislocation of the shoulder, hip, knee or spine.
 - Loss of sight of an eye, penetrating injuries to an eye or a chemical or hot metal burn to an eye.
 - Any injury (including burns) requiring immediate medical treatment or loss of consciousness resulting in either case from an electric shock from any electrical circuit or equipment.
 - Any other injury: leading to hypothermia, heat-induced illness or unconsciousness; or requiring resuscitation; or requiring admittance to hospital for more than 24 hours.
 - Loss of consciousness caused by asphyxia or exposure to a harmful substance or biological agent.
 - Acute illness requiring medical treatment or loss of consciousness arising from absorption of any substance by inhalation, ingestion or through the skin.
 - Acute illness requiring medical treatment, where there is reason to believe that this resulted from exposure to a pathogen or infected material.
3. Any member of staff not able to undertake their normal duties for a minimum of seven consecutive days as a result of an accident caused or sustained at work.
4. The death of an employee, if this occurs some time after the reportable injury which leads to the employee's death, but not more than one year afterwards.
5. If a member of the public is killed or taken to hospital while on Pear Tree property.

7. Reportable diseases

- Certain poisonings
- Some skin diseases such as dermatitis, skin cancer, chrome ulcer, oil folliculitis / acne.
- Lung disease including occupational asthma, farmer's lung, pneumoconiosis, asbestosis, mesothelioma.
- Infections such as leptospirosis, hepatitis, tuberculosis, anthrax, legionellosis and tetanus.
- Dangerous occurrence: if something happens which does not result in a reportable injury but which clearly could have done, it may be a dangerous occurrence, which must be reported.

Cross infection

Personal Care is not part of the service required by the "service users" of the organisation and therefore there is no risk of cross infection in relation to body fluids.

Preparation of food is one area where careful thought and consideration should be given.

All staff are provided with Basic Food Hygiene training as soon as possible after their start date. The issues explained during this training in terms of ensuring hygiene standards are to be maintained at all times.

Infectious diseases

Members of staff should be aware and diligent to the signs of infectious diseases. In the event that someone is identified as suffering from an infectious diseases, members of staff must take the following steps:

- a) Make initial assessment of the persons situation
- b) Seek medical help if required
- c) Seek advice from appropriate person, i.e. line manager, NHS Direct, GP, instructions as to the care required for the individual concerned and any precautions necessary.
- d) Always report concerns to line manager and document accordingly.

These facts should also be reported to the Local Environmental Health Officer.

8. Sudden death policy [3/98]

In the event of somebody, for whom you have the responsibility of caring, is found to be dead as a result of either an accident or through circumstances unknown, senior members of staff must be notified immediately. At the same time, contact must be made with the Police and the Local Authority Social Services Department, although this may be, depending upon the circumstances, undertaken by the senior member of staff that you have contacted, or it may be something that you are required to do before speaking to anyone else.

In such a case it is Pear Tree's policy to help the police, or any investigating body (Health and Safety Executive), to determine the facts and therefore assist in any investigation that may be forthcoming. Health and Safety procedures also apply under these circumstances.

9. Pear Tree School First Aid Policy

Introduction

Pear Tree School is committed to providing a safe environment for all students, visitors and staff, including the provision of effective first aid in the event of an accident, illness or injury at school.

We will ensure the safe and effective delivery of first aid at our school by:

- Administering appropriate first aid treatment as required
- Arranging mandatory training and 3 yearly first aid updates for first aiders
- Ensuring all staff are aware of first aid procedures
- Keeping copies of first aid certificates
- Providing facilities for the provision of first aid at school, including providing and maintaining first aid equipment
- Ensuring residential homes are informed of accident, injury or illness of children as promptly as possible
- Ensuring the confidential recording of action taken
- Promoting effective infection control

This policy has been developed in accordance with the principles established by the following:

Department for Education, Guidance on First Aid for Schools

This policy should be considered in relation to our Health and Safety Policy.

Qualifications and Training

The person appointed to take charge of first aid arrangements is the Health and Safety Officer/ Co-Ordinator, Stephen Douglas.

All teachers, instructors and Residential Social Care Workers receive First Aid Training (HSE First Aid at Work). This training is refreshed every 3 years. Copies of certificates are held within staff files and the training matrix holds all dates when staff have completed training.

First Aid Equipment and Materials

Toy Top School and The Manor have a medical room with first aid boxes, a bed and shower facilities.

First Aid Boxes at Toy Top are located in the following areas:

- Medical Room
- Kitchen (includes eyewash)
- Bait room

First Aid boxes at The Manor are located in the following areas:

- Medical Room

- Commercial kitchen
- Art Room
- Bait Room
- Workshop (includes eye wash)
- Forge (includes burns kit)
- Polytunnel

Defibrillator

We have a Defibrillator on each site. These are located in the following areas:

- Toy Top: Main Barn Entrance
- The Manor: Bait Room

Contents of First Aid Boxes

A leaflet giving general advice on first aid can be found within each First Aid Box.

List of Contents:

60 Individually wrapped sterile adhesive dressings (assorted sizes).

3 Sterile eye pads.

3 Individually wrapped triangular bandages.

12 Safety pins.

2 Large (18cm x 18cm) individually wrapped, sterile, unmedicated wound dressings

6 Medium-sized (12cm x 12cm) individually wrapped sterile unmedicated wound dressings.

1 Microporous tape

2 Emergency First Aid Burn Dressings

9 pairs of disposable gloves (this is dependent on the size of the kit)

30 Individually wrapped moist cleansing wipes.

2 foil blankets

2 Emergency burns gel

One pair clothing scissors

Pear Tree's Health and Safety Coordinator will check first aid boxes every month and replenish and provide additional supplies if required.

Hygiene and Infection Control

First Aiders should take the following precautions to avoid risk of infection:

- wear disposable gloves for all procedures and use additional protection as necessary (i.e. disposable apron or eye protection)
- wash hands after every procedure and before the administration of medication.
- If a First Aider suspects a person may have been contaminated with body fluids which are not their own, they must promptly
- wash splashes off skin with soap and copious running water
- wash splashes out of eyes with copious tap water and/or an eye wash bottle;
- wash splashes out of nose or mouth with copious tap water taking care not to swallow the water
- record details of the contamination
- take medical advice

Students with Medical Conditions

All staff are aware of medical conditions such as asthma, anaphylaxis, diabetes and epilepsy. All teachers and instructors have access to students care plans and risk assessments which fully outline student's health needs and any specific medical conditions.

Educational Visits

The First Aid Lead/School Leader supplies a first aid kit which is carried on all educational visits.

Recording

All first aiders will ensure that a record is made of all first aid treatment they give. This includes:

- the date, time and place of the injury or illness occurring;
- the name of the injured or ill person and their status, such as employee, student, visitor;
- details of the injury or illness and what first aid was given;
- what happened to the person immediately afterwards, for example, sent home, sent to hospital, returned to normal duties;
- the printed name of the first aider or person dealing with the casualty

Reporting Accidents

Under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR) some accidents must be reported to the HSE.

Pear Tree School will record any reportable injury, disease or dangerous occurrence. This includes: the date and method of reporting; the date, time and place of the event; personal details of those involved and a brief description of the nature of the event or disease.

The nearest Emergency and Casualty Departments are:

Darlington Memorial Hospital: 01325 380100

Other Useful Details:

NHS Direct (24-hour telephone advice service) Tel: 0845 464 7123

Basic Advice on First Aid at Work For basic advice on first aid at work click below:

<http://www.hse.gov.uk/pubns/indg347.pdf>

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9 (b) Responsibilities of staff on duty at Pear Tree homes

1. The Managing Director, David Bartlett, is responsible for the promotion of Health and Safety within the organization and to ensure all staff receive appropriate guidance and instruction on Health and safety.
2. Ensure the Health and Safety of themselves, residents and any authorised visitors – all staff.
3. Ensure that clear instruction on Health and Safety matters are given to those in their care – House Managers.
4. Ensure appropriate safety awareness within the context of any activity undertaken, either on or off the premises – David Bartlett Managing Director, Health and Safety Officer, Outdoor Education Team, Rural and Environmental Studies Team.
5. To follow safe working practices – all staff.
6. Ensure the use of protective clothing or special safe working rules and procedures, where necessary – all staff.
7. Encourage safety participation and hazard reporting by residents, tenants and other service users - all staff.
8. Ensure that any such reports are investigated and dealt with appropriately - Managing Director, Health and Safety Officer, House Managers.

All staff are to be provided with First Aid training as soon as possible after their start date. This is to be renewed every three years.

10. Night-check procedure

Before a member of staff retires for the night, he or she should check all the windows downstairs to ensure that they are safely locked and be aware of any windows upstairs that are open for any reason. Downstairs, all electrical items with the exception of the fridge should be unplugged, whilst upstairs, any electrical items that are not required to function throughout the night should also be unplugged; exceptions to this area of course any baby alarm, clock radios, etc. Members of staff should check each room, to be satisfied that it is safe to leave for the night. Downstairs doors should be closed and upstairs doors that are not necessary to be left open should also be closed. The front and rear doors should be locked with the Yale lock only to allow for easy escape in the event of a fire.

11. Maintaining a Safe Environment

Pear Tree recognises the importance of maintaining a safe environment and has the following systems in place

Residential Facilities

- a. Health and safety is on the agenda at the following meetings:
 - i. Staff Meetings (fortnightly) – Household Reviews (termly)
 - ii. Managers Meetings (Fortnightly)
- b. Maintenance Request forms are available for staff to complete and send to our maintenance department. These provide a record of work carried out.
- c. Health and Safety risk assessment conducted on the household annually.

Pear Tree School at Toy Top Farm

- a) - Maintenance Request Forms are available for staff to complete and send
 - 1. to our maintenance department. These provide a record of work carried out.
- b) - Health and Safety risk assessment conducted on the facilities monthly.

12. Control of Contractors

Whenever contractors are required to undertake specific tasks on Pear Tree facilities, members of staff present at that time must ensure suitable precautions are taken to ensure the safety of the staff, young people and any visitors.

Specific activity risk assessment must be carried out, and recommendations implemented.

13. Instructions to Staff working in Residential facilities

Members of staff are reminded of their responsibilities as primary carers to the children for whom we have responsibility and also the unpredictable nature of our work. It is an expectation that is outlined during each member of staff's interview, that we are required to employ people who are mobile and have a vehicle for use during the course of their employment. Members of staff are expected to bring a vehicle to work so that they can carry out their duties and responsibilities effectively. In the unlikely event that this is not possible, senior members of staff should be made aware, so that if necessary they can make provision for this fact.

Members of staff are advised to be vigilant with regard to health and safety matters in the home. Any electrical equipment found to be faulty should be reported to senior members of staff who will then see to it that the items are replaced or repaired. Members of staff should remember that they should be aware of what is going on within the home and be satisfied that the property is safe to be within, with the same expectation as any responsible parent caring for children in their own homes. Members of staff doing practical tasks with children should follow the same advice given to Community Support Workers.

Footwear

Members of staff should be reminded of the need to wear 'appropriate footwear' at all times.

14. Manual Handling

All staff are to be provided with Health and Safety booklet entitled “Employee’s Guide to Lifting and Moving Things” and a record on file confirming that they have read and understood its contents. Staff are instructed they must use the advice given in this document at all times.

In the event that you are required to lift or move objects and are unsure as to its weight or risk it may pose, you should seek advice from your supervisor. If in doubt leave it alone.

In the majority of circumstances staff are not required to move anything other than what would be expected in a daily living/domestic situation. Where any risks are identified they must be recorded on a Specific Activity Risk Assessment form.

In the event that you are required to move objects during activities, these should be considered within the risk assessment of the activity. “If in doubt seek advice and leave it alone.”

15. Fire Prevention [5/00]

All items brought into the property, either by members of staff or by children or their families need to be checked to ensure that they comply with Health and Safety and Fire Regulations(2005). This policy includes cuddly toys that, if purchased before appropriate regulations, may contain substances that could be hazardous if a fire were to ensue. Members of staff should be reminded not to cut any corners despite the sentimentality that may be displayed towards any particular item.

Disused boxes for games, etc, are also not to be hoarded within the building and should be disposed of as soon as it is determined that they are no longer required. This is particularly relevant at Christmas time when large amounts of rubbish, parcels, boxes and wrapping paper, etc, can be stored within the property and not disposed of. Members of staff need to be reminded of the need to be aware of such dangers at times like this and that all rubbish should be disposed of quickly and efficiently, even if this requires the filling of bin liners and personal removal to a waste disposal site.

Christmas can be a particularly hazardous time of the year and every effort should be taken to ensure that decorations, such as fairy lights, etc, are used in an appropriate manner, that they are entire, and that they pose no Health and Safety risk. The importance for night check procedures here is also highly relevant.

16. Fire Prevention – School and Residential Care

- 1.1 Once a week the smoke and CO2 alarms should be checked by a member of staff. An entry in the log should be made, if alarm not working reported to maintenance and senior staff.
- 1.2 On the first visit of the month, Pear Tree staff should ensure that the smoke alarms in Pear Tree properties are in working order and this should be recorded.
2. In the event of a fire the member of staff should ensure that all the children are removed from the premises as quickly and as safely as possible by the nearest appropriate exit.
3. Immediately, after the children are safe, the member of staff should phone the fire services and inform Head of Service.
4. Fire drill monthly within the homes and termly in Pear Tree School. In the event of a new admission, fire procedures are discussed with them to ensure they have a good understanding.
5. Fire risk assessment completed and reviewed annually by the Head Teacher or House Manager or Health and Safety Coordinator.

N.B. Do not stop to collect any personal belongings or go back into the house until told it is safe to do so.

16 b The fire precautions and associated emergency procedures (Residential Care)

Fire Escape Plan

If you are woken by the sound of your fire alarm or by the sound of what you think is a fire, remember to:

Stay calm and wake the members of the household.

Make your way out together, through the nearest exit.

Do not open any doors other than the ones your need to escape through.

If a door feels hot DO NOT open it.

When everyone is safely outside, call the Fire Service from a mobile telephone or a neighbour's house.

DO NOT GO BACK INTO THE HOUSE for any reason until the Fire Service tell you it is safe to do so.

In fires there is sometimes a lot of smoke. This can kill you. If you have to go through a smoke filled hallway or room, get down on your hands and knees and crawl under it.

Get all the member of the household into a room from where it would be safest to drop from a window, onto a flat roof or into the garden.

ALWAYS pass children down first, never leave children until last.

Remember - never jump! Lower yourself to arms length and then drop.

When everyone is out safely, find a telephone and dial 999.

If you are trapped in a room by smoke or fire, you need to try and stop smoke getting into the room.

Close the door.

Block any gaps into the room, use towels, blankets, or spare clothes.

If there is a telephone in the room dial 999.

If there is no telephone, go to the window and shout for help.

Once you know you have been heard and help is on the way, stay near to the floor by the window. Smoke and heat rise so you are safer near the ground.

If your windows are double glazed, use a heavy object to hit the window in the bottom corner, make any jagged edges safe with a towel or blanket.

17. Electrical appliances

In order to comply with the Electricity at work Regulations 1989 and the IEE Regulations (latest editions) all electrical items, both fixed and portable are tested to ensure they are in a safe condition. Fixed appliance five years, portable annually. This service is provided by:

Gledhill Electrical Services – 01325 722567 / 07971452169 (Fixed)

John Cambridge, Philip Tebbs and Stephen Douglas - 01388 776799 (Portable)

18. Water and Surface temperatures in residential facilities risks identified:

- Risk of Scalding
- Risk of burning from radiator
- Risk of Legionella

The children looked after in Pear Tree residential facilities have complex and emotional and behavioural problems that require carefully thought out and skilled care. They are however sufficiently aware and physically able to remove themselves from a hot radiator or avoid hot water from the kettle etc. Pear Tree however takes such risks seriously and considers the following action appropriate

Surface Temperatures - Assessment as to the vulnerability of children in a normal domestic setting is considered during monthly individual risk assessments. In the event that a child was thought to be vulnerable consideration to the appropriateness of the placement should be given. In the event that a child who originally met the criteria becomes vulnerable through accident or injury the move to a placement at The Crest should be considered in line with our DDA Plan.

Risk of Legionella - To reduce the risk of Legionella the following action must be taken:-

- a) Staff and children are provided with information on not drinking water from any hot water taps and allow the cold water to run for a period of time before drinking. H.S.E. leaflet obtained and circulated.
- b) An assessment of any property to be used to accommodate children is undertaken by a qualified contractor and necessary alterations made to any heating/water systems.

19. No smoking policy

Members of staff are not permitted to smoke within Pear Tree Homes or in front of any child in our care. Materials for smoking must not be brought on to Pear Tree premises. Failure to comply with this instruction will result in dismissal.

20. Drinking alcohol [5/00]

Members of staff are not allowed to drink alcohol whilst on duty at any time – in accordance with National Care Standards Commission instructions.

People over the age of 18 years, who are still in full-time residential care, should also be afforded such opportunities and it is, therefore, permissible for young people in the care of Pear Tree, to be allowed an evening where they can indulge in alcohol, at a sensible and realistic, but not pre-determined level (guidance may need to be sought on this point due to the circumstances and occasion).

Young people under the age of 18 years may drink alcohol under certain circumstances, in line with the law and SSI indications. These indications may change and it is therefore important, if a member of staff is unclear, to verify the facts at the time.

21. Hazardous substances - Risk Assessment Required

Any toxic or hazardous substances must be kept in a safe place, in line with Risk Assessments and recorded appropriately.

Hazardous Substances

As Pear Tree's main operations are within "Domestic Dwellings" or "Small Residential Homes" it is likely that the only Hazardous substances to be encountered are cleaning materials. The instructions for these must always be read and suitable robust protective gloves worn at all times. These must be recorded on C.O.S.H.H. Risk Assessment forms. Work based activities i.e. Farm, Wildlife trust etc, chemicals such as pesticide/herbicide must not be used. Any animal health products as prescribed by a vet etc. must be kept under strict conditions and stored in secure lockable facilities

22. Driving policy

Policy statement

Legislation places a duty on the employer to provide a safe working environment; this is also extended to driving on company business. It is a requirement for staff to follow safe driving practices. This includes steps to ensure the driver's total concentration and safe operation of vehicles, such as determining clear directions before departing, refraining from operating equipment such as mobile phones while the vehicle is moving, and not operating a vehicle when the driver's ability is impaired. Drivers are expected to follow defensive driving principles, driving regulations i.e. The Highway Code to prevent accidents.

Code of conduct

Pear Tree Projects expects all staff whilst driving on Pear Tree Projects business to comply with traffic legislation, be conscious of road safety and demonstrate safe driving and other good road safety habits when driving. The following actions will be viewed as serious breaches of conduct:

- Drinking or under the influence of drugs while driving
- Driving while disqualified, or not correctly licensed
- Reckless or dangerous driving causing death or injury
- Failing to stop after an accident
- Any actions that warrant suspension of license

Responsibility as an employee

Staff, who drive on Pear Tree Projects business, either using their own vehicle or a company vehicle will:

- Ensure they hold a current driving license
- Immediately notify their line manager and Pear Tree office if their driver license has been suspended or cancelled or has limitations placed on it
- Be responsible and accountable for their actions when driving on company business
- Assess driving hazards and anticipate "what if scenarios"
- Wear safety belts and ensure that there is appropriate seat belts for the service users, which meet current legislation
- Number of passengers must never exceed the insured or licensed maximum
- Drive within legal speed limits
- Do not use a mobile phone (including hands free kit) when driving – (see instructions for mobile phone use)
- Check all vehicles prior to the journey to ensure that vehicles are within safe operating conditions. Checks should include proper inflation of tyres, clean windows,

mirrors properly adjusted, brakes, and lights in working order, windscreen wipers and washer in working order.

- In the event a vehicle is found to be unroad worthy then service users must not be transported in the vehicle.
- Those routes are planned before they commence.
- The vehicle and any other equipment on the vehicle are maintained and serviced in accordance to the manufactures recommendations, and a full record kept to verify this.
- Report any accident or near miss incident to your line manager, including those that do not result in damage or injury.
- Take an accident report form on all journeys (supplied by your insurer)
- Complete an accident report form on all accidents and report to the police, your line manager immediately (where reasonably practicable)
- Take regular and adequate rest breaks,at least 15 minutes for each 2 hours driven
- Stop when tired
- Plan journey ahead, taking into consideration pre-journey work duties, the length of the trip and post journey commitments
- Do not, other than under exceptional circumstances, allow driving time to exceed 11 hours or 400 miles in one day. If for unavoidable reasons you have to drive over these limits on an occasional day, considerable care must be taken to have regular breaks and avoid any risks of driving while tired
- Ensure that your vehicle has a valid MOT certificate and is in a roadworthy condition (copies of which must be supplied to the head office)
- Ensure that your vehicle has valid road tax.
- Ensure your vehicle has valid insurance and the insurance covers business travel (copies of which must be supplied to the head office)
- Ensure that you are familiar with the vehicle that you are about to drive. If you are unsure, report to your line manager and Pear tree office your concern immediately
- Pear Tree Projects will not accept liability for any damage to privately owned vehicles
- Ensure that you are not taking any medication that may impair your driving ability

23. Driver Training

All drivers must have passed a driving test and hold a current licence. Should a member of staff have an unacceptable level of accidents whilst driving on business, Pear Tree Projects may request that the driver completes additional training, before allowing that person to drive on business again.

Responsibility as an employer

Pear Tree Projects will not require staff to drive under conditions which are considered unsafe and/or likely to create an unsafe environment, physical distress, fatigue, etc. We will do this by:

- Ensuring that staff are aware of their responsibility to check the vehicle prior to use.
- Line managers are required to manage work schedules to ensure that safe driving practices are maintained.
- Take into account individual driving needs and experience.
- Ensuring that where additional training is required, this will be brought to the member of staff's attention.
- Pear Tree will ensure that their vehicles and any other equipment on the vehicle is maintained and serviced in accordance to the manufacturers recommendations, and a full record kept to verify this

24. Guidance to members of staff transporting difficult clients - Risk Assessment Required

From time to time it may be necessary to transport a client, from either adult services or childcare, whom it is felt is displaying disturbing behaviour and may present a risk to the driver and the occupants of the vehicle. In these circumstances, permission must first be sought from Line Manager or senior members of staff, as to whether or not it is appropriate and as to whether or not there are other alternatives.

It may be necessary for an escort to be provided and members of staff are urged to discuss these issues, as and when they arise, to take advice and not make decisions on their own that they feel uncomfortable with or unhappy about conducting. Whenever it is possible, in these circumstances, an escort will be provided and careful thought should be given as to how the journey is carried out. It should be planned with the least number of stops possible, the client should be seated in the rear, behind the front passenger seat with the escort sitting behind the driver, offering protection to the driver should it be necessary.

As part of any risk assessment, consideration must be given to whether or not the journey should be cancelled.

25. Driving Procedures

a) Recommended Driving Hours

- Daily driving hours should not exceed 10 hours more than twice a week
- Maximum driving period 2 hours (followed by at least a 15-minute break out of the vehicle)
- Daily rest period 11 hours not driving
- Weekly driving limit 56 hours

These are not absolute limits but guidelines, which you should not normally or regularly exceed. You should also consider working hours spent not driving and reduce driving hours accordingly.

It should be remembered that the hours given here are a maximum and are given so that both you and the organisation stay within the law. Advice from the Royal Society for Prevention of Accidents (RoSPA) is that the nature of the work undertaken and time driving need to be taken into account in determining what is reasonable in terms of Driving and Work time. For example, they would view 5 hours total driving plus a full day's work at an event such as a meeting (where you might reasonably be expected to employ a large amount of mental activity) as being excessive whereas a shorter meeting or attendance at a less mentally intensive meeting would be conducive to a longer overall driving time. There is no hard and fast rule and in essence the law requires risk assessment to be taken for each trip. In reality this means considering the purpose of the trip, the type of work, which will be undertaken, and the comfort of the driver in making any journey. Other factors that need to be taken into account are the likely weather and traffic conditions etc.

The golden rule should be "always plan ahead and, if in doubt, discuss with your line manager and health and safety advisor – the organisation does not expect you to drive unsafely or for uncomfortable distances or durations.

More information can be found on the Health & Safety Executive website and the Royal Society For The Prevention Of Accidents.

b) Instructions for Mobile phone use

A substantial body of research shows that using hand-held or hands-free mobile phone while driving is a significant distraction and substantially increases the risk of the driver crashing. Research shows that individuals are four times more likely to crash, injuring or killing themselves and/or other people.

Using a hands-free phone while driving does not significantly reduce risks, because the problems are caused mainly by the mental distraction and divided attention, (RoSPA). Mobile phones cause distractions in three ways:

- Taking hands off the wheel
- Becoming engrossed in a conversation and not concentrating on the road

- Mental distraction

The use of mobile phones whilst driving is not acceptable except where a legally compliant hands free unit is installed, and even then it is strongly advised against. Staff should adopt the following principles:

- You must never use a mobile phone whilst driving unless you have a fully legally compliant hands-free unit and are an experienced driver used to handling such equipment: even in such cases you should never initiate calls whilst driving.
- Unless you have a hands-free unit your phone should be switched off, with all calls to divert to voicemail and check messages when your vehicle is stationary.
- Never make calls, dial numbers or text while driving, even with a hands-free unit.

From a safety point of view, all use of mobile phones should be avoided while the vehicle is being driven, even with hands-free units, as drivers cannot fully concentrate on driving if they are having to process and respond to phone calls. If the phone has to be left on (and this may only be the case where a legally compliant hands-free unit is installed), the driver should pull off the road (in a safe position) to make a call or take a call for any length of time. If in such conditions you receive a call you should indicate that you are driving and that you will call back when stationary.

Drivers should also be aware that if you have an accident whilst using a hands-free device you may be prosecuted for driving without due care and attention.

c) What to do if you have an accident or near miss

Stop your vehicle at the scene or as close as is safe, always ensure your safety first. Complete the accident report form (supplied by your insurer) by collecting the following information at the scene:

- Details of other vehicle
- Name and address of other driver
- Name and address of any witnesses
- Name of insurer
- Description of incident

Contact the police:

- If there are injuries
- There is a disagreement over the accident
- If you damage property other than your own
- If you feel unsafe
- To get the incident reference number

Contact your Line Manager and Pear tree office:

Notify of any/all injuries and vehicle damage sustained
Hand in completed accident report form (Important Information)

26. Taking children on contact visits [3/98]

Contact visits may take place in a number of different venues i.e. home, relative's home, day care centre, etc. Members of staff should be aware of health and safety issues.

Members of staff are not required to carry out such duties if they feel that they are at risk of physical assault, physical injury or contracting infectious diseases.

27. Visiting Pear Tree properties [3/98]

Members of staff should remember that Pear Tree has an obligation to make sure that our properties are well maintained and that adequate safety precautions are provided.

28. Visiting people in their own homes

Members of staff should always be aware that it is important to consider their own protection, health and safety when visiting clients. At no point should a member of staff put him/herself in a position where he or she considers to be at risk of physical injury from their client, or any other individual, as a result of feelings of anger and frustration, or compromise their health as a result of being in the environment where a client lives, or placing themselves in a dangerous environment as a result of unacceptable safety standards within the client's home. On visiting, it is important that the member of staff first of all assesses the mood of the client and considers it to be safe to continue with the visit. Most of our clients are actually in need of, and look forward to, and greatly appreciate the help and support that is being provided. However it is important to clarify that Pear Tree has no expectation for a member of staff to continue the visit, if he or she feels personal risk. In the event of such an incident, the matter should immediately be reported to senior members of staff.

Once in the home, the member of staff needs to consider the environment in which the visit is taking place. In the event that a member of staff is unhappy with the conditions within the home from either a health or safety point of view, there are immediately two options open to him or her. Firstly, to suggest to the client that if they wish to continue their meeting that it takes place outside of the home, by either going and doing a form of activity or finding a new venue for the contact. If the client does not wish to leave the property, the member of staff must terminate the visit explaining to the client the reasons why. In some circumstances, it may be difficult to do so and a judgement needs to be made at the time. If it is felt that by advising the client over the health and safety issues within the home would result in an adverse response from the client, then the visit may be terminated without the client being advised of the reasons why. In every situation, senior members of staff should be advised and the visit recorded.

Health and safety issues within a client's home may vary from unacceptable hygiene conditions, fire risks from either electrical items or misuse of coal fire or other dangers relating to electrical equipment. It is important that members of staff visiting clients' homes make an honest assessment as to what they consider the health and safety issues to be, whilst remembering that many of our clients have different values and different standards of living and expectations within the home. It must also be noted that many of our clients are exceptionally clean and tidy individuals with reputable standards. The above guidance should not be taken to discriminate against clients or be in any way judgmental. It is purely guidance in the context of a member of staff who considers him/herself at risk as a result of conditions dictated by the client or other relatives.

29. Violence at work

Violence at work is not acceptable under any circumstances and action will be taken in the event of such behaviour occurring.

Pear Tree acknowledges that violence can occur in unpredictable circumstances, but attempts to assess and reduce the risk of incidents in the following way

- **Staff.**
Applications for employment received take this issue in to account to reduce the risk of employing someone with difficulties controlling anger and aggression. C.R.B. checks are completed on all staff and any signs of this will remove there eligibility for employment with our organisation. This issue in terms of how potential members of staff may react to stressful situations is to be explored by the interview panel. Any incidents involving staff will result in disciplinary procedures being implemented immediately.
- **Children and young people in residential settings**
During the referral procedure history of violence and aggression are explored and risk assessments completed. Further risk assessments are completed on a monthly basis taking into account any such incidents. Suitable strategies are explored and a plan encompassing risks designed. In homes where a risk of violence from young people is identified, staff are provided with Team Teach training.
- **General public / outside contractors**
Staff are advised to protect themselves and their clients from any individual who causes them concern by avoiding potential hazardous situations where indications suggest there is the risk of violence. Situations can develop and sometimes need ongoing immediate risk assessments i.e. attendance at a football match. Avoidance of such situations or leaving an area is often the best course of action. Sometimes consideration to informing the police of observations should be given.

In the event of an incident occurring the situation must be assessed and consideration given to informing the police and action taken. Pear Tree will always endeavour to support any members of staff who has been a victim of violence in such action.

30. Fire Precautions community support workers

Community Support Workers are responsible to the Community Support Coordinator who is responsible to the Managing Director.

Members of staff must be aware of and be diligent to the risk of fire in domestic settings. Any risk identified should be reported to the “service user” and advice on how they may reduce risk and take necessary precautions. Any concerns should be reported to your line manager.

Members of staff are not required to carry out such duties if they feel that they are at risk of physical assault, physical injury or contracting infectious diseases.

31. Engaging clients in practical work tasks

When members of staff are engaging clients in practical tasks of one form or another, it is important that they always consider health and safety issues. In the event of a member of staff helping a client to clean their own homes, it is advisable that the use of rubber gloves become common practice and that any aids, i.e. stepladders, are complete and safe to use. Training leaflets are available re the safe use of ladders.

Members of staff must not, at any time, place themselves in a position where there are risks to themselves or others to obtain an end result. Members of staff must also recognise that whilst engaged in a therapeutic relationship with a client, they are responsible for his or her welfare and must provide appropriate advice on health and safety issues to the client in question. If necessary, insisting that they follow their advice and instructions if they wish the tasks to continue. The activity must be terminated if instructions are not carried out.

Many members of staff regularly engage clients in practical work tasks, i.e. painting, decorating, building work, conservation work, etc, and again they need to recognise the fact that while they are responsible for the care of the client, they are also responsible to make sure that they themselves, as a person who has chosen to undertake the task, through negotiation with the client, is adequately protected, i.e. safety shoes if necessary, safe equipment in working order, etc. They must also make sure that their client is adequately protected to the same standard as themselves.

Members of staff and clients should not be working machinery of any kind without express permission from the Managing Director. DIY equipment, sanders, paint strippers, etc. may be used providing the member of staff has assessed that they are safe to use and that the working conditions that the client is being encouraged to work in, are also safe.

The member of staff needs to make an assessment as to whether or not the client is capable of carrying out the tasks that he is being asked to do, and should remain under supervision. Whenever items require lifting, members of staff must also make an assessment as to whether or not the items are safe to move and that they are not too heavy or present a risk of injury to either the member of staff or the client.

Members of staff should read the written guidance provided, 'Employees guide to lifting and moving things'. Specific activity risk assessments must be completed when a risk is identified.

32. If a child in your care falls ill

In these circumstances there is only one possible course of action to be taken. In every event the child's GP or NHS Direct should be contacted and an appointment made or advice received as soon as possible. If you feel the appointment time given is not a quick enough response to the situation then you are advised to make your concerns clearly known to the surgery staff and then seek an alternative source of advice, e.g. a visit to the Casualty Department may be appropriate. The GP or doctor's advice must be recorded accurately and adhered to.

If during the course of time, it is felt that the advice is no longer appropriate another appointment should be made where the issues can be discussed with the doctor. Under no circumstances must any alteration to the medication or treatment prescribed be undertaken without consultation of a doctor and again this consultation must be recorded accurately using all of the recording systems in operation at the time, and the daily log. Likewise, under no circumstances, can any member of staff prescribe drugs or treatment. Advice must be sought from the child's GP or community Pharmacist and recorded accurately giving information on date, time and name of advisor along with details of the advice.

When prescribed medication, in the form of liquid or tablets, is to be administered to a child, staff must always ensure that the medication has been swallowed in the presence of the member of staff. Bearing in mind that tablets can be kept in the side of the mouth, and without being intrusive, please ensure that a drink of water or juice is given. If you suspect that the child has not swallowed the tablet or medicine, please remain in the company of the child until an accurate assessment has been made and then, if necessary, contact senior staff. All medication must be recorded on the appropriate recording forms.

If any child requires medical treatment, which will include any form of anaesthetic, whether this is at the doctors, hospital or dentist, written permission expressly for that proposed date must be sought from the child's social worker, parent or guardian. In the case of a parent or guardian this should be sought via the local authority social worker, with clarification on local authority letter headed paper signed by the local authority social worker or senior manager responsible.

Permission must be sought before any treatment in the form of anaesthetic can be administered. This is in addition to any other previous consent form, which may have been completed by either the local authority, or Pear Tree's own medical consent forms. This should be requested in writing to the local authority, as soon as the proposed date is known. This advice does not include emergency treatment for which consent should be obtained on admission.

33. Pear Tree Medication Policy (Taken from Darlington Borough Council Social Services Department)

Refusing Medication

If a young person refuses to take their medication you must –

Explain the importance of taking the medication. Do not insist they take it.

Record the refusal i.e. date, time, medication.

Report it to the GP - If required.

Must be reported to the manager.

Errors in administration of medicines.

If there has been an error in giving medication you must -

- Check the young person
- Inform the young person of what has happened
- Seek medical advice from their G.P. or Accident and Emergency.
- Inform the employer and house manager.
- Complete the accident sheet on the Pear Tree Website
- Inform the clients relatives. – If applicable
- Send a report to the responsible Local Authority.

Minor Illness Treatment

INTRODUCTION

To ensure that minor illness within the home is treated effectively and safely.

STORAGE, ADMINISTRATION AND RECORDING

A small store of non-prescribed medication can be stored within the home, e.g. paracetamol for pain or raised temperature, linctus for coughs and emollient cream for minor skin irritations. A record of medication stored within the home should be kept (see 33.b)

Storage, administration and recording of medicines should be in line with procedure for prescribed medication.

Care should be taken to ensure that those with parental responsibility have given permission for such medicines to be administered. A copy of permission form should be kept in the young person's file and should be recorded on the young person's care plan.

Non-prescribed medication should be administered with extreme care in line with the recommended dosage and advice on the bottle or packet. If symptoms persist or worsen or

if new symptoms occur, consult with the young person's doctor without delay. Only non-prescribed medication may be issued to more than one individual.

Continued use of non-prescription medicines should be discussed with the young person and where appropriate their G.P.

Administration and Storage of Medication

INTRODUCTION/PURPOSE

To ensure the safe administration and storage of medication in the Children's Home.

ADVISORY SERVICE FROM PHARMACIST

Each Children's Home should identify a local pharmacist who can offer advice in relation to:-

1. Storage of Medication
2. Administration of Medication

MEDICINES

This term refers to all drugs and other preparations for internal or external use which are provided to treat a young person. This includes tablets, capsules, powders, all liquids, substances given other than by mouth i.e. ear/nose drops, eye lotions, irrigations, ointments, inhalers, medicated dressings, homeopathic remedies, vitamins and sun protection products.

Proprietary Medicines

These are over the counter remedies sold by the pharmacist and other shops for self-administration.

Prescribed Medicines

These medicines are licensed to be prescribed by Doctors, Dentists and some Nurse Practitioners. They are dispensed by community or hospital pharmacists and have printed labels with explicit information on the name of the person for whom it was prescribed, the medicine name, strength, dose required, frequency of dose and any caution needed e.g. Do not take with iron.

SUPPLY AND RECEIPT OF MEDICINES

All prescription medicines will be obtained from a community or hospital pharmacist on receipt of a prescription.

A member of staff (or parent) will collect this type of medication.

If the Registered Manager, after an assessment of the risk, decides that a young person is able to collect his or her own prescribed medicine from the pharmacy this will be seen as part of the young person's training for independent living, and should be recorded in this plan.

The medicine should be stored in the appropriate locked medicine cupboard in the Children's Home once received.

Receipt of new medicines should be recorded in the Medication Received Book and on a MAR sheet.

Any medicine brought with a new admission to the home should be recorded after the following checks have been made:-

1. The medicine container label has not been damaged or altered in any way.
2. The label has explicit instructions about the medicine and states for whom it is prescribed.
3. The medicine is not out of date.

STORAGE

All medicines kept in the Children's Home for the use of the young people **MUST** be stored in a designated cupboard that is fixed to a wall and locks.

Medicines must **NOT** be kept in a First Aid Box

Any medicines belonging to staff for their own personal use should be stored safely with their own belongings and **NOT** stored in the medicine cupboard.

Medicines, which need to be stored in a fridge, should be kept separate from foodstuffs in a separate fridge in a secure cupboard/room.

RECORDING

Each Children's home must have two sets of records, the home's central records and the child's personal record. These should be kept as follows:

1. A Medication Received Book: For recording receipt and disposal of prescription medicines. A Non-prescribed Medication Book: For recording proprietary medicines.
2. A MAR sheet: An individual record for each young person of all medication with notes of particular interest e.g. allergies. This should be kept on the Young Person's Care Plan.

ADMINISTRATION OF MEDICINE - WHO CAN ADMINISTER

All of the residential staff team have authority to give out drugs or medication to young people. Prior to such authority being given the following requirements MUST be satisfied.

The Registered Manager ensures that the member of staff has read and understood the guidelines for administration of medication and is capable of implementing them.

Appropriate training on the administration of medication, side effects, allergies, etc should be given to all the residential staff team. The training should be provided by an appropriate means.

TECHNIQUE FOR SAFE PRACTICE OF ADMINISTRATION

The designated member of staff needs to:

1. Be aware of the medicines that are needed during the span of duty.
2. Ensure that consideration is given to any planned outings in relation to timing of administration of medicines.
3. Wash hands before administration of medicines.
4. Have water and drinking containers at hand.
5. Ensure only one young person attends for medication at a time.
6. Check MAR sheet for medicine required, dose and time last given.
7. Check medicine container for name of recipient, dosage, special instructions and expiry date.

If there are ANY doubts seek help from the supplying pharmacist or G.P.

When the staff member is satisfied with these checks the medicine can be given. If a young person is self-administering medicine the supervising staff member should encourage the young person to carry out the same checks and use the time to ensure that the young person understands the need for the medicine and the importance of taking it as directed.

Where possible, when there are concerns about young people using medicines as a form of self harm, the use of soluble or liquid medicines should be considered.

Once the young person has either taken or refused the medicine, the staff member records it by initialling the MAR sheet.

If the young person refuses medication, they should be reminded of the reasons why they require it and importance of taking it as directed. If the young person still refuses this should be accepted and recorded. They should be offered the medicine again when the next dose is due. Continual refusal needs to be discussed with the young person, relevant staff and their G.P.

Creams and ointments should be applied wearing disposable gloves.

When medicine is taken from its container and not taken by the resident it should be destroyed by the responsible member of staff on duty and not replaced in the container (See Disposal)

Prescription only medicine will not be administered to any young person unless it is prescribed by a consultant or G.P., in the quantity and at the times stated.

Medicines prescribed for a specific young person **MUST NOT** be administered to any other person.

DISPOSAL

The best way to dispose of medication is to return it to a designated pharmacist. Staff in the home should record the disposal in the Medication Received Book. The pharmacist should sign the home's Medication Received Book to say that the medication has been received.

Medicines should be disposed of when:

1. Their expiry date is reached (This may be soon for some preparations such as eye drops and ointments)
2. The course of treatment is completed, or the doctor stops the medication.
3. Where the medicine is taken out of its container and is refused by the young person.

DO NOT

1. Put tablets or bottles of liquid medicines in the dustbin.
2. Put into the household drainage system via sinks, drains or flush down the toilets.
3. Keep half-finished medicines in case they become useful for another young person.

Syringes must be disposed of in safe disposal boxes provided by Community Health Services.

MEDCINES TAKEN OUTSIDE THE CHILDREN'S HOME

At School:

The Education Authority has their own guidelines on administration of medicines. Consent is required in writing before a school can administer any prescribed medication. The school should be consulted on an individual basis.

Home Leave

Adequate preparation is needed for a young person who is taking medication and going on home leave. Consideration should be given to the ability of the young person in accepting responsibility for safe storage and return of medication.

Where there are concerns, the community pharmacist can dispense a smaller, appropriately labelled container that would contain the correct amount of medicine for that home leave period.

Written instructions on dosage etc, should be sent to the responsible adult who will be caring for the young person whilst they are away.

Holidays/Outings/Trips

The same planning, considerations and safe practices needed for supply, storage, administration, recording and disposal of medicines apply on holidays etc.

A MAR sheet must be completed each time a medicine is offered to a young person and this record should be brought back to the house and filed properly at the end of the holiday period.

WHEN A YOUNG PERSON MOVES ON

When a young person leaves the Children's home:

1. A supply of current, prescribed medication should accompany them.
2. If moving to independent living the young person should be competent to store and administer their own medication.
3. Recording of where the medication was sent should be recorded in the Medicine Received Book.

SELF-ADMINISTRATION AND STORAGE

Some young people should be allowed to self-medicate. This is subject to a risk assessment being carried out in respect of each individual young person. Advice from a pharmacist or other appropriately qualified person on medication, storage, side effects, problems of missed doses, importance of timing of administration and monitoring self-medication will be

necessary. Young people will only be allowed to self-medicate if they are considered able to do this safely.

A consent between staff in the home and each capable individual young person should be made with emphasis on safety issues and responsibilities of self-administration.

Young people over the age of sixteen are entitled to obtain their own prescriptions and purchase their own medicines. This should be part of a planned independent living programme and again subject to an individual risk assessment.

Young people who self-administer should be aware of the safe storage of medication and the procedures to dispose of obsolete medication. Young people and staff should consult with the pharmacist or appropriate person i.e. Doctor, over safety issues in the regard to safe storage. Young people who self-medicate must store the medication in a secure place, which prevents access to any other young person.

CONSENT TO TREATMENT

A young person with 'sufficient understanding' may only be given medical treatment with their consent.

A young person without sufficient understanding may only be given medication with the consent of the parent or person with parental responsibility. The G.P. must decide whether the child has sufficient understanding to give informed consent.

The issue of consent to treatment should be discussed at Planning Meetings and will be recorded in the Young Persons Care Plan.

EMERGENCIES

In the event of an emergency e.g. allergic reaction, overdose, taking the wrong medication, medical advice should be sought immediately.

STAFF USE OF MEDICINES

Staff are not permitted to use medication kept for young people in the Children's home.

Staff must provide their own medicines, which must be stored separately in a secure place and which are the responsibility of the individual staff member.

REVIEWING AND REDUCING PREVIOUSLY PRESCRIBED MEDICATION TO YOUNG PEOPLE:

During a young person's time spent in the care system, they may have been prescribed essential medications for a condition for valid and good reasons at that time and stage in their lives. Over a period of time with clear indications such as, through the age and maturity of the a young person with clear indications which identify a need for reducing that particular medication, or an individual young person requesting a reduction or removal of a

prescribed medication also a visible and genuine reduction in the severity and or impact of the condition on the young person's health and wellbeing is apparent.

In line with good practice and the health and wellbeing of the young person, working together with other responsible medical and care professionals who have the health and wellbeing of the young person in mind, at an appropriate time a full and comprehensive review including a full consultation with a (GP Medical Doctor or medical practitioner) to discuss and ascertain if the prescribed medication is still required or exploration of a possible reduction of a prescribed medication if appropriate at that time. This could be considered If all medical and care professionals concerned with the care of the young person agreed to an approved planned and programme in the reduction of a medication which has been previously prescribed.

Reference Documentation

Care Standards Act 2000

Children's Home Regulations 2001

Misuse of Drugs Act 1997

The Handling of Medicines in Social Care – (Royal Pharmaceutical Society of Great Britain)

33.a. Administration of controlled drugs

Within the house controlled drugs must be stored in a recognised approved cabinet. The usual monitoring and recording procedures for controlled drugs entering the house to be followed.

Administration of controlled drugs to follow the controlled drugs format, with recordings made in an appropriate controlled drugs recording book.

Administration to be undertaken by an appropriately trained individual and witnessed by the same where possible. In the case of two trained individuals not being present witnessed by an approved Pear Tree responsible person.

In circumstances of single cover i.e. holiday homes and day excursions, one signature by an appropriately trained individual will suffice.

Stock levels witnessed and signed for as correct on return to the house is acceptable to ensure young people do not miss out on any activity area.

Only the necessary amount of medication for the duration of the excursion to be taken from the house.

Transporting and storing controlled drugs should adhere to recognised regulations where possible.

Variations to the above would follow an appropriate individual risk assessment.

33.b. Record of all Non prescribed medication stored within the Children's Home (Appendix 1)

Acceptable medications are those given on the advice of the pharmacist. Staff are to strictly adhere to instructions for its administration and to record appropriately in each young person's file. Staff to familiarise themselves with individual care plans of young people in regard to age appropriate medication and allergic reactions to any of the above.

33.c. As required medication (PRN)

In the case of medication prescribed to be taken "when necessary" or "when required" (PRN) the maximum dosage in twenty four hours and the necessary time interval between dosages must be annotated on the MAR chart.

Clear instruction must be obtained from the prescriber as to the indications for the medication and under what circumstances it may be administered. It must be agreed between the child/young person and care team as to how this medication will be requested and/or offered.

The outcome of the medication should be recorded and monitored and if it is revealed that PRN medication is being administered frequently then a referral to the GP must be made.

34. Provision of sanitary equipment [5/00]

Girls should be provided, at an early age, with appropriate sanitary equipment. This should be available from female members of staff and handled with appropriate discretion. Girls should be able to keep their own sanitary products without the need to ask members of staff. Please see Guidance and Good Practice in respect of privacy and confidentiality.

Under no circumstances are tampons to be provided, to avoid the possibility of Toxic Shock Syndrome, without the express permission of the House Manager. If tampons are brought into the building, for whatever reason, specific authorization is required which would need to be reviewed on a regular basis. These items should not be stored but should be disposed of effectively.

35. Side Effects Policy

If side effects or allergic reactions are evident:

- It must be documented and recorded in the Care plan and medical sheets
- Contact GP
- Staff are to be informed of the reactions
- The manager and employer is to be informed
- Observation of the young person closely monitored
- Good practice recommends keeping on file the information leaflets listing side effects and potential difficulties of any medication in use for a young person.

36. Guidance on Infection prevention and control.

PREVENTION

You can play your part in preventing the spread of infections by ensuring: routine immunisation take place and are up to date, high standards of personal hygiene are maintained, particularly hand washing, as well high standards in your practice mainly through maintaining a clean environment.

All staff have Food Safety/Hygiene training.

For further advice on food preparation please see <http://www.food.gov.uk/>.

GOOD HYGIENE PRACTICE

Hand washing is one of the most important ways of controlling the spread of infections, especially those that cause diarrhoea and vomiting, and respiratory disease. The recommended method is the use of liquid soap, warm water and paper towels. Always wash hands after using the toilet, before eating or handling food, and after handling animals. Cover all cuts and abrasions with waterproof dressings.

Coughing and sneezing easily spread infections. Children and adults should be encouraged to cover their mouth and nose with a tissue. Wash hands after using or disposing of tissues. Spitting should be discouraged.

Personal protective equipment (PPE). Disposable non-powdered vinyl or latex-free CE-marked gloves and disposable plastic aprons must be worn where there is a risk of splashing or contamination with blood/ body fluids.

Cleaning of the environment, should be frequent, thorough and follow national guidance. For example, use colour-coded equipment, and COSHH guidance.

Cleaning of blood and body fluid spillages: All spillages of blood, faeces, saliva, vomit, nasal and eye discharges 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.

Laundry should be dealt with in a separate dedicated room. Soiled linen and clothing should be washed separately at the hottest wash the fabric will tolerate. Wear PPE when handling soiled linen.

BITES

If skin is broken, encourage the wound to bleed/wash thoroughly using soap and water. Contact GP or go to A&E immediately. Ensure support and advice is in place for staff to follow. Contact your local HPU for advice, if unsure.

ANIMALS

Animals may carry infections, so wash hands after handling animals. Health and Safety Executive (HSE) guidelines for protecting the health and safety of children should be followed.

VULNERABLE CHILDREN

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, on high doses of steroids and with conditions that seriously reduce immunity. These children are particularly vulnerable to chickenpox or measles and, if exposed to either of these, further medical advice should be sought. It may be advisable for these children to have additional immunisations, for example pneumococcal and influenza.

FEMALE STAFF – PREGNANCY

If a pregnant woman develops a rash or is in direct contact with someone with a potentially infectious rash, this should be investigated by a doctor. The greatest risk to pregnant women from such infections comes from their own child/children, rather than the workplace.

Chickenpox can affect the pregnancy if a woman has not already had the infection. Report exposure to midwife and GP at any stage of exposure. The GP and antenatal carer will arrange a blood test to check for immunity. Shingles is caused by the same virus as chickenpox, so anyone who has not had chickenpox is potentially vulnerable to the infection if they have close contact with a case of shingles.

German measles (rubella). If a pregnant woman comes into contact with German measles she should inform her GP and antenatal carer immediately to ensure investigation. The infection may affect the developing baby if the woman is not immune and is exposed in early pregnancy.

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.

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.

All female staff under the age of 25 working with young children should have evidence of two doses of MMR vaccine.

IMMUNISATIONS

Immunisation status should always be checked at admission and at the time of any vaccination. children should be encouraged to have their immunises and any immunisation missed or further catch-up doses organised through the child’s GP.

For the most up-to-date immunisation advice www.immunisation.nhs.uk or the school health service can advise on the latest national immunisation schedule.

2 months old	Diphtheria, tetanus, pertussis, polio and Hib (DTaP/IPV/Hib)	One injection
	Pneumococcal (PCV)	One injection
3 months old	Diphtheria, tetanus, pertussis, polio and Hib (DTaP/IPV/Hib)	One injection
	Meningitis C (Men C)	One injection
4 months old	Diphtheria, tetanus, pertussis, polio and Hib (DTaP/IPV/Hib)	One injection
	Pneumococcal (PCV)	One injection
	Meningitis C (Men C)	One injection
Around 12 months	Hib/meningitis C	One injection
Around 13 months	Measles Mumps and Rubella (MMR)	One injection
	Pneumococcal (PCV)	One injection
Three years and four months or soon after	Diphtheria, tetanus, pertussis, polio (DTaP/IPV)or dTaP/IPV	One injection
	Measles Mumps and Rubella (MMR)	One injection
12 to 13 years	HPV vaccine	One injection
13 to 18 years old	Tetanus, diphtheria, and polio (Td/IPV)	One injection

This is the UK Universal Immunisation Schedule. Children who present with certain risk factors may require additional immunisations. Some areas have local policies – check with your local HPU.

Staff immunisations

All staff are responsible for ensuring they are up to date with immunisations.

Control

The following table is a list of the most common infections, with advice on the management and control of those infections to minimise their spread.

Rashes and skin infections	Recommended period to be kept away from school	Comments
Athlete's foot	Athlete's foot is not a serious condition.	Treatment is recommended
Chickenpox	Five days from the onset of rash	SEE: Vulnerable Children and Female Staff – Pregnancy
Cold sores,(Herpes simplex)	None	Avoid kissing and contact with the sores. Cold sores are generally mild and self-limiting
German measles(rubella)*	Six days from onset of rash	Preventable by immunisation (MMR x 2 doses).SEE: Female Staff – Pregnancy
Hand, foot and mouth	None	Contact your local HPU if a large number of children are affected. Exclusion may be considered in some circumstances
Impetigo	Until lesions are crusted and healed, or 48 hours after commencing antibiotic treatment	Antibiotic treatment speeds healing and reduces the infectious period
Measles*	Four days from onset of rash	Preventable by vaccination (MMR x 2).SEE: Vulnerable Children and Female Staff – Pregnancy
Molluscum contagiosum	None	A self-limiting condition
Ringworm	Exclusion not usually required (Senior	Treatment is required
Roseola (infantum)	None	None
Scabies	Child can return after first treatment	Household and close contacts require treatment
Scarlet fever*	Child can return 24 hours after commencing appropriate antibiotic treatment	Antibiotic treatment recommended for the affected child
Slapped cheek/fifth disease. Parvovirus B19	None	SEE: Vulnerable Children and Female Staff – Pregnancy
Shingles	Exclude only if 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 HPU. SEE: Vulnerable Children and Female Staff – Pregnancy
Warts and verrucae	None	Verrucae should be covered in swimming pools, gymnasiums and changing rooms
Diarrhoea and vomiting illness	Recommended period to be kept away from school	Comments
Diarrhoea and/or vomiting	48 hours from 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 may be required for young children under five and those who have difficulty in adhering to hygiene practices This guidance may also apply to some contacts who may require microbiological clearance Please consult your local HPU 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 school	Comments
Flu (influenza)	Until recovered	SEE: Vulnerable Children (For COVID19 current government and company guidelines must be followed)
Tuberculosis*	Always consult your local HPU	Requires prolonged close contact for spread
Whooping cough* (pertussis)	Five days from commencing antibiotic treatment, or 21 days from onset of illness if no antibiotic treatment	Preventable by vaccination. After treatment, non-infectious coughing may continue for many weeks. Your local HPU will organise any contact tracing necessary
Other infections	Recommended period to be kept away from school	Comments
Conjunctivitis	None	If an outbreak/cluster occurs, consult your local HPU
Diphtheria*	Exclusion is essential.	Always consult with your local HPU Family contacts must be excluded until cleared to return by your local HPU. Preventable by vaccination. Your local HPU will organise any contact tracing necessary
Glandular fever	None	
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 HPU will advise on control measures	
Hepatitis B*, C*, HIV/AIDS	None	Hepatitis B and C and HIV are blood borne viruses that are not infectious through casual contact. For cleaning of body fluid spills. SEE: Good Hygiene Practice

Meningococcal meningitis*/ septicaemia*	Until recovered	Meningitis C is preventable by vaccination. There is no reason to exclude siblings or other close contacts of a case. Your local HPU will advise on any action 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 HPU 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	None	Good hygiene, in particular hand washing and environmental cleaning, are important to minimise any danger of spread. If further information is required, contact your local HPU
Mumps*	Exclude child for five days after onset of swelling	Preventable by vaccination (MMR x 2 doses)
Threadworms	None	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 HPU.

Regulating bodies (for example, Office for Standards in Education (OFSTED)) may wish to be informed – please refer to local policy.

Outbreaks: if a school, suspects an outbreak of infectious disease, they should inform their local HPU.

Your local health protection unit (HPU) is the North East HPT

This team covers the areas of Northumberland, Tyne and Wear, County Durham and Teesside. If you need any information on health protection or are concerned by a health related problem in your area, contact:

North East HPT
Floor 2
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4WH
Tel: 0844 225 3550
Out of hours advice

In an emergency, out of hours; in the evenings, at weekends or during bank holidays, please phone: 0191 269 7714 or visit www.hpa.org.uk if you would like any further advice or information, including the latest guidance.
Information taken from the Health Protection website.

37. Using resources and facilities in the community [3/98] (Risk Assessment Required)

Members of staff should be reminded that Health and Safety issues should be considered when using any resource within the community, e.g. sheltered workshops, holiday homes, caravan parks, or any facility that is not specified within this Document but which may present Health and Safety issues.

In the event that a facility has its own Health and Safety Policy or it is in possession of a Safety Certificate for relevant issues and, with Health and Safety at the forefront of our minds, members of staff are advised to seek copies of the relevant documentation and be aware of, and adhere to, any Health and Safety Policy provided. Please see specific Activity Risk Assessment revisit undertaken as a member of the public.

38. Taking children swimming (Risk Assessment Required)

Most of the activities we do with children involve a degree of risk and it is important that these risks are considered and managed appropriately. Taking children to the swimming baths is an issue that we are often asked about and, as a result, have designed the following policy:

- When taking children swimming it is important to consider the risks that are involved and when dealing with children who are victims of sexual abuse, sexually reactive children, or abusive adolescents, these risks need to be considered separately. There are always safety risks involved as to whether or not children can swim or may get into difficulty but there are also the risks attached around the welfare and protection of the children within the context of opportunities that may be presented.
- When children are at the beginning of their career with us at Pear Tree a trip to the swimming baths must be considered as a treat and a reward for good and positive behaviour. It would not be appropriate to take a child, or a group of children, to the swimming baths after a period of unsettled or disruptive behaviour. It is also important that two members of staff are involved in this trip - one with swimming gear who is prepared to go swimming with the children and another one who would remain outside of the pool to take care of any issues that may be presented that require someone to be dressed and able to leave the facility in a hurry.
- The physical nature of taking children swimming, requires that children need to get changed in public surroundings and that slight dress is worn, i.e. swimwear. To children who have been victims of sexual abuse, the mere fact of getting changed may cause some distress and some concern if it is within a public place and therefore it is important that proposed venues for swimming are checked out as to their suitability as far as changing arrangements are concerned. Each child should be offered a cubicle of their own to change in and not be encouraged to change within a communal changing room. This is also important when we are dealing with adolescent abusers and sexually reactive children, as we must be aware of the issues around providing inappropriate stimulation, and remind such young people of their self protection skills.
- Whilst swimming it is important that the member of staff who is swimming with the children remains in control of the group and that the group are organised and engaged and not allowed to have unsupervised time and involve themselves in behaviour that may not be acceptable, i.e. the clear firm boundaries must be maintained throughout. It is important that a child's behaviour must be acceptable and if any disruption involves members of the public then the visit to the swimming baths must be terminated. It is on occasions such as this when the member of staff who is already dressed becomes particularly important and is available to see that the children are well-supervised whilst getting dressed and they are in individual changing rooms and unable to have inappropriate contact with each other.

Pear Tree's philosophy has always been to try to promote a normal way of life for children and to design ways in which their behaviour can be managed. This is an issue that needs to

be assessed. After a child or a group of children, have been with us for some length of time and are settled, in the interests of normality it may be wished for a single member of staff to be able to take children to local swimming baths. On such occasions it may be inappropriate to respond to requests to go to the swimming baths from the children by saying that we can't, as "there is only one member of staff available". Under these circumstances, you are advised to check with senior staff with regard to any of the issues that may be presented at that time and in certain circumstances it may be appropriate for an individual member of staff to take a group of children swimming.

It does, of course, go without saying that any member of staff wishing to take children swimming must be a competent swimmer and quite confident in being able to remain in control of the group they are proposing to take and be able to manage the trip effectively without causing undue anxiety to any child or taking what is considered to be unacceptable risks.

Swimming Outdoors (Risk Assessment Required)

Swimming in the outdoors, rivers, seaside etc., should only take place in areas covered by a qualified life guard.

39. Bringing pets to work [5/00]

Animals should only ever be brought to work with the express permission of Senior Management. However, members of staff may be allowed, under some circumstances, to bring pets to work providing that this has been given careful consideration:

- The period of time that the pet will be in the company of our children and that the main reason for its presence is for the benefit of the children concerned;
- The person who owns the pet, or has responsibility for it on the day, has given careful consideration as to how the needs of the animal will be taken care of should all efforts and concentration be required to the needs of the children, bearing in mind that the needs of children can, at times, be unpredictable;
- Situations and circumstances may change, e.g. if a child suddenly needs taking to hospital or if behavioural difficulties arise where it is no longer appropriate for the pet to be present but the member of staff is still required to be on duty.

40. Dangerous dogs [5/00]

At no time should members of staff bring dogs, that fall within the Dangerous Dogs Act, to work. This policy applies to all animals. Members of staff need to be aware that it would not be acceptable nor would permission be granted for any animal that falls within this Act.

Members of staff taking children out on visits, etc, should be aware of the need for caution around such animals and should not allow children to walk within the vicinity, or reach for, such animal and should be aware of the associated risks such animals present. If, during any form of home contact visit, such animals are present within the building, members of staff are required to make an assessment as to whether or not it is appropriate to cut short the visit or, indeed, terminate it when circumstances become apparent. Members of staff also need to be aware of the risks of such animals to themselves and reminded that there is no expectation from the organization for themselves to be put into a vulnerable position in the attempt to complete the original plans.

41. Outdoor activities

Information and Core Skills for Leaders for Land Based Activities:

Outdoor Education is a process of learning by experiencing the relationships between people and the outdoors and involves the leader taking an active role in the safety of the group.

Outdoor and Adventurous Activities is included as an optional section of the National Curriculum for physical education. Within the context of Pear Tree's learning programme, it provides a wide range of experiences for our young people and is particularly important for those residents who do not attend mainstream school.

There are three categories of Adventure and Adventurous Activities as defined by the Department for Education and Skills.

Category A

These comprise activities, which present no significant risks and can be undertaken by any Residential Social Care Worker or Teacher employed by the company. No National Governing Body Award or Qualification is needed for these activities, although due regard for Pear Tree policies regarding this type of activity is required.

Examples of this category could be:

Walking in parks or on non-remote country paths.

Field studies in environments that present no technical hazards.

Visits to places of interest such as National Trust Properties, Castles etc.

Category B

These comprise some higher risk or higher profile activities. Safe supervision requires that the leader should have undergone an additional familiarisation process or induction specific to the activity and/or location.

A National Governing Body award such as the Basic Expedition Leader Award (BELA) may be relevant as a measure of competence for leaders of this category.

Examples of this category could be:

Walking in Non-Remote Country.

Camping at recognised public campsites.

Camping/Survival at the farm

Cycling on roads or non- remote off-road terrain

Low-level initiative challenges, treasure hunts or orienteering exercises.

Category C

This is the most demanding category. It includes all activities that fall under the scope of the AALA.

Hill walking over 2000 feet.

Backpacking/wild camping.

Category C also covers certain activities that are not currently licensable by the AALA. For example, High Ropes courses, Canoeing in placid waters and Scuba Diving. As Pear Tree does not undertake these activities at present, then a person holding a suitable NGB Award must lead any activities of this nature.

Competency

Competence in Adventure Activities derives from a balance of personal experience and related training. Formal training can attain technical competence. Safety judgements are most soundly based on enlightened experience, which takes time to accumulate. Proof must therefore exist of suitable and sufficient experience in the activity. Qualifications must be provided for inclusion in a member of staff's personal file. If no formal qualification exists but a person is deemed to be suitably experienced, to verify their abilities and experience, they must undergo a check of their competency by a suitably qualified Technical Advisor for the activity concerned. This 'Certificate of Competency' will be kept on their personal file.

Staff to Resident Ratio

Under normal circumstances the staff to resident ratio should not exceed 1 staff to 3 residents. In the event of a group of 4 or more being taken on an activity, a second member of staff must accompany the group. Where an all female party is taken, there must be at least one female member of staff included in the group.

This member of staff can be described as follows:

A RESPONSIBLE PERSON - This person is defined as having little working knowledge of the activity but is able to take charge of the group in an emergency for a short period if the group are in a safe environment.

A CONFIDENT PERSON - This person is defined as having some experience and expertise in the activity at a personal level

A COMPETENT PERSON - This person is defined as being able to deal with a situation in an environment where technical skills are required. (Assistant Leader)

Due to the ever-changing nature of equipment, expertise and qualifications, added to the changing nature of our residents, this document will be reviewed at least annually, by the Health and Safety Officer, Senior Outdoor Instructor and the Managing Director.

General Consideration for Leaders

Those of us, who venture into mountainous or remote wilderness areas of our own free will, do so with the intention of challenging the risks and dangers associated with their ability, to triumph possibly in adverse conditions and so gain valuable personal experience, to enhance their life's achievements.

However, those who are being introduced to such potentially hazardous activities by leaders, must be safeguarded against accidents arising from exposure to risks which are beyond their experience and skill to overcome. Therefore, leaders should consider the following paragraphs, which highlight their role in Outdoor Education.

To achieve a safe introduction to outdoor activities, such activities should be conducted within a sensible framework of a safety policy.

One of the attractions of outdoor activities is the element of challenge and potential danger. To stifle this with a blanket of rules and regulations will reduce the elements of excitement and challenge and the potential rewards that Outdoor Education offers. It is important that the feeling of APPARENT DANGER is maintained whilst minimising the ACTUAL DANGER, with sensible precautions.

It is important that all activities should be conducted at a level at which the leader's capabilities are not fully extended, nor those of the weakest member of the party, therefore providing a wide margin of safety. A chain is as strong as its weakest link!

Kit lists provided with this document are not exhaustive. Leaders should give careful consideration to what is required for the particular activity to be undertaken.

The staff/resident ratios are the minimum allowable. Leaders should take into account any adverse conditions, group ability and group makeup (male/female).

They should also take into account minimum numbers required to cover any emergency that may arise.

Prior knowledge of a venue or remote area by the leader will also help to minimise any actual risk, particularly where potential danger areas have already been identified.

All leaders of Outdoor Activities must have prior knowledge of areas to be visited or venues used. Preferably, fact-finding visits beforehand should be undertaken, local advice sought and any risk factors taken into consideration before a planned visit is undertaken.

Leaders should be aware of their own level of expertise/competency in the activity to be undertaken. They should have RECENT and relevant EXPERIENCE of the activity, reinforced by the relevant National Governing Body Award. Such awards guarantee a minimum basic standard of knowledge and experience but should not be regarded as definitive.

Conservation

The pressures on the environment increase as more and more people visit them for recreational or educational purposes. All staff leading groups from Pear Tree homes should endeavour to minimise the effects of their visit, by taking due regard of the Country Code and any local notices or restrictions placed in areas for conservation purposes. Staff should take an active role in the education of our residents on this point.

In conclusion, the ability of individual leaders to make sound judgements under changing conditions and based on knowledge of their group's abilities, is the most important factor within safety in the outdoors. Safety will always be an attitude of mind rather than prescriptive guidelines.

Skills requirement for Leaders for Land Based Activities:

The ability to set realistic aims and objectives for the activity, taking account of the group's ability and plan the content so as to best achieve those aims. They must be able to prepare and implement a schedule in such a way as to be able to maintain effective leadership and control of the group.

They must be able to review the session afterwards with reference to the aims and objectives and therefore be able to set realistic targets for progress in the activity for each member of the group.

Leaders must have a relevant First Aid qualification. Red Cross, St. Johns Ambulance, or for remote areas a Mountaineering First Aid Qualification. (Eaun Jones, REC Emergency Care or equivalent). A leader should also be aware of the signs of Hypothermia and its treatment.

A leader should also have a working knowledge and understanding of the use of weather forecasts and be able to access reliable forecasts.

A leader should be able to navigate to a level appropriate to the activity and environment.

A leader is expected to know the Country Code and be able to educate our young people in its application.

All leaders should be conversant with the administration tasks required regarding the use of the appropriate risk assessment form/ route card. (see document library for the relevant paperwork)

It is essential that honesty be exercised by leaders in the appraisal of their own abilities and the abilities of their groups, thereby ensuring an accurate assessment of potential risk.

Weather

(A) Summer conditions

1. Resultant temperature of the air temperature and wind chill factor to be at or greater than 10 Degrees

2. Non continuous or light precipitation or less
3. Average wind speeds to a maximum of 30 mph with gusts to a maximum of 40mph
4. Visibility at or greater than 500m

(B) Winter Conditions

1. Resultant temperature of the combined air temperature and wind chill factor to be less than 10 Degrees
2. Medium or heavy precipitation of a generally continuous nature
3. Average wind speed greater than 30mph or gusts greater than 40mph
4. Visibility less than 500m

To conform to a particular seasons condition two or more of the above factors should apply. If two or more factors apply to both, then winter conditions always apply.

Code of conduct

To prevent erosions, keep to the track. If a track is particularly wet or muddy avoid it all together as under these conditions, mountain bikes can do considerable damage

Only visit where you know you have the legal right. Always yield to horses and pedestrians. Avoid animals or crops (where this is not possible keep disruption to a minimum)

Take all litter home
Leave gates as found
Keep the noise down
Never create a fire hazard

Emergencies

In the event of an accident requiring the emergency service i.e. ambulance, contact them first and then as soon as possible afterwards, contact a senior member of staff.

The emergency service should not be contacted if you have a mechanical problem.

Before leaving the house you should contact a senior member of staff to state the type of activity you are undertaking, the location and the panic time. You will also need to leave a route card with details of your group and route, car details and estimated time of return and panic time with someone who will not be coming with you. (see document library for the relevant paperwork)

Before any decisions are made or any action taken, it is necessary to evaluate the entire situation. Panic leads to chaos, your safety, the group's safety and any casualties are the primary consideration.

N.B. Members of staff supporting any of the above activities must also be suitably equipped and liaise with the expedition/activity leader where appropriate.

Leaders Responsibilities - Hill Walking (Risk Assessment Required)

The route chosen should be within the capabilities of the weakest member of the group.

The leader should carry the minimum requirements of emergency equipment as well as their own personal equipment (As shown elsewhere in this policy document).

The leader should ensure that each member of the group is appropriately dressed for the activity and has the required equipment, clothing and food for the day. (As shown elsewhere in this policy document)

The leader must make sure they have correctly completed the appropriate risk assessment/route card details for the activity and communicated them to the relevant person (Office/Duty Manager) (Appendix 3)

All leaders should know the procedure for calling out the Mountain Rescue Services.

Equipment needed:

WALKING:

Rucksack (1 between 2/3 in summer; 1 each in winter)

In summer:

Fleece jacket

Walking boots

Waterproof jacket

2 pairs socks

In winter:

Waterproof overtrousers

Woolly hat

Gloves/mittens

Spare socks

Warm drink

Extra food

Change of footwear/clothing (left in vehicle)

In addition to their own kit, party leaders should carry spare clothing (jumpers, hats, gloves), torch and spare batteries, extra food (Mars bars, etc), Bivvi Bag, First Aid kit, mobile phone, small amount of cash, pencil, paper, whistle, compass, relevant map/s (in waterproof case). However, extra clothing, hats, gloves need not be carried during summer.

Leaders Responsibilities -CYCLING/MOUNTAIN BIKING (Risk Assessment Required)

There are additional guidelines for anyone taking the children cycling or mountain biking, and these are as follows:

What is Mountain Biking? This is a similar question to 'what is walking?' When does a walk start to need a qualified person? This is further complicated because the bikes are called Mountain Bikes. It is necessary to remember that the mountain part relates to the terrain that you take the bike on and that they are just bikes. As it is the terrain that separates Mountain biking from a cycle ride, when you read the section definitions it will be in two parts, one for Mountain biking and the other for cycle rides, the rest is relevant for both. The leader must be sufficiently skilled in mountain biking
Equipment (bikes).

It is the responsibility of the group leader to make sure that the bikes are in road worthy condition before starting each ride.

To confirm the bike's maintenance standards, complete the following checks:

- Check the handlebars and stem are both tight and that the headset is correctly adjusted
- Check for loose hubs and true wheels.
- Check the axle nuts are tight
- Check tyres have no cuts or abrasions and that they have sufficient depth of tread and are sufficiently inflated.
- Check brake block condition and adjustment on the rims.
- Check adjustment of brake cables for levers
- Check condition of the brake cables
- Check the operation of front and rear gear mechanisms, the chain should not fall off.
- Check Indexing of gears
- Check condition of the gear cables
- Check the pedals and cranks rotate freely
- Check for excessive movement in the pedal bearings and bottom bracket.

Please report any faults that you find on a bike as failure to do so could result in the next rider being injured as a result of that fault.

Group equipment for Mountain Biking:

Spare inner tube

Pump

Puncture repair kit

Split tyre Patches

Group shelter or exposure bag

Emergency Clothing

First Aid

Map and Compass

Whistle

Torch

List of emergency phone no's

Change for the telephone

Mobile phone
Emergency Food
Pen and paper
Tool Kit Containing:
Multi Tool
3,4,5,6, mm Allen Keys
8,9,10mm Spanners
Spanner to fit the axel nuts
Chain link extractor
Crank Bolt Tool
Small Screwdriver
Pedal Spanner
Spoke key
Nylon Tiewraps
Sun Lotion

Group Equipment for Cycle Rides:

Spare inner tube
Pump
Puncture Repair Kit
First Aid
List of emergency phone no's
Change for the telephone
Mobile phone
Tool Kit Containing:
Multi Tool
Spanners or adjustable spanner

Personal Equipment – To be carried by each group member:

Helmets must be worn at all times (Helmets to be at BS, ANSI or Snell Standards)
Gloves must be worn at all times
Lights if appropriate
Wet weather clothing if appropriate
Spare clothing if appropriate
Water bottle
Personal medical requirements

Personal Clothing

Clothing should be chosen for comfort and its ability to keep you warm or cool depending on the weather conditions, but it also provides an important barrier in the event of a fall. Leg and arm coverage is advisable.

Cycling - Summer Weather Conditions:

Areas and Rights of Way

Public Highways, designated cycle ways, fire track type, bridleways and byways, non technical mountain bike riding routes, (Non technical routes can be defined as those routes where selection of a line between obstacles in order to ride the route is not required), routes and tracks with obvious navigational features which present no problems in circumstances such as poor visibility.

To be no further than 30 minutes walk (Approximately 2 K) from shelter with communication

To be no more than 300m high

Mountain Biking – Summer weather conditions:

Areas and Rights of Way

Public Highways, Rights of Way on which cycles are permitted, routes and track with obvious navigational features which present little problem navigating in circumstances such as poor visibility.

To be no more than 30 minutes walk (Approximately 2K) from shelter with communication

To be no more than 600m high

Routes and access

Mountain bikers are permitted on all public Rights of Way other than footpaths:

Public Footpath

A way over which the public can pass on foot. Cyclists have no access rights to ride.

Public Bridleway

A way over in which the public may pass on foot, horse or pedal cycle. Cyclists are required to give way to foot traffic and horses.

Byway

Open to all traffic.

Road used as a public path

Usually equivalent to that of a Bridleway

Green Lane

Access only if classified as one of the above.

Cycle Track

A way developed by the local or regional authority i.e disused railways.

Permissive Rights of Way

As long as it is not classified as a permissive footpath

Routes for rides should be chosen according to their suitability for the experience and skill level of the group.

Points to bear in mind:

Suitability of the terrain

Level of technical riding involved

Length

Variety

Escape route or route modifications available

Points of assistance research

Keep to well defined routes

For mountain biking pre-riding routes may be necessary depending on prior knowledge of the area. It will also be necessary to provide a route card.

Visits to the Farm

Members of staff should read the leaflet Standard Operational Procedures for the Farm.

42. Educational Visits

When taking pupils on educational visits please consider the following:

Health and Safety of Pupils on Educational Visits

<http://publications.education.gov.uk/default.aspx?PageFunction=productdetails&PageMode=publications&ProductId=DfES%25200064%25202000&>

43. Employee's duties

Employees need to be reminded that they have a personal responsibility to help to promote health and safety issues within the organisation and must be vigilant and aware of what the health and safety issues may be regarding a specific activity or task or the environment in which they are working.

44. If you discover a Health and Safety Issue

Members of staff, in the first instance, can either approach the nominated Health and Safety Officer, for a particular home or Stephen Douglas, Pear Tree's Health and Safety Coordinator.

If, for one reason or another, they are unhappy with the response they may consult the designated member of staff whose responsibility it is to represent members of staff with regard to health and safety issues. He or she in turn will approach the Managing Director who has overall responsibility for health and safety.

The nominated member of staff with responsibility for Health and Safety issues is:

David Bartlett: 07801 595 803 (farm)
All House Managers: Home
Health and Safety Coordinator: Stephen Douglas

The members of staff's representative has the authorisation to correct health and safety issues which may incur costs to the Company without first seeking authorisation from the Managing Director or senior members of staff. However, it is expected that the senior members of staff should always be notified and kept informed of any issues that may arise and, in some instances, it may be the opinion of the member of staff that the Managing Director is consulted immediately.

Ultimate responsibilities for health and safety issues are held by David Bartlett, Managing Director. David Bartlett is responsible for ensuring that the Policy is implemented and kept under review.

45. Health and Safety Legislation

We are currently working within the following legislation:

1. Health and Safety at Work etc Act 1974 also referred to as HASAW or HSW, is the primary piece of legislation covering occupational health and safety in the United Kingdom.
2. Management of Health and Safety at Work Regulations 1999: require employers to carry out risk assessments, make arrangements to implement necessary measures, appoint competent people and arrange for appropriate information and training.
3. Workplace (Health, Safety and Welfare) Regulations 1992: cover a wide range of basic health, safety and welfare issues such as ventilation, heating, lighting, workstations, seating and welfare facilities.
4. Health and Safety (Display Screen Equipment) Regulations 1992: set out requirements for work with Visual Display Units (VDUs).
5. Personal Protective Equipment at Work Regulations 1992: require employers to provide appropriate protective clothing and equipment for their employees.
6. Provision and Use of Work Equipment Regulations 1998: require that equipment provided for use at work, including machinery, is safe.
7. Manual Handling Operations Regulations 1992: cover the moving of objects by hand or bodily force.
8. Health and Safety (First Aid) Regulations 1981: cover requirements for first aid.
9. The Health and Safety Information for Employees Regulations 1989: require employers to display a poster telling employees what they need to know about health and safety.
10. Employers' Liability (Compulsory Insurance) Act 1969: require employers to take out insurance against accidents and ill health to their employees.
11. RRIDDOR - Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013: require employers to notify certain occupational injuries, diseases and dangerous events.
12. Noise at Work Regulations 1989: require employers to take action to protect employees from hearing damage.
13. Electricity at Work Regulations 1989: require people in control of electrical systems to ensure they are safe to use and maintained in a safe condition.
14. Regulatory Reform (Fire Safety) Order 2005 ('the Order'). The legislation implements a risk based approach to fire safety in community, industrial and business premises. It requires the responsible person (usually the employer, owner or occupier) to carry out a fire safety risk assessment and implement appropriate fire precautionary and protection measures, and to maintain a fire management plan.
15. Control of Substances Hazardous to Health Regulations 2002 (COSHH): require employers to assess the risks from hazardous substances and take appropriate precautions.