Health and Safety Policy

Overley Hall School

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Contents

1. Aims 7

2. Legislation 7

3. Roles and responsibilities 8

4. Site security 14

5. Fire 14

6. COSHH 15

7. Equipment 18

8. Lone working 20

9. Working at height 21

10. Manual handling 22

11. Off-site visits 23

12. Violence at work 23

13. Smoking 24

14. Infection prevention and control 26

15. New and expectant mothers 31

16. Occupational stress 32

17. Accident reporting 33

18. Training 37

19. Monitoring 37

20. Links with other policies 37

Appendix 1. SECURITY AND VISITORS (From Specific Arrangements Procedure 27). 38

Introduction 38

Procedure 38

Risk Assessment 41

Training 41

Uninvited Visitors 41

Appendix 2 Fire safety checklist 43

Appendix 3 FIRE SAFETY- Taken from Specific Arrangements Procedure 4) 44

Introduction 44

General Fire Safety 45

Fire Safety Legislation 46

Fire Risk Assessments 46

Fire Hazard Identification will include: 47

Fire Detection and Warning 48

Provision of Fire Fighting Equipment 48

Means of Escape 48

Appendix 4. CONTROL OF SUBSTANCES HAZARDOUS TO HEALTH 50

Introduction 50

Procedure 50

Risk Assessment 50

Hazardous Substances 51

Training and Monitoring 51

Labels 52

Protective Clothing 52

Respirators (if there is a risk of inhalation of substances 52

Appendix 5. Legionella (From Procedure 12) 53

Introduction 53

Procedure Risk Assessment 53

Control 54

Monitoring 54

Record Keeping 54

Appendix 6 – Asbestos (From Specific Arrangements Procedure 19) 56

Introduction 56

Procedure 56

Appendix 7 – Display Screen Equipment (DSE) (From Specific Arrangements Procedure 18). .. 59

Introduction **59**

Procedure **59**

Arranging eyesight testing **62**

Appendix 8 – Working at Height (Taken form Specific arrangements Process 36). 64

Introduction **64**

Procedure **64**

Ladders **65**

Stepladders **66**

Scaffold Towers **67**

Fall arrest equipment **68**

Fragile Materials **69**

Appendix 9 Manual Handling (Taken from Specific Arrangements Procedure 16) 70

Introduction **70**

Procedure Risk Assessment **70**

Training **71**

Good Practice **71**

Appendix 10 – Violence and Aggression – (Taken from Specific Arrangements Procedure 30). 72

Introduction **72**

Procedure **73**

Training **73**

Risk Assessment **73**

Supervision **75**

Front Door Procedure **75**

Telephone aggression **75**

Support for Staff **77**

Appendix 11 Smoking (Taken from Specific Arrangements 29). 78

Introduction **78**

Procedure **78**

Visitors' **79**

Prohibitions on Smoking **79**

Appendix 12 Recommended absence period for preventing the spread of infection 82

Appendix 13 – Infection Control.- (Taken from Specific Arrangements Procedure 34) 90

Introduction **90**

Procedure **90**

Training and Education **91**

Named Person **91**

Hand Hygiene **91**

Protective Clothing **92**

Waste Management **93**

Visitors **93**

Staff Health **94**

Appendix 14 – Laundry (Taken from Specific Arrangements 11) 95

Introduction **95**

Procedures **95**

COSHH **97**

Commercial Laundry **97**

Signage **97**

Manual Handling **98**

Machinery and PUWER **98**

Electricity at Work **99**

Fire **99**

Appendix 15 – Chemical Waste – Taken from Specific Arrangements 32 100

Introduction **100**

Procedure Risk Assessment: **100**

Specification of Containers **100**

Waste Streams **100**

Handling **101**

Personal Protective Equipment (PPE) **101**

Personal Hygiene **101**

Spillages **101**

Training **102**

Accident Reporting, Recording and Investigation **102**

Segregation **102**

Storage **102**

Transportation **102**

Final Disposal **102**

Appendix 16- New and Expectant Mother's (Taken from Specific Arrangements 21) 103

Introduction **103**

Procedure **103**

Appendix 17 – Stress (Taken from Specific Arrangements Procedure 28). 105

Introduction **105**

Appendix 18 – Accident report (Taken from Specific Arrangements Procedure 7) 108

Procedure **108**

Dangerous occurrences **110**

Case of disease **110**

Accident Reporting (RIDDOR) **111**

Near-Miss Reporting (Internal) **111**

Accident Investigation **112**

General Guidelines **112**

Preventive Action **112**

Critical Incident Management **113**

Appendix 19. Compliance and Training (Taken from Specific Arrangements Procedure 2). 115

Introduction **115**

Procedure **115**

Ongoing Awareness and Competence Training **118**

Induction Training – General **118**

1. Aims

Our school aims to:

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

2. Legislation

This policy is based on advice from the Department for Education on health and safety in schools, guidance from the Health and Safety Executive (HSE) on incident reporting in schools, and the following legislation:

- The Health and Safety at Work etc. Act 1974, which sets out the general duty's employers have towards employees and duties relating to lettings
- The Management of Health and Safety at Work Regulations 1999, which require employers to carry out risk assessments, make arrangements to implement necessary measures, and arrange for appropriate information and training
- The Control of Substances Hazardous to Health Regulations 2002, which require employers to control substances that are hazardous to health
- The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013, which state that some accidents must be reported to the Health and Safety Executive and set out the timeframe for this and how long records of such accidents must be kept
- The Health and Safety (Display Screen Equipment) Regulations 1992, which require employers to carry out digital screen equipment assessments and states users' entitlement to an eyesight test
- The Regulatory Reform (Fire Safety) Order 2005, which requires employers to take general fire precautions to ensure the safety of their staff

- The Work at Height Regulations 2005, which requires employers to protect their staff from falls from height

The school follows national guidance published by Public Health England when responding to infection control issues.

The school follows national guidance published by UK Health Security Agency (formerly Public Health England) and government guidance on living with COVID-19 when responding to infection control issues.

This policy complies with the Overley Hall School contract between themselves and Local Authorities.

3. Roles and responsibilities

The proprietor, Mrs Brown has ultimate responsibility for health and safety matters in the school, but delegates responsibility for the strategic management of such matters to the Support & Scrutiny Board (SAS Board).

The SAS Board delegates operational matters and day-to-day tasks to the headteacher, Bev Doran and staff members.

The Support and Scrutiny Board

The SAS and Proprietor have a duty to take reasonable steps to ensure that staff and learners are not exposed to risks to their health and safety. This applies to activities on or off the school premises.

The Proprietor, as the employer, also has a duty to:

- Assess the risks to staff and others affected by school activities to identify and introduce the health and safety measures necessary to manage those risks
- Inform employees about risks and the measures in place to manage them
- Ensure that adequate health and safety training is provided

The SAS member who oversees Health and Safety is Dee Marshall.

Head Teacher

The Head Teacher is responsible for health and safety day-to-day, and the management of all aspects of learner's care and the teaching staff under her management during designated school hours.

This involves:

- Ensuring school-based activities are carried out to a safe system of work, resulting in there being minimal risk to persons, equipment and materials.
- Ensuring that Educational visits are properly planned, risk assessed, reviewed and supervised by competent persons.
- Ensuring that health and safety is discussed at any general meetings and specific quarterly health and safety committee meetings that are undertaken and that a good line of communication is developed between all parties in their department.
- Seeing to that School is suitably secured and unauthorised access or absconding is restricted as far as practical.
- Understanding the application of the Health & Safety at Work Act 1974 and other legislation relevant to OHS operations.
- Implementing the Health and Safety policy
- Ensuring there is enough staff to safely supervise learners
- Ensuring that the school building and premises are safe and regularly inspected
- Providing adequate training for staff so that they are competent to carry out their jobs in a safe manner and maintaining individual training records of this training.
- Ensuring that safe working practices and procedures are documented and followed.
- Reporting to the SAS on health and safety matters and investigating all accidents and near miss occurrences.
- Ensuring that the location of fire extinguishers is known by staff and that they understand evacuation procedures to be followed in the event of a fire
- Ensuring a minimum of 2 fire drills take place each academic year and documenting when this have taken place.

- Ensuring that all employees know the location of First Aid equipment along with trained First Aiders
- Ensuring that adequately trained First Aiders are available at all times the school is in use.
- Assisting the Proprietor in carrying out risk assessments.

- Ensuring that in their absence, health and safety responsibilities are delegated to another member of staff
- Ensuring that competent persons undertake all risk assessments for tasks and activities so ensuring that written assessments are completed for significant risk areas. Copies of each risk assessments should be available and retained in the office. All risk assessments are regularly reviewed.
- Undertaking inspections on a regular basis in accordance with OHS requirements.
- Co-operating with Health and Safety advisors and act on their advice and recommendations.
- Ensuring that any employee failing to satisfactorily discharge their Health and Safety responsibilities could face disciplinary action.
- Ensuring that employees are provided with relevant information on risks together with preventative measure and that they are consulted on health and safety issues.

In the Head Teacher's absence, the Assistant Head's Dee Marshall and Rachel Hawley assumes the above day-to-day health and safety responsibilities.

Managing Director – Health and Safety Lead

The Managing Director has overall responsibility for the co-ordination of health and safety for the departments under her control on a day-to-day basis (Domestic, Maintenance, Kitchen, Housekeepers). These duties in regard to Overley Hall School include:

- Organising the departments and activities under her control so that operations are carried out to a safe system of work, resulting in there being a minimal risk to persons, equipment and materials.

- Ensuring school is suitably secured and unauthorised access or absconding is restricted as far as practical.
- Understanding the application of the Health & Safety at Work Act 1974 and other relevant documents listed above (2).
- Ensuring that all persons under her control are trained and competent to work safely.
- Ensuring safe working practices and procedures are documented and followed.
- Ensuring that all electrical equipment is checked at designated intervals and ensuring that any defective equipment is taken out of service until repaired or replaced.
- Ensuring that a Fire Risk Assessment is carried out and any significant findings actioned.
- Ensuring OHS has maintenance and inspection contracts in place for safety critical parts of the building and infra-structure.
- Ensuring that employees know the location of fire extinguishers and know the procedure to be followed in the event of a fire.
- Ensuring that employees know the location of first aid equipment and personnel.
- Reporting and investigating all accidents and near misses.
- Undertaking inspections on a regular basis in accordance with OHS requirements.
- Co-operating with health and safety advisors and acting on their advice and recommendations
- Ensuring that any employee failing to satisfactorily discharge their health and safety responsibilities could face disciplinary action
- Ensuring that competent persons undertake all risk assessments for tasks and activities so ensuring that written assessments are completed for significant risk areas. Copies of each risk assessments should be available and retained in the office. All risk assessments are regularly reviewed
- Ensuring that OHS has one or more competent bodies internally and an external body (Direct Safety Solutions, Rob Carlin) who provides assistance in health and safety in order to comply with the law.
- Ensuring that employees are provided with relevant information on risks together with preventative measures and that they are consulted on health and safety issues.

3.3. Assistant Head

The Assistant Head in her absence will assume the following responsibilities:

- To initially investigate potential hazards and dangerous occurrences within school (whether or not they are drawn to their attention or not) and to examine the causes of accidents.
- Initially investigate complaints by any school employee regarding health, safety or welfare at work.
- Communicate and co-operate with the Head Teacher and Proprietor.
- Undertake any necessary health and safety checks and inspections on behalf of the Head Teacher and Proprietor.
- Ensure they only undertake tasks and use equipment for which they have been trained.
- Ensure work equipment within the department is maintained and kept in good working order.
- Assist the Head Teacher in the production of risk assessments and safe working practices.

Staff

School staff have a duty to take care of learners in the same way that a prudent parent would do so.

Staff will:

- Make themselves familiar with and understand OHS's Health and Safety Policy, procedures and any safety rules
- Take reasonable care of their own health and safety and that of others who may be affected by what they do at work
- Co-operate with the school on health and safety matters
- Work in accordance with training and instructions

- Inform the appropriate person of any work situation representing a serious and immediate danger so that remedial action can be taken
- Model safe and hygienic practice for learners
- Understand emergency evacuation procedures and feel confident in implementing them.
- Know the location of first aid boxes within the areas in which they are working and the action to take in the event of an accident.
- Not intentionally or recklessly interfere with, or misuse any equipment, materials or facilities provided in the interest of health, safety and welfare, or in fulfilments of any legal obligation of Overley Hall School.
- Maintain tidy work areas, thereby not creating hazards to themselves or others.
- Co-operate with the management team on all aspects necessary to provide a healthy and safe working environment, including the participation in any training.
- Always keep minibuses and equipment in their use in good order and report any faults.
- Employees could face disciplinary action if they do not adhere to the Health & Safety Policy and additional Procedures.
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Learners and parents

The learners at Overley Hall School have both complex and varied needs. These needs are supported by Overley Hall School staff or parents always supporting them to keep them safe. Parents are responsible for following the school's health and safety advice on-site and off-site, and for reporting any health and safety concerns or incidents to a member of staff.

Contractors

Contractors will agree health and safety practices with the Managing Director before starting work. Before work begins the contractor will provide evidence that they have completed an adequate risk assessment of all their planned work.

4. Site security

The Managing Director, Head Teacher, Operations Manager and Head of Care are responsible for the security of the school site in and out of school hours. They are responsible for visual inspections of the site, and for the intruder and fire alarm systems. For further details please see Appendix 1.

5. Fire

Emergency exits, assembly points and assembly point instructions are clearly identified by safety signs and notices. Fire risk assessment of the premises will be reviewed regularly.

Emergency evacuations are practised at least once a term (2-4 times a year).

The fire alarm is a loud continuous bell.

Fire alarm testing will take place on a Monday morning before learners arrive at school (8.15 approx.).

New staff will be trained in fire safety and all staff and learners will be made aware of any new fire risks.

In the event of a fire:

- The alarm will be raised immediately by whoever discovers the fire and emergency services contacted. Evacuation procedures will also begin immediately with Fire Marshalls undertaking their responsibilities.
- Fire extinguishers may be used by staff only, and only then if staff are trained in how to operate them and are confident, they can use them without putting themselves or others at risk
- Staff and learners will congregate at the assembly points. These are through classroom doors, to the school gate to assemble on car park by the walled garden or through classroom door onto playground/ through the porch and out onto the carpark

to the fire point. A register of learners, which will then be checked against the attendance sheet held by the Assistant Head

- The Head teacher/ Assistant Head or Managing Director will take a register of all staff
- Staff and learners will remain outside the building until the emergency services say it is safe to re-enter

The school have special arrangements in place for the evacuation of learners/ staff with mobility needs and those with difficulties with unplanned transition from one place to another. Personal emergency evacuation plans (PEEP's) have been completed for learners who may find unplanned transitions difficult and can be found on school computer hard drive and in classrooms of affected learners

The Support and Scrutiny Board monitor the Health & Safety Policy and may refer to the fire safety checklist found in Appendix 2. For further in-depth detail please see Appendix 3

6. COSHH

Overley Hall School is required to control hazardous substances, which can take many forms, including:

- Chemicals
- Products containing chemicals
- Fumes
- Dusts
- Vapours
- Mists
- Gases and asphyxiating gases
- Germs that cause diseases, such as leptospirosis or legionnaires disease.

Control of substances hazardous to health (COSHH) risk assessments are completed by Support Services and circulated to all employees who work with hazardous substances. Staff will also be provided with protective equipment, where necessary.

Our staff use and store hazardous products in accordance with instructions on the product label. All hazardous products are kept in their original containers, with clear labelling and product information.

No hazardous cleaning chemicals are left on the school site as cleaners bring into school each time they clean and take away when they leave.

Hand gels are in locked dispensers, sprays such Dettol sprays are kept under adult supervision or locked away in cupboards that require star keys.

Any hazardous products are disposed of off the school site in accordance with specific disposal procedures.

Emergency procedures, including procedures for dealing with spillages, are displayed near where hazardous products are stored and in areas where they are routinely used and will be shared if a spillage of a product occurs on the school site

Further details can be found in Appendix 4

6.1 Gas safety

This is not applicable as the school is powered by oil and electricity.

6.2 Legionella

This risk assessment will be reviewed every 2 years unless adaptations are required and when significant changes have occurred to the water system and/or building footprint

The water risk assessment will be brought to the attention of all employees and contractors.

The risks from legionella are mitigated by the following:

- hot water will be stored at more than 60ºC
- cold water will be stored and distributed at less than 20ºC
- areas where water may stagnate will be identified as part of the risk assessment and repairs / modifications carried out to the water system to eliminate or reduce risk
- all hoses and shower heads will be inspected, cleaned and descaled on a quarterly basis
- infrequently used water outlets (taps, shower heads etc.) will be flushed out at least weekly.

All equipment provided within the water system will be maintained as per the manufacturer's recommendations by competent persons.

Any materials used in the water system should not encourage the growth of bacteria through the provisions of food for the bacteria to grow,

Storage tanks will be protected against the risk of contamination through the fitting of guards such as lids.

Storage tanks and pipe work will be protected against heat through siting and insulation.

Water temperatures at sentinel taps will be checked on a monthly basis and recorded.

Hot water services should reach 50ºC after one minute of running.

Cold water services will reach below 20ºC after two minutes of running.

Storage tanks will be inspected at least annually and remedial works carried out if necessary.

External measurements, analysis if samples and maintenance will be arranged as per the risk assessment requirements.

Further information can be found in Appendix 5.

6.3 Asbestos

There is no asbestos in the Overley Hall School building nor Coach House.

Further information re management of Asbestos on the other areas of the site please see Appendix 6.

7. Equipment

Various items of equipment are used throughout Overley Hall School such as in the classroom, kitchen (in Wellingtonia Children's Home), laundry (in Wellingtonia Children's Home), and lifting, gardening, maintenance.

All equipment and machinery are maintained in accordance with the manufacturer's instructions. In addition, maintenance schedules outline when extra checks should take place

When new equipment is purchased, it is checked to ensure that it meets appropriate educational standards.

All equipment is stored in the appropriate storage containers and areas. All containers are labelled with the correct hazard sign and contents.

7.1 Electrical equipment

Overley Hall School has an electrical fire warning and detection system in place. The sounders create a constant ring and can be heard throughout the building.

Fire extinguishers (black) are provided specifically for the use on electrical fires and are sited close to potential hazard, near an exit or on an escape route.

- All staff are responsible for ensuring that they use and handle electrical equipment sensibly and safely.
- Electrical leads should not overhang work surfaces or stretch across walkways.
- Staff should check all electrical equipment before using it to make sure that it appears in good working order and report any suspected faults/ hazards to the Head Teacher/ Assistant Head.
- Electrical equipment will be inspected regularly for damage to electrical plugs and wiring and tagged with a visible label as appropriate. Any items found to have damaged leads/ plugs will be taken out of use.
- Any learner who handles electrical appliances does so under the supervision of the member of staff who so directs them.
- Permanently installed electrical equipment is connected through a dedicated isolator switch and adequately earthed.

- Only trained staff members can check plugs.
- Where necessary a portable appliance test (PAT) will be carried out by a competent person and tagged.
- All isolator switches are clearly marked to identify their machine.
- Electrical apparatus and connections will not be touched by wet hands and will only be used in dry conditions.
- Maintenance, repair, installation and disconnection work associated with permanently installed or portable electrical equipment is only carried out by a competent person.
- Combustible materials will not be placed too close to electrical equipment, which may give off heat.
- Contractors will not use electrical equipment in OHS unless testing of their equipment has been carried out per the regulations.
- A register of all portable electrical appliances along with their unique ID number and date of next inspection will be kept.

7.2 PE equipment – climbing frames, swings, trampoline, rowing machine, exercise bikes

A risk assessment has been undertaken of all outdoor areas. Within the risk assessment all potential hazards present and suitable controls required to minimise risks as far as is reasonably practical have been determined.

Weekly inspections of all external areas are undertaken to ensure the risk assessment remains valid and to enable identification of any other areas. ROSPA checked each year.

Learners (where appropriate) are taught how to carry out and set up PE equipment safely and efficiently. Staff check that equipment is set up safely.

Any concerns about the condition of the Coach House floor or other apparatus will be reported to Lynn Thompson (Managing Director) or Support Services.

7.3 Display screen equipment

- All staff who use computers daily as a significant part of their normal work have a display screen equipment (DSE) assessment carried out. 'Significant' is taken to be continuous/near continuous spells of an hour or more at a time.
- Staff identified as DSE users are entitled to an eyesight test for DSE use upon request, and at regular intervals thereafter, by a qualified optician (and corrective glasses provided if required specifically for DSE use).
- An assessment of the risks from the use of DSE has been conducted and this has guided provision, maintenance and monitoring of appropriate control measures to minimise any risks identified.
- It is the responsibility of all managers to ensure that the workstations of all employees under their control are properly assessed.
- Employees are responsible for not placing themselves or others at risk of injury.

Further information can be found in Appendix 7.

8. Lone working

Lone working may include:

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

Potentially dangerous activities, such as those where there is a risk of falling from height, will not be undertaken when working alone. If there are any doubts about the task to be performed then the task will be postponed until other staff members are available.

If lone working is to be undertaken, a colleague, friend or family member will be informed about where the member of staff is and when they are likely to return.

The lone worker will ensure that they are medically fit to work alone.

Lone workers on site will take a radio or personal mobile phone with them. When working off site a contact number will be left on the risk assessment sheet along with the place and person they are visiting. The staff member will phone to let the designated person know they have arrived and when they are leaving to return to school.

9. Working at height

Whenever possible we will endeavour to work from ground level utilising suitable and sufficient control measures. Where this is not possible, we will work at height adopting the safest means as is reasonably practical.

We will ensure that work is properly planned, supervised and carried out by competent people with the skills, knowledge and experience to do the work.

The Health and Safety Executive (HSE)'s hierarchy is adopted when planning work at height.

In addition:

- The Support Services retain ladders for working at height.
- Learners are prohibited from using ladders.
- Staff will wear appropriate footwear and clothing when using ladders.
- Contractors are expected to provide their own ladders for working at height.
- Before using a ladder, staff are expected to conduct a visual inspection to ensure its safety.
- Access to high levels, such as roofs, is only permitted by trained people.
- Elephant steps are used to complete display work.
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Further information can be found in Appendix 8.

10. Manual handling

The Manual Handling Operations Regulations 1992 were introduced to reduce the number of injuries from moving and handling throughout industry and care.

The term manual handling includes lifting, moving, putting down, pushing, pulling and carrying by hand or bodily force of goods equipment or people.

Assessments will be carried out on all manual handling tasks; all assessments will be recorded, and generic assessments may be used for like tasks.

It is up to individuals to determine whether they are fit to lift or move equipment and furniture. If an individual feels that to lift an item could result in injury or exacerbate an existing condition, they will ask for assistance.

The school will ensure that proper mechanical aids and lifting equipment are available in school, and that staff are trained in how to use them safely.

Staff and learners are expected to use the following basic manual handling procedure:

- Plan the lift and assess the load. If it is awkward or heavy, use a mechanical aid, such as a trolley, or ask another person to help

- Take the more direct route that is clear from obstruction and is as flat as possible
- Ensure the area where you plan to offload the load is clear
- When lifting, bend your knees and keep your back straight, feet apart and angled out. Ensure the load is held close to the body and firmly. Lift smoothly and slowly and avoid twisting, stretching and reaching where practicable
- Staff will be trained prior to undertaking tasks involving moving and handling of loads.

Further information can be found Appendix 9.

11. Off-site visits

When taking learners off the school premises, we will ensure that:

- Risk assessments will be completed where off-site visits and activities require them
- All off-site visits are appropriately staffed
- Staff will take personal mobile phones, a portable first aid kit, information about the specific medical needs of learners along with the parents' contact details

There will always be at least one first aider on school trips and visits.

12. Violence at work

The Head Teacher will ensure appropriate measures are taken to minimise the risk to the personal safety and well-being of our employees and learners from physical or emotional harm during their time at Overley Hall School.

All learners at Overley Hall School have multiple and complex needs that at times can lead to an impact on their regulation/behaviour. Due to the level of understanding of the learners typically these behaviours are a result of an emotional/ sensory/ communication need and are not pre-planned or intended to cause harm (although at times they may).

Well-being/ nurture and understanding is at the core of what OHS believe and therefore many systems and processes are in place to support our learners at times of dysregulation/crisis. We believe that staff should not be in any danger at work and will not tolerate intentional violent or threatening behaviour towards our staff from other staff, contractors, parents or other visitors.

We also recognise that learners, staff and visitors may sometimes be in a situation of distress or stress and may have varying degrees of personal responsibility for their actions. Every circumstance where harm to another occurs will be investigated and consideration given to the individual event.

All staff will report any incidents of harm to themselves or learners to the head teacher/ Assistant head immediately and record on behaviour watch. This applies to harm from learners, visitors or other staff.

Further information can be found Appendix 10.

13. Smoking

Smoking is not permitted anywhere on the school premises.

Overley Hall School aims to support smokers, to help them cope with increased restrictions on their smoking during the working day and to promote the culture of a controlled smoking and where reasonably possible a smoke-free school.

This information is applicable to all staff, visitors, contractors and other people who enter Overley Hall School.

Overley Hall School aims to:

- Guarantee a healthy working environment and protect the current and future health of learners, staff and members of the public.
- Guarantee the right of everyone to breathe in air free from tobacco smoke.
- Raise awareness of the dangers associated with exposure to tobacco smoke
- Take account of the needs of those who choose to smoke and to support those who would like to stop.

The Head Teacher is:

- Responsible for ensuring that all persons adhere to the Control of Smoking Policy and facilitate its implementation.
- Responsible for ensuring that everyone understands that smoking (if permitted) is only allowed in designated areas (clearly signed) away from buildings and that anyone who requests support to attend specific remedial programs are supported.
- Staff are only permitted to smoke whilst off-duty (in official breaks only) and only in unenclosed designated areas.
- The Head Teacher may delegate the day-to-day operation of safety arrangements to another member of staff.
- Employees are responsible for complying with the Control of Smoking at the workplace procedure and informing visitors of OHS arrangements for the control of smoking.

Further information can be found in Appendix 11.

14. Infection prevention and control

We follow national guidance published by the UK Health Security Agency when responding to infection control issues. We will encourage staff and learners to follow this good hygiene practice, outlined below, where applicable. Control of infection within Overley Hall School will be audited as part of the ongoing observations and audits of practice. Constructive feedback will be provided to staff and will be repeated at periodic times during employment of all employees.

In addition to the infectious diseases which are suitably notifiable listed in Appendix 12 of Department of Health Infection Control Guidance for Care Schools, the Head Teacher must also report when an outbreak is suspected.

All staff are responsible for ensuring that they adhere to the school's control of infection control policies and procedures.

Further information is available in Appendix13.

15.1 Handwashing

Hand hygiene is the single most important practice to reduce the risk of infection transmission.

Effective handwashing will consist of washing with liquid soap, warm water:

- Palm to palm
- Right hand over left dorsum and vice versa
- Palm to palm interlaced
- Backs of fingers to opposing palms with fingers interlocked
- Rotational rubbing of right thumb clasped in left palm and vice versa.

Hands will then be thoroughly dried using paper towels and which are disposed of in a pedal operated bin. Alcohol based products (gels or foams) are also available for use after hand washing and when entering or leaving Overley Hall School.

Hands should always be washed after using the toilet, before eating or handling food, and after handling animals.

Any cuts or abrasions must be covered with waterproof dressings.

Personal protective clothing and equipment is available for staff to use depending on the level of risk.

15.2 Coughing and sneezing

- Cover mouth and nose with a tissue
- Wash hands after using or disposing of tissues, and
- Spitting is discouraged.

15.3 Personal protective equipment

- Wear disposable non-powdered vinyl or latex-free CE-marked gloves and disposable plastic aprons where there is a risk of splashing or contamination with blood/body fluids (for example, nappy or pad changing)
- Wear goggles if there is a risk of splashing to the face.
- Use the correct personal protective equipment when handling cleaning chemicals.
- Use personal protective equipment (PPE) to control the spread of infectious diseases where required or recommended by government guidance and/or a risk assessment

Storage of aprons and gloves will be in a manner that avoids accumulation of dust which can act as a reservoir for infection.

15.4 Cleaning of the environment

- Regular and thorough cleaning of Overley Hall School will be carried out as per the cleaning schedule and procedures.
- Wet areas will be cordoned off with notices posted.
- PPE will be provided/worn where necessary.
- Mops and buckets will be stored in the appropriate area when not in use.
- Cleaning materials and solutions will be put away immediately after use in a secure area not accessible by learners.

15.5 Cleaning of blood and body fluid spillages

- Clean up all spillages of blood, faeces, saliva, vomit, nasal and eye discharges immediately, wearing personal protective equipment.
- When spillage occurs, clean using a product that combines both a detergent and a disinfectant and use as per the manufacturer's instructions. Ensure it is effective against bacteria and viruses and suitable for use on the affected surface.
- Never use mops for cleaning up blood and body fluid spillages – use disposable paper towels and discard clinical waste as described below.
- Make spillage kits available for blood spills.
- Laundry contaminated with blood or body fluids should be swilled in the Sluice, placed in laundry bag and taken to the Laundry.

15.6 Laundry

- Overley Hall School use the laundry area in Wellingtonia Children's Home.

- PPE should be worn when handling soiled linen.
- Items for the laundry should be placed in a separate laundry sack.
- Soiled, heavily soiled/ infected clothes, clothing should be swilled in the sluice, put in a separate laundry bag and taken to the Laundry.
- Specially trained laundry technicians will then take the responsibility of laundering the clothes.

Further details are available in Appendix 14

15.7 Clinical waste

Clinical waste is principally categorised into three main groups:

waste – includes expired, unused,

- Infections Clinical waste: which includes all human tissue including blood, soiled dressings, swabs, discarded syringes/ needles, broken glass – yellow waste stream
- Offensive waste – non-infectious and non-hazardous but may cause offence to those coming into contact with (sanitary waste/ nappies) – yellow/black waste stream
- Medicinal split and other pharmaceutical products – includes items contaminated from use e.g. masks – orange waste stream.

All clinical waste is stored in UN approved containers, with sharps containers compliant with the relevant British Standards BS7430 and/or UN3291.

Clinical waste will be disposed of as close to the point of use as possible, immediately after use and preferably into a foot operated pedal bin or sharps box. PPE identified in the risk assessment must be worn when handling clinical waste and then disposed of immediately afterwards. Hands must be washed immediately afterwards.

Further information can be found in Appendix 15.

15.8 Animals

Learner's may meet animals when out on school trips, on walks around the grounds or in school through the school's Therapy Dog

- Wash hands before and after handling any animals
- Supervise learners when playing with animals
- Dispose of animal waste regularly, and keep litter boxes away from learners

15.9 Infectious disease management

We will ensure adequate risk reduction measures are in place to manage the spread of acute respiratory diseases, including COVID-19, and carry out appropriate risk assessments, reviewing them regularly and monitoring whether any measures in place are working effectively.

We will follow local and national guidance on the use of control measures including:

- Following good hygiene practices
- We will encourage all staff and learners to regularly wash their hands with soap and water or hand sanitiser and follow recommended practices for respiratory hygiene. Where required, we will provide appropriate personal protective equipment (PPE)
- Implementing an appropriate cleaning regime
- We will regularly clean equipment and rooms, and ensure surfaces that are frequently touched are cleaned twice a day
- Keeping rooms well ventilated
- We will use risk assessments to identify rooms or areas with poor ventilation and put measures in place to improve airflow, including opening external windows, opening internal doors and mechanical ventilation

15.10 Learners vulnerable to infection

Some medical conditions make learners vulnerable to infections that would rarely be serious in most children. The school will normally have been made aware of such vulnerable children. These children are particularly vulnerable to chickenpox, measles or slapped cheek disease (parvovirus B19) and, if exposed to either of these, the parent/carer will be informed promptly and further medical advice sought. We will advise these children to have additional immunisations, for example for pneumococcal and influenza.

15.11 Exclusion periods for infectious diseases

The school will follow recommended exclusion periods outlined by UK Health Security Agency, summarised in Appendix 16. Residential learners will stay at Wellingtonia Children's Home during these exclusion periods and day learners at home.

In the event of an epidemic/pandemic, we will follow advice from UK Health Security Agency about the appropriate course of action.

16. New and expectant mothers

Risk assessments will be carried out whenever any employee notifies the school that they are pregnant.

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Appropriate measures will be put in place once the employee has given notification that they are pregnant, given birth in the last 6 months or is breastfeeding. An assessment of the risks to the health and safety of the woman will be undertaken. This will be regularly reviewed and documented as the pregnancy continues.

The assessment will also take into account the risks to the baby, whether unborn or breastfeeding. The risks identified will be adequately controlled as required by legislation.

If the control measures introduced do not adequately ensure the woman's safety, then changes to the woman's working conditions will be made, where reasonably practicable to

do so. If this is not possible, or would still not ensure her safety, alternative employment, which would not put her at risk would be offered.

Some specific infection risks are summarised below:

- Chickenpox can affect the pregnancy if a woman has not already had the infection. Expectant mothers should report the exposure to antenatal carer and GP at any stage of exposure. Shingles is caused by the same virus as chickenpox, so anyone who has not had chickenpox is potentially vulnerable to the infection if they have close contact with a case of shingles
- If a pregnant woman comes into contact with measles or German measles (rubella), she should inform her antenatal carer and GP immediately to ensure investigation.
- Slapped cheek disease (parvovirus B19) can occasionally affect an unborn child. If exposed early in pregnancy (before 20 weeks), the pregnant woman should inform her antenatal care and GP as this must be investigated promptly.
- Some pregnant women will be at greater risk of severe illness from COVID-19

Additional information can be found Appendix 17.

17. Occupational stress

We are committed to promoting high levels of health and wellbeing and recognise the importance of identifying and reducing workplace stressors through a risk assessment and Health & Wellbeing Policy.

The Health and Safety Executive (HSE) define stress as ‘the adverse reaction people have to excessive pressure or other types of demand placed on them”. This makes an important distinction between pressure, which can be a positive state if managed correctly, and stress that can be detrimental to health.

Overley Hall is committed to protecting the health, safety and welfare of its employees. We recognise that workplace stress is a health and safety issue and acknowledge the importance of identifying and reducing workplace stressors. It is the Head Teacher's responsibility for providing the necessary resources.

It is important that employees:

- monitoring staff workloads.

Additional information can be found in Appendix 18.

18. Accident reporting

OHS will ensure that all accidents, industrial diseases and dangerous occurrences are investigated and the origins and underlying causes of work-related injuries, ill health, disease and incidents and any failures in the health and safety management system are recorded, reported and documented (with a view to improving health and safety and to be able to manage potential legal action).

All personnel on our premises and other locations must report accidents and near-miss incidents whilst carrying out work activities on behalf of Overley Hall School.

18.1 Record of Accident

This procedure is to be adopted when any learner, employee, visitor or contractor experiences an accident, near miss or dangerous occurrence on the premises. Significant incidents, including those resulting in lost time injury, shall be investigated as soon as possible after the occurrence.

Within 24 hours, the completed Incident Report shall be forwarded to the Managing Director.

- An accident form on Behaviour Watch will be completed as soon as possible after the accident occurs by the member of staff or first aider who deals with it. As much detail as possible will be supplied when reporting an accident.
- Information about injuries will also be kept in the learner's educational record.
- Records held on Behaviour Watch will be retained by the school for a longer than 3 years, in accordance with regulation 25 of the Social Security (Claims and Payments) Regulations 1979, and then securely disposed of.
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18.2 Reporting to the Health and Safety Executive

The procedure for reporting workplace deaths and specific injuries ONLY.

The Head Teacher will keep a record of any accident which results in a reportable injury, disease, or dangerous occurrence as defined in the RIDDOR 2013 legislation (regulations 4, 5, 6 and 7).

The Head Teacher will report these to the Health and Safety Executive as soon as is reasonably practicable and in any event within 10 days of the incident- incident – except where indicated below. Fatal and major injuries and dangerous occurrences will be reported without delay (i.e. by telephone) and followed up in writing within 10 days.

Reportable injuries, diseases or dangerous occurrences include:

- Death

Specified injuries. These are:

- Fractures, other than to fingers, thumbs and toes
- Amputations
- Any injury likely to lead to permanent loss of sight or reduction in sight
- Any crush injury to the head or torso causing damage to the brain or internal organs
- Serious burns (including scalding) which:

- Covers more than 10% of the whole body's total surface area; or
- Causes significant damage to the eyes, respiratory system or other vital organs

- Any scalping requiring hospital treatment
- Any loss of consciousness caused by head injury or asphyxia
- Any other injury arising from working in an enclosed space which leads to hypothermia or heat-induced illness or requires resuscitation or admittance to hospital for more than 24 hours.
- Injuries where an employee is away from work or unable to perform their normal work duties for more than 7 consecutive days. In this case, the Headteacher as an Assistant Head will report these to the HSE as soon as reasonably practicable and in any event within 15 days of the accident.

Occupational diseases where a doctor has made a written diagnosis that the disease is linked to occupational exposure. These include:

- Carpal tunnel syndrome
- Severe cramp of the hand or forearm
- Occupational dermatitis, e.g. from exposure to strong acids or alkalis, including domestic bleach
- Hand-arm vibration syndrome
- Occupational asthma, e.g. from wood dust
- Tendonitis or tenosynovitis of the hand or forearm
- Any occupational cancer
- Any disease attributed to an occupational exposure to a biological agent

Near-miss events that do not result in an injury but could have done. Examples of near-miss events relevant to schools include, but are not limited to:

- The collapse or failure of load-bearing parts of lifts and lifting equipment
- The accidental release of a biological agent likely to cause severe human

illness

- The accidental release or escape of any substance that may cause a serious injury or damage to health
- An electrical short circuit or overload causing a fire or explosion

Learners and other people who are not at work (e.g. visitors): reportable injuries, diseases or dangerous occurrences

These include:

- Death of a person that arose from, or was in connection with, a work activity*
- An injury that arose from, or was in connection with, a work activity* and the person is taken directly from the scene of the accident to hospital for treatment

*An accident “arises out of” or is “connected with a work activity” if it was caused by:

- A failure in the way a work activity was organised (e.g. inadequate supervision of a field trip)
- The way equipment or substances were used (e.g. lifts, machinery, experiments etc); and/or
- The condition of the premises (e.g. poorly maintained or slippery floors)

Information on how to make a RIDDOR report is available here:

How to make a RIDDOR report, HSE http://www.hse.gov.uk/riddor/report.htm

18.3 Notifying parents

The learners’ teacher/ tutor will inform parents of any accident or injury sustained by a learner, and any first aid treatment given, on the same day, or as soon as reasonably practicable.

Further information can be found in Appendix 19.

19. Training

It is vital that we ensure the provision of all necessary information, instruction, training and supervision as necessary to ensure the health and safety at work of employees, to enable them to work in a safe manner without posing risks to themselves or others who could be affected by their work activities including learners.

Our staff are provided with health and safety training as part of their induction process.

A training needs assessment is carried out for all permanent employees when commencing a new role and thereafter at least annually.

Further information will can be found in Appendix 20.

20. Monitoring

This policy will be reviewed every year.

Following every review, the policy will be approved by the Head Teacher and then ratified by the School's Support and Scrutiny Board.

21. Links with other policies

This health and safety policy links to the following policies:

- First aid
- Supporting learners with medical conditions
- Accessibility plan.
- Remote learning

Appendix 1. SECURITY AND VISITORS (From Specific arrangements Procedure 27).

Introduction

Due to the vulnerability of our service users, and for the safety of our visitors it is vital that we control and manage our risks in this area of the School.

In order to ensure the health and safety of all visitors to our premises we have to be aware of the different type of visitors, which could be affected by our undertakings. Visitors can be classified into the various groups listed below.

- Invited visitors (relatives etc.)
- Uninvited visitors (trespass)
- Temporary/volunteer workers
- Contractors
- Official visitors (OFSTED, Environmental Health Inspectors etc.)
- Emergency services

This procedure outlines the schools' requirements and practices for the managementof all visitors.

Procedure

The Managing Director / Operations Manager / Adult Care Services Manager / Head Teacher is responsible for implementing this procedure or will delegate such functions as necessary to ensure the effective day-to-day operation of our safety arrangements in respect of elements listed below:

These functions will include ensuring that:

- An assessment of the risks to visitors is carried out and, if appropriate, clear written arrangements drawn up and put into place to ensure visitors' safety; and
- A visitors' book is available.
- The visitor book is completed and reviewed as necessary.

- All Employees are aware of the visitor procedure. The Managing Director is responsible for:
- Effectively managing anyone who visits Overley Hall.
- Ensuring appropriate arrangements for visitors' safety.
- Consulting with visitors.
- Providing appropriate information for visitors.Employees are responsible for:
- Not placing themselves or visitors at risk.
- Consulting with The Managing Director / Operations Manager in relation to developingappropriate measures to control risk associated with visitors.

All visitors must:

- Sign into the visitor's book and must sign out on leaving the premises, even ifthey intend to return.
- In the event of a fire, evacuate the premises and assemble at our assemblypoint. During this evacuation all instructions from employees' must be obeyed.
- Be aware that we reserve the right to request to search of visitors' bags and vehicles on leaving the premises.
- Unless otherwise instructed, remain with their host until leaving the premises. Visitors are only permitted to enter those areas, which they are invited into.
- In the event of an accident, ask for assistance from a member of staff and must give any necessary details sought in order to enable us to report the accident correctly.
- Not bring anything onto the premises, which may give rise to an accident or emergency without prior authorisation.

Implementing our procedure regarding the control of visitors on our premises is as follows and will include ensuring that we:

- Are aware that the visitor is on our premises.
- On arrival our visitor rules are explained to the visitor.
- As far as possible, visitors will be accompanied by an employee.
- Visitors will not be permitted to wander freely around working areas.

Should an emergency arise, the person who is accompanying the visitor will take him/her to the fire assembly point. Should an incident occur that involves a visitor which results in injury, this will be recorded in the Accident Book and a thorough investigation carried out as soon as possible.

If the injury is of a serious nature or is fatal, the incident must be reported to the enforcing authority and Overley Hall accident reporting system must be followed.

The general information requirements that would be supplied to visitors will include:

- Specific rules - including signing in and any requirements concerning being escorted.
- Any areas of particular hazard and what controls may be in place to control therisk - including areas where PPE would be required.
- Areas where visitors may not go and how they are marked or signed.
- Emergency procedures - what the alarm sounds like and what to do.
- First Aid procedures.
- Any smoking or eating restrictions.
- Reporting procedures for hazards spotted or near miss incidents involving them.
- Details of any rules on cross contamination / infection control (hand washing, alcohol sprays etc.).

It will be the responsibility of all employees to ensure that they comply with these procedures. This will assist in the provision of safe systems for visitors in an emergency situation.

To ensure that suitable safe working arrangements are implemented and procedures are in place for monitoring and reviewing whenever necessary, the effectiveness of our health and safety policy.

Safeguarding and Visitor Management

Visitor management arrangements form part of the school's wider safeguarding responsibilities. All visitors, contractors and external professionals must comply with the

school's safeguarding procedures, including identification, sign-in requirements, supervision arrangements and any necessary vetting checks. Staff must remain vigilant at all times and report any concerns regarding visitors, site security or safeguarding immediately to a member of the Senior Leadership Team or the Designated Safeguarding Lead (DSL). This procedure should be read in conjunction with the Safeguarding and Child Protection Policy and the safeguarding requirements set out in *Keeping Children Safe in Education (KCSIE) 2026*, particularly those relating to visitor management, site security and safeguarding on school premises.

Risk Assessment

An assessment of the risks associated with visitors shall be completed in consultationwith employees or their representatives or relevant personnel to identify potential andexisting deficiencies and to formulate practical solutions to manage visitors.

Taking into consideration such factors as:

- Special risks that Overley Hall inherently presents.
- Personal security.
- If women are especially at risk.
- If young persons are especially at risk.
- What supervision the visitor will need.
- Emergency procedures

Training

Visitors shall be provided with sufficient information when to ensure their health andsafety whilst on our premises.

Uninvited Visitors

We have a duty of care even to un-invited visitors, such as trespassers, and the duty of care is no less than to an invited visitor. Although an intruder or trespasser isthere at their own risk, we as the occupier must provide sufficient duty of care to the standards of 'common humanity'.

In particular, this requires hazards presenting a risk to be properly marked and protected. The standard of care is dependent on the age of the trespasser. Written warnings posted near hazards are most likely to be considered insufficient and most often warnings without some form of physical protection will also be considered insufficient. Our assessment will identify those hazards which require a higher duty of care.

We will also ensure our risk assessment details suitable arrangements to control entry and exit from the school for both visitors and service users.

Appendix 2 Fire safety checklist

Issue to check	Yes/No
Are fire regulations prominently displayed?	
Is fire-fighting equipment, including fire blankets, in place?	
Does fire-fighting equipment give details for the type of fire it should be used for?	
Are fire exits clearly labelled?	
Are fire doors fitted with self-closing mechanisms?	
Are flammable materials stored away from open flames?	
Do all staff and learners understand what to do in the event of a fire?	
Can you easily hear the fire alarm from all areas?	

Appendix 3 FIRE SAFETY- Taken from Specific Arrangements Procedure 4)

Introduction

The Managing Director is the responsible person for ensuring that the fire safety policy and fire risk assessment requirements are implemented. The overall responsibility within Overley Hall for these policies is the Managing Director.

The aim of this procedure is to:

- Ensure that all staff are fully trained in preventing an outbreak of fire and the procedure in the event of fire.
- Ensure that all premises have an adequate Fire Safety Detection and Alarm System installed.
- Ensure that regular testing and maintenance of all fire detection and firefighting equipment takes place.
- Ensure that all precautions in housekeeping, use of electrical equipment, smoking, the purchase of electrical goods and furniture are taken to prevent an outbreak of fire.
- Ensure that all premises have a MINIMUM of between 2- 4 fire evacuation drills a year.
- Ensure that up-to-date records are kept of every maintenance check and fire drill.
- Ensure that notices are clearly displayed, where appropriate, instructing staff and Service Users of the procedure in the event of a fire. (See Fire Safety Evacuation Procedure)
- Ensure that all staff are aware of the importance of keeping fire doors closed and clear at all times.
- Ensure that all staff are aware of the location of fire alarm points and firefighting equipment and are fully trained in the use of such equipment. This training must

include the circumstances in which it is appropriate for staff to attempt to contain a fire. The guidance of the local Fire and Rescue Service will be sought.

- Ensure that all vehicles, at all times, will be parked in such a manner that they donot prevent the Emergency Services gaining access to the building.
- Ensure a full fire risk assessment is carried out and documented by a Competent Person

General Fire Safety

- The Fire Alarm and smoke detectors (where fitted) will NEVER be disconnected.
- Staff will make themselves fully aware of the available escape routes.
- When required staff will attend fire training sessions.
- The alarms, smoke detectors and call points (where fitted) are checked every week and a record kept.
- All emergency exits will be kept unobstructed at all times.
- Fire Extinguishers will be clearly visible.
- All keys are kept in the agreed place.
- All waste bins are emptied regularly
- A register of staff / service users will be kept up to date.
- All gas appliances are switched off when not in use.
- All fire doors are kept closed.
- Smoking is not allowed within any building or any place where a discarded cigarette may cause a fire – **USE DESIGNATED SMOKING BAY ON FRONT CAR PARK.**

Fire Safety Legislation

A Competent Person will conduct and maintain a suitable and sufficient fire risk assessment. As a minimum we will:

- Assess the risks of fire.
- Consider who may be especially at risk.
- Take steps to reduce or remove the risks.
- Satisfy specific requirements; e.g. the provision of an adequate means of escape, appropriate signs and notices, emergency lighting on escape routes, appropriate firefighting and detection equipment.
- Take steps to ensure that any plant or substances in or on the premises are safe.
- Carry out effective planning, organisation, control, monitoring and review of fire safety arrangements.
- Provide information to all occupants (not just employees) and visitors relating to identified risks, preventative measures, and the identity of the person responsible for fire safety.
- Co-operate and co-ordinate with other persons sharing the premises.
- Provide adequate fire safety training.
- Appoint one or more 'Competent Persons' to help comply with the conditions of the Order/Act.

Fire Risk Assessments

The process for conducting a Fire Risk Assessment, includes identify the **hazards** and then assess the **risk**.

1. Identify Fire Hazards: that are present in the workplace.

2. Identify People at Risk: by assessing the likelihood of harm occurring, taking into account the numbers of people likely to be affected and the severity of any injuries.
3. Evaluate, Remove or Reduce and Protect from Risk: where possible remove any hazards and for those that cannot be removed, put in place procedures and controls to reduce the likelihood of it occurring.
4. Record, Plan, Inform, Instruct and Train: recording periodically all significant information.
5. Review: to ensure that control systems are working and any changes that have occurred in the workplace are taken account of.

Fire Hazard Identification will include:

- Sources of ignition which may cause a fire.
- Combustible materials in the workplace, which fuel a fire.
- Oxygen supply, which will allow the fire to burn.Other hazard identification areas will include:
- Structural features which could aid the spread of fire.
- People at significant risk from fire, including visitors, members of the public andother employees and how they will be safely evacuated.
- Controls of sources of ignition, which may be introduced during maintenance orbuilding refurbishment work.

The assessment will take into account all persons that might be at risk including:

- Service Users
- Employees
- Authorised visitors
- Contractors

- Persons with disabilities

The Fire Risk Assessment will be reviewed annually and whenever significant changes are made which could affect it, e.g. after building alterations, increases in the number of people present, new materials or processes introduced.

The Fire Authority will be made aware of any significant hazards that may pose a particular risk to fire-fighters and/or require specific measures to deal with the hazard(s).

Fire Detection and Warning

The premises must be provided with a suitable electrical fire warning and detection system in line with current British Standards applicable to our Home and School.

The warning signal must be distinctive and capable of being heard throughout the

Provision of Fire Fighting Equipment

Portable firefighting equipment is provided. Extinguishers are provided in relation to the risk. Fire extinguishers, that are provided for a specific hazard (e.g. fires involving oils, fats or electrical equipment), are sited close to that hazard e.g. carbon dioxide, dry powder or other types of extinguishers (conforming to BS EN 3).

Extinguishers are located in position on brackets or stands near an exit or on an escape route. Firefighting equipment is clearly indicated with appropriate signage.

Means of Escape

- Emergency routes and exits lead as directly as possible to the open air away from the workplace or to a safe area.

- The number, distribution and dimensions of emergency routes and exits shouldbe adequate.
- Emergency doors will open in the direction of escape where possible Emergency doors are able to be opened easily and immediately from the inside.
- Emergency routes and exits are indicated by clearly visible fire safety signs; and provided with adequate emergency lighting where necessary.

Appendix 4. CONTROL OF SUBSTANCES HAZARDOUS TO HEALTH

Introduction

The aim of this procedure is to protect the health of staff, service users, visitors and contractors and inform staff and managers of their responsibilities in respect of substances that are hazardous to health either created or used in the workplace. Precautions will be taken to safeguard employees against such substances, either bypreventing exposure, or where this is impractical, to ensure that such exposure is adequately controlled.

No substance classified as hazardous to health will be used in the workplace unless adequate information concerning the health risks associated from its use is kept on record and made available to all who are likely to be affected.

Procedure

Overall responsibility for policy implementation, enforcement and review rests with the Managing Director and Departmental Managers. All persons are obliged to adhere to, and facilitate the implementation of, this procedure.

Risk Assessment

Risk assessments will be undertaken for any substance and will:

- Consider the health risks faced by employees, service users and visitors to Overley Hall.
- Decide what precautions are needed.
- Prevent or control the risk by stating what appropriate action is necessary to prevent or control the exposure to such hazardous substances.
- Ensure that control measures are used and maintained by monitoring the safety procedures which have been laid down are followed.
- Monitor exposure by carrying out appropriate health surveillance.
- Inform, instruct and train staff about the risk and the precautions.

Hazardous Substances

The substances that will be assessed fall into the following categories:

- Very toxic, toxic, harmful, corrosive or irritant.
- Any substance for which a workplace exposure limit is specified.
- Micro-organisms which create a hazard to health.
- Dust of any kind in substantial concentrations.

Any other substance which presents a hazard to health.These will include:

- Some cleaning products such as disinfectants, dishwasher products, which are identified as being harmful or irritant.
- Pesticides.
- Many adhesives, paints, solvents and thinners.
- Chlorine and swimming pool chemicals.
- Contaminated or clinical waste including soiled laundry and bodily fluids.
- Thermometers (with mercury) or aerosols, which need to be disposed of safely.

Training and Monitoring

The Managing Director / Operations Manager / Adult Care Services Manager / Head Teacher is responsible for training staff on the nature of the substances they work with, the risks caused by exposure and the precautions they should take as part of their routine management duties.

This training will be recorded, and the Managing Director / Operations Manager / Adult Care Services Manager / Head Teacher will review the deployment of these procedures in Overley Hall regularly.

Labels

Containers of hazardous substances will carry appropriate information on the label and this will provide sufficient information to cover the COSHH requirements. All substances used within the school will be kept in the labelled container in which they were bought. Suppliers will be asked immediately to provide information on any hazardous substances without adequate labelling. Suppliers are required by law to provide such Material Safety Data Sheets (MSDSs).

A register of MSDSs will be kept and be regularly updated.

MSDSs will be readily available to personnel using the substances.

Protective Clothing

Suitable protective clothing will be provided including:

- Different sizes of disposable gloves.
- Disposable aprons.
- Goggles (if there is a risk of substances penetrating the eye).

Respirators (if there is a risk of inhalation of substances

Appendix 5. Legionella (From Procedure 12)

Introduction

Legionella is a bacterium which is common in the environment and frequently found in natural and artificial water systems.

Legionellosis is the term used to describe the infections caused by Legionella and related bacteria.

Legionnaires' disease, a form of Legionella, is a pneumonia that principally affects those who are particularly susceptible to such diseases as a result of age, illness, smoking or suppression of the immune system.

The infection is spread by inhaling water droplets that contain the bacteria. If the water then discharges as droplets or a spray and a susceptible person inhales the droplets, the resulting disease can be fatal.

Relevant Staff will receive the training and information required to enable them to carry out their duties, be aware of the risks and precautions associated with their duties and use equipment safely.

Procedure

Risk Assessment

A Legionella risk assessment will be carried out by a Competent Person in order to identify and assess potential sources of exposure and the controls required.

The risk assessment will be recorded and brought to the attention of all employees and contractors.

Identified preventative measures identified in the risk assessment will be carried out at the intervals stated.

External measurements, analysis of samples and maintenance will be arranged as per the risk assessment requirements.

Control

Hot water will be stored at more than 60°C.

Cold water will be stored and distributed at 20°C or lower.

Any areas where it is possible for water to stagnate will be identified as part of the risk assessment and repairs/modifications carried out to the water system to eliminate or reduce the risk.

All shower heads and hoses will be inspected, cleaned and descaled on a weekly basis.

Infrequently used water outlets (taps, shower heads etc) will be flushed out at least weekly.

All equipment provided within the water system will be maintained as per the manufacturer's recommendations and by competent persons.

Any materials used in the water system should not encourage the growth of bacteria through the provision of food for the bacteria to grow.

Storage tanks will be protected against the risk of contamination through the fitting of guards such as lids.

Storage tanks and pipe work will be protected against heat gain through siting and insulation.

Monitoring

Water temperatures at sentinel taps will be checked on a monthly basis and recorded.

Hot water services should reach 50°C after one minute of running. Cold water services will be below 20°C after two minutes of running.

Storage tanks will be inspected at least annually and remedial works carried out if necessary.

Record Keeping

All monitoring activities will be recorded and kept on file for future reference. Any repairs or modifications to the water system must be recorded and kept on file.

Records will be kept when shower heads have been cleaned and descaled and/or replaced.

Any records maintained will be kept for a minimum of five years.

Appendix 6 – Asbestos (From Specific Arrangements Procedure 19).

Introduction

At Overley Hall, we need to identify if asbestos containing materials are likely to be present in any of our premises or equipment used. Where a survey shows that asbestos containing materials are, or are likely to be, present we will take all reasonable steps to reduce exposure to asbestos airborne fibres to the lowest level practicable and to ensure that no person is knowingly exposed to airborne asbestos fibres.

This procedure describes the requirement for effective management of asbestos remaining in situ within the buildings and infrastructure (lift motor rooms, electrical control panels etc.) and asbestos contained within any other equipment owned by us.

This procedure and associated documents apply to all persons associated with our activities.

Procedure

The Managing Director and Maintenance Team are responsible for implementing this procedure and will carry out or delegate such functions as necessary to ensure the effective day-to-day operation of our safety arrangements in respect of elements listed below.

This person will be responsible for ensuring that:

- A minimum 'management' type survey of all Company premises is undertaken and reasonable steps taken to determine the location of asbestos containing materials.
- Make and maintain a written record of the locations of asbestos and presumed asbestos material.
- Assess the risk of exposure and document actions necessary to manage the identified risk.

Procedures relating to the management of asbestos throughout the organisation will be documented in our Asbestos Management Plan and will be accessed through the relevant responsible person.

The Asbestos Management Plan will be kept up to date and shall provide a record of the location, condition, maintenance and procedure for all asbestos containing materials.

The Asbestos Management Plan, as a minimum, will:

- Contain a suitable and sufficient assessment of the risks posed by all known or presumed asbestos containing materials.
- Identify control measures to ensure that known or presumed asbestos containing material is maintained or managed in such a way as to ensure that asbestos fibres are not released.
- Detail the arrangements and procedures to be followed to ensure that all work which could give rise to the release of asbestos fibres is assessed, planned, implemented, monitored and reviewed to eliminate the risk of asbestos fibre release. Where elimination is not practicable, the plan will detail how these risks will be controlled to reduce asbestos fibre release below statutory control limits and action levels.
- Identify how the plan will be communicated to all employees, including visitors and contractors that could be exposed to asbestos fibres.
- Include procedures for ensuring that employees are advised of any risks associated with asbestos containing materials and are consulted in a timely manner on any planned works.
- Detail arrangements for ensuring that only competent licensed persons undertake works on asbestos containing materials.
- Contain emergency procedures for dealing with unplanned releases of asbestos fibres including containment of those fibres and reduction of exposure to those fibres to the lowest possible level.
- Identify clearly how the plan is to be monitored to ensure that the plan is meeting its intended objectives.
- Identify the practical arrangements for ensuring that all information contained within the plan is kept up to date and demonstrates coherent control of the risks associated with asbestos containing material.

To comply with the aims of this procedure, regular consultation with employees will be required when:

- The risk assessment identifies significant risks of asbestos fibre release.
- Following unplanned release of asbestos fibre.

The plan will identify all persons at risk from exposure to asbestos fibres. The organisation will ensure that those persons identified are provided with suitable and sufficient information, instruction, training and supervision to reduce those risks to a level consistent with the aims of this procedure.

Monitoring the condition of the asbestos containing material and updating risk assessments are an integral part of the plan. The responsibility for ensuring this monitoring is undertaken will fall on the nominated person responsible for this procedure.

The removal, transport and/or disposal of asbestos or asbestos containing materials or plant and equipment containing asbestos, will be carried out in accordance with the legislative requirements by licensed contractors only.

Employees who work in areas which may be affected by the presence of asbestos will be made aware of and comply with the requirements of the Asbestos Management Plan and any procedures developed to ensure that we effectively manage asbestos and asbestos related issues. All maintenance staff must be trained in Asbestos Awareness (UKATA Approved).

Employees who employ or engage other personnel to undertake various work are responsible for ensuring that those personnel are made aware of our Asbestos Management Plan. Such contractors or other external personnel shall receive appropriate training and instruction prior to the commencement of any work in areas or plant or equipment affected by or containing asbestos.

Those responsible for engaging such personnel shall monitor their activities to ensure that they do not breach asbestos-related legislation, policies or procedures whilst carrying out work in such areas.

We recognise our obligations in relation to persons working with or adjacent to asbestos in our buildings or on equipment containing asbestos.

Personnel from other organisations are responsible for ensuring that they are aware of and comply with the requirements of the Asbestos Management Plan and any procedures developed to ensure that we effectively manage asbestos and asbestos related issues.

Appendix 7 – Display Screen Equipment (DSE) (From Specific Arrangements Procedure 18).

Introduction

It is the aim of Overley Hall to ensure that exposure to hazards in relation to Display Screen Equipment is either prevented, or, where this is not reasonably practicable, adequately controlled. This duty is extended to any other person, at work or not, who may be affected by our business.

This procedure outlines recommendations for the management of screen and keyboard-based equipment in keeping with ergonomic recommendations and standards.

We will introduce arrangements and procedures for the assessment of risks from the use of Display Screen Equipment. The risk assessment will be followed by the provision, maintenance and monitoring of appropriate control measures to minimise any risks identified.

Procedure

The Managing Director / Operations Manager / Adult Care Services Manager / Head Teacher is responsible for implementing this procedure across Overley Hall and will carry out or delegate such functions as necessary to ensure the effective day-to-day operation of safety arrangements in respect of elements listed below:

They will ensure that the individuals charged with making a suitable and sufficient assessment of risk have the necessary facilities and authority to carry out the task competently.

They will also co-ordinate the conclusions and will directly authorise any necessary remedial action.

It is the responsibility of all Managers to ensure that the workstations of all employees under their control are properly assessed.

In these circumstances Managers must sign for the results of the assessment accepting the need to implement any necessary controls.

All DSE workstations must be assessed. Those used by employees classified as DSE users will receive priority for corrective measures, if any are needed.

Managers are responsible for:

- Providing a safe work environment and safe systems of work.
- Applying this procedure in their area of responsibility.
- Ensuring workstations and work areas comply with relevant standards.
- Ensuring employees are consulted in relation to the arrangements and procedures to be followed in relation to workstations.
- Ensuring appropriate information and/or training is provided to employees in relation to ergonomic principles and practices.
- Ensuring ergonomic inspections are conducted of workstations.

Employees are responsible for:

- Not placing themselves or others at risk of injury.
- Reporting hazards associated with their workstation and consulting with line managers and supervisors in relation to appropriate risk control measures. Using furniture, equipment and accessories in accordance with good ergonomic practices.
- Assisting line managers and employees in the identification, assessment and control of workstation health and safety risks.

Workstation design within Overley Hall will provide adequate flexibility in order to accommodate the needs of different individuals, particularly with multi-user workstations.

We will ensure the application of established ergonomic principles in relation to keyboard and screen-based equipment in accordance with the requirements of the regulations.

Workstations will be set up using appropriate ergonomic furniture and equipment that will enable employees working at a screen and keyboard equipment to adopt good practice in relation to work posture.

Laptop and notebook computers present additional hazards and further information will be provided by the responsible person.

Where notebook computers are used for extended periods of time e.g. (greater than one hour at any one time) it is preferable that the computer is placed onto a stand of

approximately 100mm high and that a standard sized keyboard and detached mouse is used.

Postural hazards result from poor ergonomics and working environment. The following may produce fatigue-related conditions:

- Sitting in an immobile position for long periods.
- High rates of repetitive finger movements, with the wrists bent.
- Poor circulation to the legs.
- Pressure from the seat/chair upon the thighs caused by incorrectly adjusted seat.

Visual fatigue may result from the following:

- Poor screen display, such as low contrast or flickering.
- High levels of ambient light compared to the screen display.
- Reflections or glare.
- The need for a document holder.

Employees will be considered to be users when:

- They use DSE regularly and continuously typically for more than an hour at a time.
- They depend on display screen equipment to do their job, i.e. there is no alternative way of doing the job.
- They need additional training and/or particular skills in the use of display screen equipment to do the job.
- Fast transfer of information between operator and screen is important.
- The work being done requires a high level of attention and concentration and the
- consequences of error may be serious for the business.

Undertake an assessment of all users, taking into consideration the elements listed below:

- Display Screen Equipment

- Keyboard
- Other desk equipment
- Work surface/desk
- Chair
- Environment
- Operator interface
- Management

We will reimburse the DSE user for regular eyesight tests and for any corrective appliances where solely required for DSE use, as follows:

- For frames and lenses- the cost of the basic appliance (the cost of tinted lenses, special coatings or designer frames will not be reimbursed).
- For current eyesight test fee- for the sight test performed by an optometrist.
- Users who already wear spectacles for normal use, and who need additional special spectacles solely for DSE use- may opt to combine the two requirements (e.g. by purchasing variable focal type lenses) but will only be entitled to claim the cost of a basic pair of spectacles which would otherwise have been necessary. Such claimants will be required to produce evidence of what the lenses and frames solely for DSE use would have cost had they been purchased as a separate pair of spectacles.
- The cost of spectacles with corrective lenses solely for DSE use is limited to the basic cost of prescription spectacles and lenses. Unless exceptional circumstances can be demonstrated and accepted by the Managing Director / Operations Manager prior to commitment to purchase.

Arranging eyesight testing

We will specify the provision of user eyesight tests and or corrective appliances by a particular optician, thus allowing management to choose and negotiate locally for the type of service to be provided. We may also make use of the services provided by, for example, many safety spectacle suppliers.

The entitlement of a user to an eyesight test and consequential correction does not extend to them having a right of choice of a particular optometrist or other professional to provide the service or to insist on a particular type of spectacle frame or lens.

Eyesight tests will be available to all users or potential users at the expense of Overley Hall, as required by law. Eyesight tests will be repeated at a frequency recommended by the optician/optometrist.

Agencies, or other providers, will be asked to confirm that temporary employees have had suitable tests and have corrective spectacles, when retained for work with DSE.

Appendix 8 – Working at Height (Taken form Specific arrangements Process 36).

Introduction

Wherever possible we will endeavour to work from ground level utilising suitable and sufficient control measures. Where this is not possible we will work at height adopting the safest means as is reasonably practical.

This procedure applies to all work carried out from an area where a person could be injured when falling away from that place of work, including work carried out at or below ground level where persons may fall e.g. work around excavations. Work includes moving around the place of work including equipment used for access and egress.

Procedure

Our principles when working at height will be to:

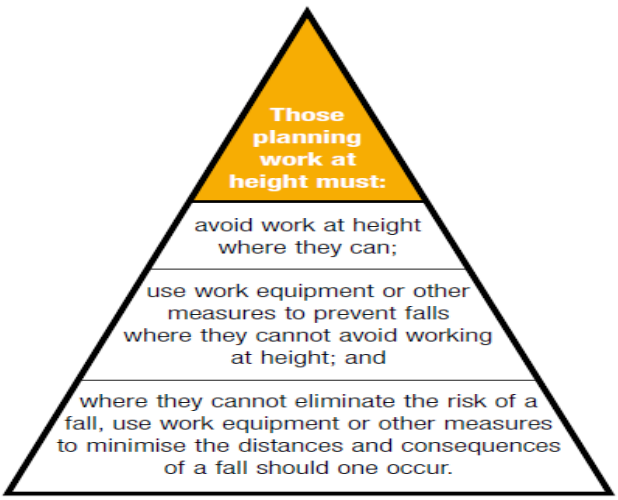
- Avoid working at height where it is reasonably practicable to carry out the work somewhere not at height.
- Ensure all work at height that cannot be avoided is properly planned and organised, and subject to a detailed risk assessment resulting in a safe system of work.
- Ensure those involved in work at height are properly trained and competent to carry out such work, giving due regard to work equipment used for and during work at height, including safety equipment such as harnesses, soft landing systems etc.
- Provide a place where the work at height can be carried out safely and that this place of work is suitably maintained.
- Properly control the risks arising from work on and around fragile surfaces, for example roof work.
- Carry out all appropriate and statutory inspections of equipment used for work at height.

- Consider, when planning work at height, the affect that weather conditions may have on persons and/or equipment during that work.
- Have plans in place for rescue and retrieval of persons working at height in the event of an emergency.
- Properly control the risks of and from falling objects.
- Ensure that the risks from associated hazards such as overhead and adjacent obstructions are suitably assessed and controlled e.g. overhead cables, excavations, lifting equipment used in conjunction with or around areas of work at height, traffic and pedestrian routes etc.
- Ensure that all exposed edges are suitably protected to the correct standard for fall prevention.

We will adopt the Health and Safety Executive (HSE)'s hierarchy when planning work at height activities;

Ladders

Ladders will generally only be used for access and egress to a safe working platform, or where all other alternatives have been considered first and when it has otherwise been assessed that there are no other alternative safe means of access, the use of ladders will then be the last resort. The person in control of the premises or work at height activities will ensure that:



- Work at height from ladders is strictly controlled (use restricted to light duty and short duration work or for access and egress).

- All ladders are of suitable and sufficient strength for the intended work. Ladders are placed on a firm footing, even firm surface, and that they are secured by tying or footed by another person. Where footed by a person that person must be protected from falling objects.
- Ladders will be positioned at the correct angle (75 Deg. 1 in 4 rule).
- All ladders will be referenced and logged and subject to regular inspection before use and every 7 days when used at the premises. These inspections will be recorded on an inspection report form and all defects will be suitably rectified.
- Work from ladders is carried out without the need for stretching to reach a work area.
- Ladders must not be painted.
- All ladders will be stored in a suitable storage area.
- All persons using ladders are trained in safety procedures and understand the control measures.
- A landing place will be provided at intervals not exceeding 9m.
- Where ladders do not extend 1.05m above a landing place a dedicated handgrip rail will be provided.

Ladder safety will be reinforced using the HSE toolbox talk on ladder and stepladder safety.

Stepladders

As with ladders, stepladders will only be considered where all other safer alternatives have been considered. Working platforms or podium type steps will always be the first choice. Stepladders will only be used where the person in control of work has:

- Ensured operatives are aware of safe working procedures for such access equipment.
- It is not reasonably practical to use other equipment such as a working platform.
- The area around the work from stepladders is protected from unforeseen impact by vehicles etc.
- Ensured equipment has been inspected for suitability and employees trained and competent.
- Made sure that stepladder safety will be reinforced using the HSE toolbox talk on ladder and stepladder safety.
- Considered any safer alternatives that could be used such as podium type steps.

Scaffold Towers

- Scaffold towers will be erected, dismantled and used by competent persons in accordance with manufacturer's instructions.
- Towers must only be erected and inspected by employees with a current PASMA certificate.
- Towers will be subjected to regular inspections before use and to statutory inspections when in place for periods exceeding 7 days.
- Bases of towers will be protected from traffic routes.
- Designated height to base ratios outlined in regulations will be strictly adhered to.
- All tower wheels will be locked before any person accesses the tower.
- Towers will be suitably tied where Overley Hall risk assessment indicates this is required.
- Towers are not to be moved whilst persons or equipment are placed on them.
- Towers will be used on firm stable ground.
- Equipment must not be hauled up the outside of towers.
- Steps and ladders will not be used on the working platforms of towers.
- Where towers cannot be secured from unauthorised access they will be
- dismantled and stored in a secure area.

Mobile access equipment or mobile elevated work platforms (MEWPs)

Only trained, competent persons will be authorised to operate mobile access equipment. Personal training records will be held in personnel files. IPAF Licence holders only are permitted to use MEWPs.
All appointments will be recorded in writing.

Records of statutory tests and inspections will be available on the premises. Areas of operation of mobile access equipment will be restricted to prevent people being struck by equipment and / or falling objects.
Equipment will only be used on terrain for which it has been assessed as suitable.

A suitably secured restraint or fall arrest harness and lanyard will be worn by all occupants of mobile access equipment.
Keys to mobile access equipment will be controlled by the person in control of premises.

- The maximum safe working load of equipment will be marked on the sides of units.
- All baskets used in conjunction with forklift trucks will be suitably secured against falling.
- Suitable rescue procedures will be in place to recover persons trapped in mobile access equipment.

Fall arrest equipment

Where it is not reasonably practicable to provide safe working platforms, the person in control of the premises will ensure fall arrest equipment is provided.

- Fall arrest equipment is installed by competent persons and all handover certification and inspection and test certification is held on the premises.
- All fall arrest equipment will be secured to a suitable anchor point. In the case of harness attachment this will be as high as practicable above the work area to limit distance of any fall.
- Fixed anchorages such as eyebolts will be subject to periodic test and examination.
- Only trained, competent persons will use harnesses.

- All harnesses will be full body type and suitable for the task and the operative.
- Only shock absorbing harnesses will be used. Harnesses will be designed to limit free fall to a maximum of 2m.
- Harnesses will be checked before each use and will be examined by a competent person at periods not exceeding 6 months, records of these tests and inspections will be recorded and evidence available on site.
- Where practicable double hook harnesses will be used for climbing operations.
- The design, installation, modification and removal of fall arrest nets will be carried out by competent persons.
- Nets or soft-landing systems will be installed to limit fall distance to lowest practicable distance.
- All fall arrest nets will be accompanied by a valid certificate of periodic test and examination.
- Fall arrest equipment will not be reused following a fall until an examination has been carried out by a competent person and any partially or wholly deployed lanyard has been reset.

Fragile Materials

We will ensure that suitable steps are taken to prevent any person falling through fragile materials e.g. roof work. The person in control of the premises will ensure that:

• Suitable platforms, coverings or similar means of support are used to support the weight of any person and equipment being used in those areas and that these systems provide adequate edge protection.

Appendix 9 Manual Handling (Taken from Specific Arrangements Procedure 16)

Introduction

The Manual Handling Operations Regulations 1992 were introduced to reduce the number of injuries from moving and handling throughout industry including the care sector.

The term manual handling includes lifting, moving, putting down, pushing, pulling and carrying by hand or bodily force, of goods equipment or people

Procedure

Risk Assessment

Assessments will be carried out on all manual handling tasks, all assessments will be recorded, and generic assessments may be used for like tasks.

Manual handling tasks will be avoided where possible taking the following into consideration:

- Is the job really necessary?
- Can it be done in a different way e.g. breaking heavy loads into smaller units?
- Can the task be mechanised?

When assessing the risk of injury, assessments will identify ways of reducing the risk by:

- Adding specialist sliders or wheels to furniture which may be moved.
- Providing sack trucks and trolleys for moving supplies and laundry.

Distributing moving and handling tasks throughout the day. Assessments will consider what the task involves including:

- Holding the load away from the trunk of the body.
- Bending, twisting, stooping or stretching.
- Moving the load over excessive distances or up/downstairs.

- Risk of sudden movement of the load.
- Fatigue, as this increases the likelihood of injury.
- All risk assessments will be recorded.

Training

Staff will be trained prior to undertaking tasks involving moving and handling of loads.

Good Practice

All staff will follow this guidance when lifting or carrying.

Wherever possible use a mechanical means of lifting.

Keep your back straight, bend the knees and lift using the strong muscles in the leg. Keep objects as close to your body as you can.

Appendix 10 – Violence and Aggression – (Taken from Specific Arrangements Procedure 30).

Introduction

The Management will ensure that appropriate measures are taken to minimise the risk to the personal safety and well-being of our employees and Service Users from physical or emotional violence during their work activities or residence.

A Violent incident is 'any incident in which a person working in a care environment is verbally abused, threatened or assaulted by a service user or a visitor in circumstances relating to his or her employment'. Violent incidents can also occur between Service Users or very occasionally between Service Users and visitors.

Examples of a violent incident include:

- A carer being bitten by a resident in the course of their normal care.
- A Manager or carer verbally abused by a visitor who has concerns of the level of his/her relative's care.
- A carer who is verbally abused by a resident who is unwilling to take medication or participate in his care programme.
- A telephone caller being verbally aggressive to a member of staff.
- A contractor on site who is attacked by a confused resident.
- A resident who is attacked by another resident

The Management considers that any incident of violence is unacceptable. We recognise that our Service Users, carers and visitors may sometimes be in situation of distress or stress and may have varying degrees of personal responsibility for their actions. Every circumstance where violence occurs will be investigated and consideration given to the individual event.

Procedure

The Operations Manager is responsible for implementing this policy and will carry out or delegate such functions as necessary to ensure the effective day-to-day operation of our safety arrangements in respect of elements listed below.

They will also ensure information and direction to senior carers and others in implementing this procedure and will assist in implementing the proper hazard assessments required to address the issue of violence in the school.

They will also be responsible for the ongoing review, development and implementation of this procedure.

Staff will follow Overley Hall's procedure and implement the training that they have received when dealing with a violent incident.

Staff will not provoke Service Users or others in a potentially violent situation or encourage violence amongst Service Users. Any violent incident will be reported to Operations Manager.

Training

Staff will receive training in various aspects of dealing with challenging behaviour and avoiding violence and aggression. They will understand how to diffuse potentially violent scenarios and methods of behaviour management appropriate to the situation in which they carry out their carer duties.

Where restraint is considered to be necessary as part of our policy then training will be provided on induction and at regular intervals.

All Care and School Staff will receive 'Team Teach' training as part of their induction process.

Risk Assessment

The risk to staff and others from violence and aggression in the school or during the School's activities will be covered by risk assessment.

The management of the School will ensure that staff have received training in dealing with challenging Service Users or visitors and know how to diffuse potentially violent situations.

Where there are particular concerns with regards to the level of violence posed by a resident either to staff, other Service Users or visitors the Community Psychiatric Nurse will be able to offer further advice.

Management will ensure that a generic risk assessment is carried out to take account of the risk of violence or threat of violence to employees. These assessments will cover:

Buildings including

- Access and egress
- External lighting
- Building and room security including the provision of alarms
- The environment and contents of communal rooms
- Visitor reception area security
- Layout and content of notices providing information to Service Users and visitors
- Initial resident contact
- Reception of Service Users and visitors
- Night shift reporting arrangements
- Alarm procedures
- Visits and outdoor activities where applicable
-

The risk assessment will be reviewed on a regular basis and updated following any change to the workplace, systems of work, provision of supervision, changes in group dynamics or following a reported incident or near miss event.

The care plans of the resident contains information relating to their likely behaviour in given situations and the senior carer responsible for the resident should ensure that their carers are familiar with any situations likely to provoke or result in a violent response.

Supervision

All care staff receive regular supervision with their line manager and will report any issues that they have with regards to Service Users or visitors behaving inappropriately, more immediate reporting can also be carried out. Carers will discuss with their line managers strategies for dealing with Service Users or visitors who display violent or aggressive tendencies and ensure that care plans reflect any decisions made. Information on Service Users will be updated when there is a change to their physical or mental state, medication, behaviour, mood or other relevant factors.

Front Door Procedure

Overley Hall takes into consideration the deprivation of liberty of our Service Users. The decision to secure access to the premises is based on risk assessment and where a decision has been made to have secure access to the premises this is to protect the personal safety of our Service Users and our employees either from access to the premises by unwanted/uncontrolled persons or to prevent our Service Users coming to any harm by leaving the premises unaccompanied or without notification to the carers.

Telephone aggression

Where a member of staff has to deal with an aggressive telephone call they will take the following action:

- Request that the caller refrains from shouting or being abusive.
- If the abuse continues tell the caller that if the abuse continues, they will end the call.
- If the abuse continues inform the caller they are ending the call and put the receiver down.
- Report the call to their manager.

Continuing abusive or nuisance calls will be reported to the police at the Operations Manager's discretion.

Members of staff are instructed not give out their private mobile or School phone numbers to Service Users or visitors in connection with work related issues.

In the event of an incident:

The member of staff is to:

- Avoid saying or doing anything likely to provoke further aggression.
- Remain as calm as possible.
- Remain polite but firm.
- Avoid retaliating verbally.
- Warn the aggressor to stop.
- Report the incident as soon as possible.

And where physical violence occurs:

- Make sure that the resident withdraws to safety or is safely restrained if restraint is used.
- Sound the alarm to call for assistance.

The Operations Manager is to:

- Go to the scene of event if still ongoing.
- Take with them any necessary assistance.
- Bring the situation under control as quickly as possible using any method deemed reasonable.
- Remove the resident away from the situation if applicable.
- Ensure treatment of any injuries sustained.
- Leave the scene only when it is safe to do so.
- Report to senior management if applicable.
- Write up report and report under RIDDOR/CARE QUALITY COMMISSION if required.
- Support employees/Service Users involved in the incident.
- Carry out an investigation into why the incident occurred. Reporting of Injuries, Disease and Dangerous Occurrences Regulations

Management will notify their local Environmental Health Authority of any non- consensual violent incident that results in the member of staff suffering a fatality, major injury or incapacity for normal work for 7 of more consecutive days (not including the day of the incident).

Support for Staff

Additional supervision and support will be provided for any employee who has been involved in a violent or aggressive event. If necessary occupational health support will be provided. The decision on the type and level of support necessary will be taken after discussions with the employee.

Appendix 11 Smoking (Taken from Specific Arrangements 29).

Introduction

The aim of this policy is to protect the health of staff, service users, visitors, contractors and/or clients of our services and inform staff and managers of their responsibilities in respect of the policy.

In addition it aims to support smokers, to help them cope with increased restrictions on their smoking during the working day and to promote the culture of a controlled smoking and where reasonably possible a smoke-free Company.

This policy outlines Overley Hall's requirements and practices for a smoke-free work environment in all enclosed premises and for the control of smoking in other areas for which we are responsible.

This policy will apply to all staff, visitors, contractors and other persons who enter Overley Hall of this workplace/public place.

The policy seeks to:

- Guarantee a healthy working environment and protect the current and future health of staff and members of the public.
- Guarantee the right of everyone to breathe in air free from tobacco smoke.
- Raise awareness of the dangers associated with exposure to tobacco smoke.
- Take account of the needs of those who choose to smoke and to support those who wish to stop.

Procedure

Overall responsibility for policy implementation, enforcement and review rests with the Managing Director / Operations Manager / Adult Care Services Manager / Head Teacher. All persons are obliged to adhere to and facilitate the implementation of the policy.

The Managing Director / Operations Manager / Adult Care Services Manager / Head Teacher is responsible for implementing this policy and will carry out or delegate such

functions as necessary to ensure the effective day-to-day operation of our safety arrangements in respect of elements listed below;

The Managing Director / Operations Manager / Adult Care Services Manager / Head Teacher is responsible for ensuring that everyone understands that smoking (if permitted) is only allowed in designated areas away from buildings, clear signs will be displayed and for providing assistance to those staff members who genuinely request support to attend specific remedial programmes.

Employees are only permitted to smoke whilst off-duty (in official break times only) and are only permitted to smoke in un-enclosed designated areas.

Employees are responsible for complying with the Control of Smoking workplace procedure and informing visitors of Overley Hall's arrangements for the control of smoking.

Visitors'

All visitors are required to abide by the control of smoking policy. Staff members are expected to inform visitors of the policy. However, they are not expected to enter into any confrontation that may put their personal safety at risk.

Prohibitions on Smoking

Overley Hall requires that smoking is prohibited in all buildings, including those rented for our purposes. This includes access areas such as lifts, stairwells, corridors and entrance lobbies, storage areas, toilet areas, and lunchrooms, plus areas adjacent to School buildings where tobacco smoke may accumulate or drift back into buildings, e.g. doorways, vestibules, proximity to windows or air conditioning intakes etc.

Smoking is not permitted in any part of the premises or at entrances managed, leased or owned by Overley Hall at any time, by any person regardless of their status or business with Overley Hall. By premises it means any building or substantially enclosed public or private area occupied by one or more members of the general public or a workspace whether used by one or more members of staff. Such spaces include lifts, corridors, stairways, lavatories, rest rooms, reception areas or entrances. (An enclosed area is one which has a permanent

or semi-permanent roof and has walls (including windows and doors) enclosing more than 50% of its perimeter.)

Smoking is not permitted in vehicles belonging to or leased by Overley Hall or staff private vehicles if ever used to carry members of staff or members of the public whilst carrying out the duties of an employee.

This prohibition applies to all Overley Hall staff and to all contractors, visitors, clients, and any other people entering or using any of Overley Hall's premises, vehicles or facilities.

It will be noted that smoking is prohibited by law in certain places, for example, where there is a risk of fire or explosion or in food preparation, handling and serving areas.

Appropriate 'No smoking' signs will be clearly displayed at the entrances to, and within, the premises.

Receptacles for the extinguishing of tobacco products will be provided near entry points to Overley Hall's buildings.

Any member of staff refusing to observe the policy by smoking in unauthorised areas will be liable to disciplinary action in accordance with Overley Hall's Disciplinary Policy.

All staff have a role to play in enforcing the policy and are required to deal with any observed or reported breaches. If managers or staff feel apprehensive about their own safety in regard to addressing any breach, they should seek management support. It is important to note that primary emphasis should be placed on the prevention of such situations arising.

In the event of a breach of the policy by a visitor or staff member of other organisations, they should be asked to extinguish all smoking materials and be informed of the availability of external smoking areas. If they continue to smoke the matter should be referred to the

appropriate manager or to security staff as appropriate. In the event that staff of other organisations continue to breach the policy, the appropriate organisation should be advised in writing of the consequences of breaching these requirements.

Local disciplinary procedures should be followed if a member of staff does not comply with this policy. Those who do not comply with the smoking law are also liable to a fixed penalty fine and possible criminal prosecution.

Overley Hall will support those staff who wish to cease smoking by making provision for attendance at approved smoking cessation programmes.

Overley Hall will arrange, where demand is shown, for staff to attend smoking cessation programmes. These programmes will be arranged after hours or during lunch hours to facilitate employee involvement.

Information on stopping smoking with support from local cessation services will be provided for smokers. The NHS Smoking Helpline number is 0800 169 0 169. The helpline can offer advice and support on stopping smoking along with a website at www.smokefree.nhs.uk.

Appendix 12 Recommended absence period for preventing the spread of infection

This list of recommended absence periods for preventing the spread of infection is taken from non-statutory guidance for schools and other childcare settings from Public Health England. For each of these infections or complaints, there is further information in the guidance on the symptoms, how it spreads and some 'do's and don'ts' to follow that you can check.

Infection or complaint	Recommended period to be kept away from school	Notes
Athlete's foot	None.	Individuals should not go barefoot at school (e.g. in changing areas) and should not share towels, socks, or shoes with others.
Chicken pox (shingles)	Cases of chickenpox are generally infectious from 2 days before the rash appears to 5 days after the onset of rash. Although the usual exclusion period is 5 days, all lesions should be crusted over before return to school.	Pregnant staff contacts should consult with their GP or midwife

Cold sores	None.	Avoid contact with sores.
Conjunctivitis	None	If an outbreak or cluster occurs contact your local UKHSA health protection team
Respiratory infections including coronavirus (COVID-19)	Individuals should not attend if they hand a high temperature and are unwell. Individuals who have a positive test result for COVID-19 *(testing is no longer compulsory)* should not attend the setting for 3 days after the test.	Individuals with mild symptoms such as a runny nose, and headache who are otherwise well can continue to attend their setting.
Diarrhoea and vomiting	Individuals can return 48 hours after diarrhoea and vomiting have stopped	If a particular cause of diarrhoea and vomiting is identified, there may be additional exclusion advice for example E.coli STEC and hep A, For more information, see Managing outbreaks and incidents

Diptheria (notifiable disease)	Exclusion is essential. Always contact your local UKHSA health protection team	Preventable by vaccination. For toxigenic Diphtheria, only family contacts must be excluded until cleared to return by local your local UKHSA health protection team
Flu (influenza) or influenza like illness	Until recovered	Report outbreaks to your local UKHSA health protection team. For more information, see Managing outbreaks and incidents.
Glandular fever	None	
Hand, foot and mouth	None	Contact your local UKHSA health protection team if a large number of children are affected. Exclusion may be considered in some circumstances.
Head Lice	None	

Hepatitis A	Exclude until 7 days after onset of jaundice (or 7 days after symptom if no jaundice).	In an outbreak of hepatitis A, your local UKHSA health protection team will advise on control measures.
Hepatitis B, C, HIV	None	Hepatitis B and C and HIV are blood borne viruses that are not infectious through casual contact. Contact local UKHSA health protection team for more advice.
Impetigo	Until lesions are crusted and healed, or 48 hours after starting antibiotic treatment.	Antibiotic treatment speeds healing and reduces the infectious period.
Measles	4 days from onset of rash and well enough	Preventable by vaccination with 2 doses of MMR. Promote MMR for all individuals, including staff. Pregnant staff contacts should seek prompt advice from their GP or midwife.
Meningococcal meningitis* or septicaemia*	Until recovered	Meningitis ACWY and B are preventable by vaccination.

		Your local UKHSA health protection team will advise on any action needed.
Meningitis* due to other bacteria	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination. Your local UKHSA health protection team will advise on any action needed.
Meningitis viral	None	Milder illness than bacterial meningitis. Siblings and other close contacts of a case need not be excluded.
Mpox	Until confirmed safe to return by their clinician or in line with any current guidance.	Contact your UKHSA health protection team for further advice on management and support for anyone considered a close contact of the confirmed case.
MRSA	None	Good hygiene, in particular handwashing and environmental cleaning, are important to minimise spread.

		Contact your local UKHSA health protection team for more information.
Mumps*	5 days after onset of swelling	Preventable by vaccination with 2 doses of MMR. Promote MMR for all individuals, including staff.
Ringworm	Not usually required	Treatment is needed
Rubella* (German measles)	5 days from onset of rash	Preventable by vaccination with 2 doses of MMR. Promote MMR for all individuals, including staff. Pregnant staff contacts should seek prompt advice from their GP or midwife.
Scabies	None (to avoid close physical contact with others until 24 hours after the first dose of chosen treatment). Those unable to adhere to this advice should be excluded until 24 hours after the first dose of chosen treatment.	Household and close contacts require treatment at the same time.

Scarlet fever*	Exclude until 24 hours after starting antibiotic treatment.	Individuals who decline treatment with antibiotics should be excluded until resolution of symptoms. In the event of 2 or more suspected cases, please contact your local UKHSA health protection team.
Slapped cheek syndrome, Parvovirus B19, Fifth's disease	None (once rash has developed).	Pregnant contacts of case should consult with their GP or midwife.
Threadworms	None	Treatment recommended for child and household.
Tonsillitis	None	There are many causes, but most cases are due to viruses and do not need or respond to an antibiotic treatment.
Tuberculosis* (TB)	Until at least 2 weeks after the start of effective antibiotic treatment (if pulmonary TB.	Only pulmonary (lung) TB is infectious to others, needs close, prolonged contact to spread.

	Exclusion not required for non-pulmonary or latent TB infection. Always contact your local UKHSA health protection team before disseminating information to staff, parents and carers, and students.	Your local UKHSA health protection team will organise any contact tracing.
Warts and verrucae	None	Verrucae should be covered in swimming pools, gyms and changing rooms.
Whooping cough (pertussis)*	2 days from starting antibiotic treatment, or 14 days from onset of coughing if no antibiotics and feel well enough to return.	Preventable by vaccination. After treatment, non-infectious coughing may continue for many weeks. Your local UKHSA health protection team will organise any contact tracing.

* notifiable disease

Appendix 13 – Infection Control. - (Taken from Specific Arrangements Procedure 34)

Introduction

The purpose of this policy and guidance is to provide high quality infection control for the Service Users, staff and visitors of Overley Hall. This infection control procedure is part of the risk management programme for the care School.

Control of infection within Overley Hall will be audited as part of the ongoing observations and audits of practice. Constructive feedback will be provided to staff to enable them to develop best working practices.

This training will be included in the induction programme for all new staff and will be repeated at periodic times during employment for all employees.

Symptoms which may indicate a possible outbreak are where two or more Service Users display the following:

- Cough and/or fever (e.g. influenza).
- Diarrhoea and/or vomiting (e.g. Clostridium difficile, norovirus or food poisoning).
- Itchy skin lesion/rash (e.g. scabies).
-

Procedure

The Operations Manager of Overley Hall is responsible under health and safety legislation for ensuring that the environment is safe for Service Users, visitors and staff alike. That responsibility includes ensuring that procedures and policies for the control of infection are in place.

The Operations Manager is the representative of the owners and is responsible for ensuring that there are effective arrangements in place for the control of infections.

In addition to the infectious diseases which are statutorily notifiable as listed in Appendix 2 of the Department of Health Infection Control Guidance for Care Schools, the Operations Manager must also report where an outbreak is suspected.

All staff are responsible for ensuring that they adhere to the school's control of infection control policies and procedures. Staff will report to the Managing Director / Operations Manager any practice or event which they feel may put at risk the control of infection to the Service Users or others within the school.

Training and Education

Some of the caring activities involved in health and social care carry the risk of infection for both Service Users and their carers. The Operations Manager will ensure that all staff are trained in the prevention and control of infection.

Named Person

There is a designated named person to ensure contact with the Health Protection Unit and Community Infection Control Nurse or Communicable Disease Control Nurse in the event of any serious outbreaks and closure or part closure of the care School to third parties.

The named person in Overley Hall is displayed on the staff notice board.

Hand Hygiene

Hand hygiene is the single most important practice to reduce the risk of infection transmission.

Effective hand washing will consist of washing: -

- Palm to palm.
- Right hand over left dorsum and left palm over right dorsum.
- Palm to palm fingers interlaced.
- Backs of fingers to opposing palms with fingers interlocked.
- Rotational rubbing of right thumb clasped in left palm and vice versa.

The hand hygiene regime includes hand washing with liquid soap and water, thorough drying and the use of alcohol-based products (e.g. gels or foams). Bar soaps will not be used for infection control purposes.

If hands are visibly soiled or contaminated (e.g. with respiratory secretions), they should be washed with soap and water and dried. Alcohol rub must only be used when hands are free from dirt or organic matter.

Visitors are requested to wash their hands or use alcohol gel on arrival and before leaving the school. Alcohol gel will be provided for use when entering or exiting Overley Hall and at entry points to different areas.

Staff are instructed to wash their hands using the method shown above.

Drying must be carried out using disposable paper towels and these are to be disposed of using a pedal operated bin. Contact with the bin lid by the hands should be avoided to prevent recontamination.

Emollient hand cream is provided to protect the skin from regular decontamination

Protective Clothing

Although worn by all care workers, uniforms are not considered to be protective clothing. Although they are important in infection control and particular attention should be paid to the laundering of these items *(see laundry policy)*

Selection of personal protective clothing and equipment is to be based on the level of risk.

As a general rule where exposure to blood/body fluid is anticipated but there is a low risk from splashing then gloves and a plastic apron will be worn.

Where there is a high risk of splashing to the eye/mouth or nose then additional face protection will be required. There is likely to be minimal use of this type of protection in the care School however this protection is available.

Any sensitivity to latex will be documented and alternatives to rubber latex gloves will be available.

All protective gloves will be treated as clinical waste.

All staff will wash their hands after removing gloves.

Gloves worn for general purpose cleaning are colour coded by area e.g. blue for the kitchen, yellow for general areas and red for dirty clinical duties. The gloves are washed with general purpose detergent and hot water and dried between uses. They are discarded weekly or more frequently if damaged.

Plastic aprons are to be worn as single use items for one procedure or episode of resident care. They are then discarded as clinical waste as soon as the intended task is completed.

Storage of aprons and gloves will be in a manner that avoids the accumulation of dust which can act as a reservoir of infection.

Waste Management

Overley Hall has a legal responsibility to dispose of waste safely, ensuring that no harm is caused to its staff, members of the public, visitors or contractors or to the environment. Overley Hall's responsibility for this waste commences with its production and ends at its final disposal site. Authorised agents will be used to transport the waste to its final destination.

An assessment will be carried out on the waste from Overley Hall to ensure that it is correctly segregated.

It is essential that staff handling waste exercise care to prevent injury or transmission of infection to themselves or others. Protective clothing should be worn when handling waste. Staff must also ensure that waste is disposed of into the various receptacles in a manner that will prevent its escape.

Overley Hall will ensure that all its staff are trained in the correct procedures for the disposal of waste and understand their responsibilities.

Visitors

Most relatives appreciate the risk of spreading infections to Service Users. If they have current symptoms of infection potential visitors should be advised to telephone for advice before visiting. It may be necessary for staff to explain kindly but firmly that under certain circumstances visits should not be made. If staff encounter any problems with visitors not

accepting the rationale for this then the manager should explain the consequences of the visit to the relative or friend.

It should be remembered that young children are more likely to spread infection to Service Users.

All visitors should be encouraged to wash their hands or use the alcohol gel rub at the start and end of each visit to the school.

In the case of an infectious outbreak, it may be necessary to close the school to all visitors and in these cases, staff will be briefed accordingly and no visitors, other than those giving required medical care, will be admitted to the school.

Staff Health

In general, there is no additional risk to Overley Hall's staff from acquiring infectious diseases however basic principles should be observed:

Records will be kept of all staff immunisation programmes.

The cost of all immunisations required for occupational health reasons will be met by Overley Hall.

Where staff have not undergone childhood vaccination programmes the following maybe required.

- Diphtheria
- Tetanus
- Polio
- MMR for those 25 and under (2 doses 3 months apart)
- Meningitis C vaccine for those 25 and under (1 dose)

Overley Hall will offer to staff Hepatitis B vaccinations based on the risk assessment of their exposure to blood borne viruses.

If staff are diagnosed with or have contact with someone in their own School who has an infection, they should telephone the Managing Director / Operations Manager for further advice **before** attending work.

Appendix 14 – Laundry (Taken from Specific Arrangements 11)

Introduction

The Managing Director and Department Manager will ensure as far as reasonably practical, that the Overley Hall laundry is a safe environment in which to work. They will also ensure that the control of infection from the laundry area is minimised.

The design of the laundry area will be such that there is a flow of dirty to clean laundry which prevents clean laundry going back through the dirty laundry area. The laundry will be sited away from any food preparation, food storage, kitchens or dining areas.

The management will ensure that those staff who use the laundry area are trained in the operation of the machines and equipment and that all staff have training in the segregation of laundry for cleaning.

Procedures

The laundry floor must be non-slip and of a smooth, impermeable material which is easy to clean. The laundry is included in the cleaning schedule for the school.

Areas for storing soiled laundry will be away from the clean laundry areas.

Where the laundry is situated inside the building it will be ventilated. In some cases, this may be by the use of mechanical ventilation.

The laundry will have a designated hand washing facility with lever or elbow taps and liquid soap and paper towels.

The items for laundering should be colour coded as follows:

White Cotton Sack – Used linen and clothing. Soiled linen should be placed into a clear water-soluble/alginate bag, clothing into a separate water-soluble bag, within a white cotton sack.

Red Cotton Sack – Heavily soiled/infected linen. Heavily soiled items should have any solids removed prior to being placed into a red, water-soluble/alginate bag within a red cotton sack. Infected linen includes linen with blood or other bodily fluids present that could contain pathogenic organism's e.g. viral gastroenteritis or blood where blood-borne viruses could be present.

Off White Cotton Sack – Clothing and heat labile linen. This should be placed into a clear, water soluble/alginate bag within a cotton sack. Heavily soiled clothing should be placed into a red, water soluble/alginate bag.

Service Users items of clothing are part of their personal possessions and will be treated with care and respect.

Blood Borne Viruses and Infection Control.

Any spillages from soiled laundry will be cleaned immediately using the infection control spillage procedures.

Staff handling laundry must always wear gloves and a disposable apron.

Soiled laundry will only be transported in designated linen bags or trolleys.

Laundry which is contaminated with blood or bodily fluids will be placed in a water- soluble or soluble stitched bag prior to being placed in a linen bag. The linen will then be placed into the machine on a sluice cycle to reduce the risk of contamination by bodily fluids or blood and the risk of infection to our staff.

Then laundering heat labile clothing use the highest possible temperature and wash according to the item's care instructions. Where indicated disinfection must be carried out using approved safe methods.

Items will be tumble dried and ironed, where the fabric allows, to assist in the disinfection process.

Larger items such as curtains and blinds will be washed at least twice a year or following visible contamination or the discharge or death of an infected resident.

Mattresses and upholstery will be steam cleaned or washed with general purpose detergent where cleaning is required.

Staff uniforms

The management request that all staff take infection control very seriously and take the time to change into their work clothes before leaving the workplace or as soon as they reach their home.

Outer layers such as cardigans or jumpers should be washed weekly. Uniforms should be washed on a daily basis on as hot a temperature wash as the fabric will tolerate.

The recommended guidelines for washing uniforms are:

- Wash at 65°C for 10 minutes if home washing.
- Iron or tumble dry to further reduce micro-organism levels.
- Store clean uniforms in a manner that reduces further risk of contamination.

Where shoes have become contaminated with bodily fluids these must be cleaned immediately using a general-purpose detergent and hot water. Protective clothing e.g. disposable gloves and apron should be worn.

COSHH

Many laundry products are environmentally friendly and no longer contain hazardous products. These can be stored in a dry place where they are unlikely to get split or knocked over.

Material data sheets and COSHH risk assessments must in place for all potentially hazardous substances including bodily fluids. These substances must be kept in a locked storage area/cupboard.

(Also see Policy on Hazardous Substances)

Commercial Laundry

Where it is necessary to use a commercial laundry e.g. in an emergency situation it should be noted that many commercial laundries will not accept laundry that has been contaminated with bodily fluids or blood. The laundry may also stipulate the use of white bags for used linen and red water soluble and outer bags for foul or infected linen. If a commercial laundry is to be used the person in charge of housekeeping will check with the laundry prior to this arrangement being used.

Signage

Signage used in the laundry to communicate health and safety and fire information will meet the requirements of the Health and Safety (Safety Signs and Signals) Regulations where it is required to do so.

Any signage displayed will not be covered by hanging laundry, equipment or any other items that may obscure its communication.

Manual Handling

All staff will undergo manual handling training (see separate policy).

Consideration will be given to the storage of large powder boxes and detergent liquid drums and other heavy or awkward containers to minimise the risk of manual handling these items.

Consideration will be given to storage and purchasing policies which reduce risk to our staff from manual handling.

Machinery and PUWER

The washing machines will have programming that is capable of meeting the disinfection standards:

This includes:

1. A ‘sluice cycle to pre-wash heavily soiled items.
2. A cycle which reaches 65°C for a minimum of 10 minutes or 71°C for 3 minutes in order to achieve disinfection (Note: ozone systems e.g. Otex can operate at lower temperatures than shown above but still reach the disinfection requirements).

There is a system in place to ensure that all machinery will be maintained in a clean dust free condition. It will be covered by a service agreement which contractually supports prompt repair and / or replacement in the case of breakdown.

Front loading washing machines and tumble dryers will be fitted with interlocking mechanisms that prevent the machine being set in motion until the door is closed. If any of these interlocking systems become faulty this must be reported immediately and the machine not used until the problem has been resolved

All laundry workers will ensure that tumble dryers are cleaned of lint at the end of their shift.

The Managing Director will maintain the service records for laundry machinery and ensure that records of all regular checks on items such as steam presses and irons are documented.

Electricity at Work

All laundry equipment will be installed and maintained by a competent person. Maintenance and inspection will be based on the recommended timeframes, either identified by our competent electrician, or as set out in the machinery maintenance instructions.

Irons and steam/folding presses will be subject to the School's PAT testing regime. Staff should report any items that become faulty or damaged and ensure that they are taken out of use.

Fire

The laundry area is included in the fire risk assessment for Main Hall. The following must be carried out:

- Ventilation points will be cleaned and maintained;
- Machines will not be overloaded;
- Lint from tumble driers will be regularly removed;
- Maintenance and servicing schedules will be adhered to and recorded;
- Staff will NOT disable or interfere with automatic or manual safety features and cut outs;
- Sockets will not be overloaded – if more sockets are required this should be reported to the Managing Director.
- Combustible materials will not be placed too close to electrical equipment which may give off heat even when operating normally or may become hot due to a fault.

Where the laundry has a chute any fire or smoke dampers will be automatically operated by the fire detection system in the event of a fire. Their correct operation will be checked during fire safety checks on the building

Appendix 15 – Chemical Waste – Taken from Specific Arrangements 32

Introduction

Clinical waste is principally categorised into three main groups:

Infectious Clinical Waste - all human tissue including blood; animal carcasses and tissue; soiled dressings, swabs and any other soiled waste; any other waste material where assessment indicates a health risk to staff handling such items, or discarded syringes, needles, cartridges, broken glass, or any other contaminated disposable sharp instrument, or microbiological cultures and potentially infected waste from pathology laboratories, post-mortem rooms or other clinical/research laboratories.

Offensive Waste – waste which is non-infectious and non-hazardous (e.g. not requiring specialist treatment prior to disposal), but which may cause offence to those coming into contact with it (e.g. sanitary waste and nappies).

Medicinal Waste - includes expired, unused, spilt and other pharmaceutical products, drugs, vaccines and sera that need to be disposed of safely. Also includes items contaminated from use such as bottles or boxes with residues, masks, syringes and drug vials.

Procedure

Risk Assessment:

The Operations Manager will ensure that a risk assessment is undertaken by a competent person that takes into account the creation, handling, storage, transportation and disposal of all clinical waste. This assessment must include the provision and use of Personal Protective Equipment (PPE) as well as first aid arrangements.

Specification of Containers

All clinical waste will be stored in UN approved containers, with sharps containers compliant with the relevant British Standard BS7320 and/or UN3291.

Waste Streams

All clinical waste will be streamed and disposed of as follows:

- ***Yellow*** - infectious waste requiring disposal by incineration.
- ***Yellow/Black*** - offensive/hygiene waste which may be disposed of at a licensed landfill site.
- ***Orange*** - infectious waste which may be treated to render it safe prior to disposal (or can be incinerated).
- ***Purple*** – cytotoxic and cytostatic waste which must be incinerated at a licensed facility.

Handling

Clinical waste will be disposed of as close to the point of use as possible, immediately after use and preferably into a hands free receptacle (e.g. foot operated pedal bin or prepared sharps box).

Sanpro waste (sanitary towels etc.) should also be disposed of in suitable receptacles (e.g. sanitary waste bins).

Waste containers (bags and sharps boxes) must never be more than 3⁄4 full.

Personal Protective Equipment (PPE)

Any health care worker (HCW) required to handle clinical waste must wear the Personal Protective Equipment (PPE) identified in the risk assessment. Disposable PPE (gloves and aprons) must be disposed of after handling any clinical waste. Heavy duty gloves/gauntlets or other PPE such as safety footwear or leg protectors may be required for large volumes or where an additional sharps risk exists. Such PPE will also be clearly identified in the risk assessment and provided to all relevant staff free of charge.

Personal Hygiene

All employees must wash their hands after handling clinical waste and hand washing facilities must be available as close as is reasonably practicable to the point of disposal.

Spillages

The organisation storing, handling, producing, transporting or disposing of clinical waste will have a clearly documented spillage procedures in place, along with the appropriate

training and resources to deal with any foreseeable spillage. Appropriate disinfectants will be available. See also PPE above.

Training

All relevant employees must be adequately trained in the hazards, risks and safe working procedures for handling clinical waste and dealing with any spillages. All training should be recorded.

Accident Reporting, Recording and Investigation

All near- misses, incidents and accidents will be reported so they can be investigated by the relevant person/s to ensure no harm (or further harm) can occur. In accordance with the clinical waste policy, sharps injuries will be reported to a senior manager on site and appropriate referrals made to an occupational health practitioner, GP or A&E as necessary.

Segregation

Clinical waste storage areas will be separate from domestic waste and will, wherever possible, be well away from clinical or food preparation areas.

Storage

Clean supplies (bags / sharps boxes) will be kept in a clean environment until required. Waste for collection must be stored in a designated safe area which is lockable, easy to clean, has a roof, is well lit and ventilated, and is inaccessible to birds, dogs, pests and children.

Transportation

All Clinical Waste will be tagged or labelled to identify the source location and then collected and disposed of by an authorised waste disposal company. Consignment notes will be generated at each collection and records kept for a minimum of three years.

Final Disposal

The disposal method for each category of waste is clearly identified in the Clinical Waste Policy and Risk Assessment (e.g. treatment and landfill or incineration).

Appendix 16- New and Expectant Mother's (Taken from Specific Arrangements 21)

Introduction

As operators of Overley Hall we need to ensure that women of childbearing age are not put at any risk and that new or expectant mothers' needs are taken into consideration with respect to their working conditions, the type of work in which they are involved and their working environment conditions.

This procedure applies to any of our female employees who are of childbearing age, pregnant, breast feeding or who have given birth within the last six months.

The regulations specifically address the risks to:

- Females of child-bearing age
- The female's unborn or newly born child

Both female employees and their newly born or unborn child are at increased risk from various physical, chemical and biological hazards in the workplace.

Procedure

The person responsible for implementing this procedure will delegate such functions as necessary to ensure the effective day-to-day operation of our safety arrangements in respect of elements listed below:

- Determine whether females of child-bearing age are working in the school.
- Ensure all women of child-bearing age are aware that there are special risks to pregnant and breastfeeding women, and they should notify the responsible person as soon as they are aware that they are pregnant.
- Undertake an assessment (Trained employees only) to specifically cover risks to pregnant and breastfeeding workers and determine whether the existing control measures in place provide for adequate protection. Where necessary this will be outsourced to a specialist occupation health nurse.
- Wherever possible modify the working conditions or hours of work to prevent or reduce the risks.

- Ensure that adequate rest facilities are provided for pregnant workers and new mothers.
- Ensure that all female workers are aware of the risks that they will need protection against if pregnant, and therefore the importance of notifying their employer if they are pregnant or breastfeeding.
- Where significant risks are present, avoid the risks, alter working conditions, or introduce control measures.
- Review assessments as and when necessary.

We recognise the extra vulnerability of pregnant and nursing mothers and will ensure that all the necessary precautions and procedures are followed in line with current legislation.

Once a written notification has been made, that a woman is pregnant or has given birth in the last six months or is breast-feeding, an additional assessment of the risks to the health and safety of the woman will be undertaken. This will be regularly reviewed and documented as the pregnancy continues.

We will also ensure that a certificate from a registered medical practitioner, or registered midwife, confirming the pregnancy, is requested in writing from the woman.

The assessment will consider the risks to the baby, whether unborn or breastfeeding. The risks identified will be adequately controlled, as required by legislation.

If the control measures introduced do not adequately ensure the woman’s safety, then changes to the woman's working conditions will be made, where reasonably practicable to do so. If this is not possible, or would still not ensure her safety, alternative employment, which would not put her at risk, will be offered.

Any additional measures identified, will be applicable for six months after the birth, or whilst the woman is breastfeeding.

Also, we will make sure that no woman returns to work until at least two weeks after she has given birth.

As required by law, if additional risks to pregnant females and nursing mothers cannot reasonably be reduced, we will find alternative work (with no loss of terms or conditions) or authorise paid leave if alternative work is not available.

We will provide a private rest area for pregnant females and nursing mothers. The rest area will be situated as near to sanitary facilities as possible. There will be facilities for the worker to lie down in the rest area.

Appendix 17 – Stress (Taken from Specific Arrangements Procedure 28).

Introduction

The Health and Safety Executive (HSE) define stress as "the adverse reaction people have to excessive pressure or other types of demand placed on them", this makes an important distinction between pressure which can be a positive state if managed correctly and stress which can be detrimental of health.

Overley Hall is committed to protecting the health, safety and welfare of its employees.

We recognise that workplace stress is a health and safety issue and acknowledge the importance of identifying and reducing workplace stressors.

The Managing Director / Operations Manager / Adult Care Services Manager / Head Teacher is responsible for implementation of this procedure and Overley Hall is responsible for providing the necessary resources.

This policy will apply to everyone in Overley Hall.

The policy seeks to:

- Identify all workplace stressors and carry out risk assessments to eliminate stress or control the risk from stress.
- Regularly review risk assessments.
- Consult with managers on all proposed action relating to the prevention of
- workplace stress.
- Provide adequate resources to enable managers to implement Overley Hall's agreed stress management.

Procedure

Overall responsibility for policy implementation, enforcement and review rests with the Managing Director / Operations Manager / Adult Care Services Manager / Head Teacher. All persons are obliged to adhere to and facilitate the implementation of this procedure.

The Managing Director / Head Teacher will:

- Carry out risk assessments and ensure the implementation of recommendations.
- Train and support managers in implementing the recommendations of stress risk
- assessments.
- Refer to specialist agencies as required.
- Provide advice and awareness training on stress to managers.
- Provide clearly defined objectives and responsibilities.
- Provide the information required to allow managers to carry out their tasks effectively.
- Set up effective systems to prevent bullying and harassment.
- Set up effective grievance and investigation procedures.
- Support individuals who have been off sick with stress and advise them and their management on a planned return to work. Inform managers of any changes and developments in the field of stress at work.
- Monitor and review the effectiveness of measures to reduce stress.

The Managing Director / Head Teacher will:

- Carry out risk assessments and implement the recommendations of risk assessments within their jurisdiction.
- Attend training as requested in good management practices and health and safety.
- Ensure good communication between management and staff particularly where there are organisational and procedural changes.
- Provide the information required to allow staff to manage and carry out their tasks effectively.
- Ensure staff are fully trained to discharge their duties.
- Monitor workloads to ensure that staff are not overloaded.

- Monitor working hours and overtime to ensure staff are not over working.
- Monitor lone working environments.
- Ensure that bullying and harassment is not tolerated within their jurisdiction.
- Be vigilant and offer additional support to any member of staff who is experiencing stress outside work e.g. bereavement or separation.
- Support individuals who have been off sick with stress and advise them on a planned return to work.
- Monitor and review the effectiveness of measures to reduce stress.

Employees will:

- Raise issues of concern immediately with their manager or supervisor.
- Co-operate with management and comply with the recommendations of risk assessments.
- Attend training as requested by management.

Appendix 18 – Accident report (Taken from Specific Arrangements Procedure 7)

Overley Hall will ensure that all accidents, industrial diseases and dangerous occurrences are investigated, and the origins and underlying causes of work-related injuries, ill health, diseases and incidents are identified and any failures in the health and safety management system are recorded, reported and documented (with a view to improving health and safety and to be able to manage potential legal action).

This procedure covers the reporting and recording procedures for managers, employees and non-employees. Suitable information and training will be given to all personnel regarding accident reporting and the location and completion of the Accident Book.

All personnel on our premises and other locations must report accidents and near- miss incidents whilst carrying out work activities on behalf of Overley Hall.

The four most important steps are to:

- Make sure that all the relevant details are reported as soon as possible, in accordance with established procedures.
- Remove residual hazards that may pose a risk for other people in the area.
- Notify management of incapacity for work that results from an injury sustained
- during a work activity.
- Review existing systems of work to prevent a reoccurrence.

Procedure

This procedure outlines the requirements for the investigation and reporting of incidents that occur during Company activities. It also outlines the requirements for statutory reporting of notifiable work-related injuries and dangerous occurrences to health and safety enforcing authorities (Health and Safety Executive (HSE) or Local Authority); a mandatory requirement under RIDDOR 2013.

This procedure is to be adopted when any employee, visitor or contractor experiences an accident, near miss or dangerous occurrence on our premises. This will also apply to visitors who are members of the public and therefore not at work.

Significant incidents, including those resulting in lost time injury, shall be investigated as soon as possible after the occurrence.

Within 24 hours, the completed Incident Report shall be forwarded to the Managing Director.

All incidents should be investigated using the Incident Investigation Form.

Immediately notifiable work-related injuries or dangerous occurrences must be reported to the relevant authorities as soon as practicable after the occurrence. Refer to the Accident Reporting procedure below.

Immediately reportable (Notifiable) work-related injuries, dangerous occurrences and diseases are:

Injuries

• Any Fatal Injury

Any 'specified injury', including:

- Fractures, other than to fingers, thumbs and toes
- Amputations
- Any injury likely to lead to permanent loss of sight or reduction in sight
- Any crush injury to the head or torso causing damage to the brain or internal
- organs

Serious burns (including scalding) which:

- Covers more than10% of the body
- Causes significant damage to the eyes, respiratory system or other vital organs
- Any scalding requiring hospital treatment
- Any loss of consciousness caused by head injury or asphyxia

Any other injury arising from working in an enclosed space which:

- Leads to hypothermia or heat-induced illness
- Requires resuscitation or admittance to hospital for more than 24 hours

In addition to this should an employee suffer a work-related injury and be off work for more than 7 days (not including the day of the accident) then this is reportable under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013.

Dangerous occurrences

There are 27 categories of Dangerous Occurrence that require reporting under RIDDOR 2013, examples being;

- The collapse, overturning or failure of load-bearing parts of lifts and lifting equipment;
- Plant or equipment coming into contact with overhead power lines;
- The accidental release of any substance, which could cause injury to any person.

For a full list please contact **info@directsafetysolutions.co.uk**.

Case of disease

We will report diagnoses of certain occupational diseases, where these are likely to have been caused or made worse by their work: These diseases include (regulations 8 and 9):

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

For a full list please contact **info@directsafetysolutions.co.uk**. If, because of their injury, employees are incapable of making an immediate entry in the accident book then the responsible person will record the accident.

Following any accident of any severity that requires treatment, the employee's Senior Manager will notify the responsible person, who will:

- Complete an accident investigation report.

- Notify the enforcing authority, if the accident is reportable.

Following any accident of any severity that requires treatment, the employee's Senior Manager will take statements and retain any other documents related to the accident.

If the injury is of a serious nature, or if there is any doubt, the injured person will be referred to the nearest hospital or other health professional for treatment.

Accidents and injuries that are reportable to the enforcing authority will also be reported to our employer's liability insurer by the responsible person.

Accident Reporting (RIDDOR)

The procedure for reporting workplace deaths and specified injuries ONLY is as follows;

Telephone the RIDDOR National ICC Reporting Line on – **0845 300 9923** (8.30am - 5.00pm Monday - Friday) this should then be followed up with a report made on one of a suite of seven forms available at www.hse.gov.uk/riddor

For reporting +7-day injuries, and follow on reports for major injuries, dangerous occurrences etc. then this must now be done online via the HSE Website – www.hse.gov.uk/riddor

A suite of seven forms is available for you to select and make the relevant report.

Once reported this will be passed to the relevant enforcing authority (HSE or Local Authority Environmental Health Department).

Near-Miss Reporting (Internal)

The procedure for reporting hazards is:

- The observer will verbally report to the person responsible details of the hazard including date, time and place and those apparently responsible when a third party is involved. The person responsible will record the incident on the Near-Miss Recording Form, adding appropriate action taken either in correcting the situation himself or by informing his superiors or management.
- All Near-Miss Investigation Forms will be available for review at all meetings at which particular reference will be made to hazards outstanding and what action has already been or is being taken to remove them.

Accident Investigation

The general procedures associated with the investigation of all hazards and incidents are described in this section.

The prime purpose of an incident investigation is to establish the causes of the hazard or incident so as to identify actions necessary to prevent a recurrence.

If practicable, the management representative must consult with the health and safety representative of the area concerned during investigations.

General Guidelines

An investigation will begin as soon as possible after the hazard or incident is reported and the medical needs of any injured people have been met. For this to happen, incidents must be reported as soon as possible after they occur.

Nothing at the accident site will be disturbed until after the completion of the investigation, other than what is necessary to prevent further injury, loss or contamination, until the investigating officer(s) or committee has authorised clearing away.

Where necessary, photographs or video footage will be taken, and equipment held for subsequent examination or test.

It is desirable to take statements from witnesses as soon as possible after the incident.

Witnesses will be interviewed separately, and questions will be carefully considered so that facts and opinions are not confused.

It will be emphasised that the purpose of investigation is not to assign blame for the incident but to establish the causes so as to identify actions necessary to prevent a recurrence.

It is essential that the investigation is sufficiently broad to assess the full range of technical, human and administrative factors involved in the hazard or incident even if some factors are outside the chief responsibilities of the area.

Preventive Action

Following an incident, it is the responsibility of senior management to take steps to prevent a recurrence. This will generally be achieved by implementing the recommendations arising out of the investigation.

In considering these recommendations senior management needs to take into account the duty of employers in health and safety legislation to provide a healthy and safe work environment as far as reasonably practicable. If the recommendations are deemed not to be practicable, then senior management must refer them back to the person responsible, supervisor and/or health and safety representative, providing an alternative solution.

Critical Incident Management

Procedures for the management of potentially critical incidents shall be developed in consultation with employees from the outcomes of risk assessments. Training in the Critical Incident Procedure shall be provided to ensure that employees are competent in the procedure.

Procedures in critical incident management will consider the management of an actual critical incident and procedures will include the following: Action at the time of occurrence of a critical incident. Action immediately after a critical incident.

Action following a critical incident. Action post critical incident.

1. Action at the time of occurrence of a critical incident:

Contact emergency services as soon as it is safe to do so. Ensure injured and/or traumatised employees and members of the public are provided with an appropriate emergency response. Inform the relevant Senior Manager. Ensure support for employees, relatives and others is available in the event that an incident is still continuing.

2. Action immediately after a critical incident:

Allow employees to contact their family/close friend to advise them of the situation. Assist members of the public with contacting their family/close friend or assist them by arranging transport for them if needed.

Ensure the site, or anything associated with the incident, is not disturbed in relation to a Police matter or when an investigation is required by HSE Inspectors. Provide people who have been exposed to the critical incident with emotional support and practical assistance.

Inform the relevant Senior Manager, and the workplace Health and Safety Representative of the situation. Inform all workplace employees about what has occurred, as necessary.

3. Action following a critical incident:

Encourage employees to have individual counselling if required. Provide an incident debriefing for employees involved in the critical incident. Provide a professional post-trauma counselling service if necessary. Return the workplace to normal operation as soon as reasonably practicable.

4. Action post critical incident:

An investigation of the incident shall be conducted in line with the guidance above. The investigation will be commenced within 24 hours of the incident to record factual data about the occurrence and develop a good understanding of what it was and how it happened, so that decisions regarding necessary preventative action can be made.

Appendix 19. Compliance and Training (Taken from Specific Arrangements Procedure 2).

Introduction

It is vital that we ensure the provision of all necessary information, instruction, training and supervision as is necessary to ensure the health and safety at work of employees, to enable them to work in a safe manner without posing risks to themselves or others who could be affected by their work activities including service users.

This procedure outlines the requirements for the management and development of health, safety and welfare training needs and identifying competencies and training requirements for work tasks.

This procedure will also cover all levels of employees and will range from an induction to certificated training for certain tasks.

This procedure is applicable to all personnel employed by, and/or working for Overley Hall.

Procedure

Training enables people to acquire the skills and knowledge necessary to make them a competent employee and also influence their attitude to the work they do. The degree of training required will depend on the complexity of the task that the employee is required to undertake and their existing level of competence.

Overley Hall will define the necessary health and safety competence requirements, and arrangements established and maintained to ensure that all persons are competent to carry out the safety and health aspects of their duties and responsibilities.

Overley Hall will have access to sufficient health and safety competence to identify and eliminate or control work-related hazards and risks, and to implement the health and safety management system.

Under the arrangements referred to above, training programmes will:

- Cover all employees of Overley Hall as appropriate
- Be conducted by competent persons
- Provide effective and timely initial and refresher training at appropriate intervals

- Include participants' evaluation of their comprehension and retention of the training
- Be reviewed periodically
- Be documented

A health and safety training needs analysis will be conducted in consultation with employees in order to determine the required health and safety competencies for their positions.

A training needs analysis form shall be completed and shall include skills specific to certain operational requirements as identified from position descriptions, hazard identification and risk assessments.

Health and safety training and development needs shall be assessed against position descriptions and recorded in individual employee performance management plans.

The training identified through the training needs analysis will be prioritised in accordance with the requirements of the work.

A record of completed training is to be maintained. Evidence of training needs analysis and completed training and development is to be made available when required for auditing purposes.

Health and Safety competency requirements for employees are to be reviewed regularly in accordance with work task requirements including any information, instruction and/or training to standard operating procedures.

Training will be provided to all participants at no cost and will take place during working hours, if possible. Health and Safety training will be established and maintained to provide:

- An understanding of Overley Hall Health and Safety arrangements and individual's specific roles and responsibilities.
- A systematic programme of induction training for all employees.
- Training in site specific health and safety arrangements and hazards, risks,
- precautions to be taken and procedures to be followed.
- Training in undertaking hazard identification, risk assessment and control.
- Specific training (in house or external) which is required for employees with specific roles and responsibilities.

- Management with the knowledge to ensure the health and safety management system functions to control the risks and minimise illness, injury and other losses to Overley Hall.
- Training and awareness programmes for contractors, temporary workers and visitors as determined by the level of risk to which they are exposed.

All such training must be repeated periodically where appropriate, be adapted to take account of any new or changed risks that have arisen and must take place during working hours.

Training needs will be assessed by considering:

- The requirements of the tasks to be undertaken by the individual.
- The personal qualities needed in the person performing the task including qualifications and experience.

These needs will be assessed by looking at the subject in terms of:

- Induction training for new recruits.
- General health and safety training for all employees.
- Recognised NVQ training suitable to the job role.
- Training specific to the job or certain tasks.
- Specialised or more technical training for work with children, hazardous substances and infection control procedures.
- Training for employees with health and safety responsibilities, such as safety committee members, competent persons, first-aiders and fire wardens.
- Training for persons who are not strictly direct 'employees', such as contract workers or temporary workers.

Risk assessment results, feedback and reports from line managers and supervisors, the outcome of accident investigations, records of past training provision, interviews with safety representatives can all be important and useful sources of information for the assessment of training requirements and the identification of training gaps.

Where there is insufficient skill in-house, the options are to improve employees' skills with training programmes and to increase support, perhaps by employing a health and safety training consultant.

Ongoing Awareness and Competence Training

Overley Hall will systematically identify the health and safety requirements at each level and function within Overley Hall and identify any shortfalls between the competencies required and the current level of health and safety.

A training needs assessment is carried out for all permanent employees when commencing a new role and thereafter at least annually. The review takes account of:

- The skills and knowledge specified for the job;
- Any specific operational or technical job responsibilities;
- Any specific quality, health, safety and environmental job responsibilities;
- The employee's current level of competence/performance;
- The employee's career aspirations within Overley Hall.

Induction Training – General

All new employees including those transferring from elsewhere or returning to work after a break in employment, and temporary employees, receive induction training. The induction includes:

- Introduction to the Overley Hall and activities
- Introduction to the department and its operations
- Health and safety Policies and Procedures
- The employees' role as per the job description with particular consideration of:
    - any operational responsibilities;
    - any health and safety responsibilities;
    - any specific requirements related to care provision.
- The main hazards and control measures applicable to the Overley Hall and their job.
- Emergency procedures.

The induction documentation will be signed to acknowledge acceptance and understanding of the training given and confirm the capability of the employee(s) to undertake the assigned task.

Completed induction documents will be kept in the employee's personnel file.

For permanent employees, training records will be established and maintained. The employee will receive a copy of relevant induction training documents, if requested.