**POLICIES & PROCEDURES – HEALTH AND SAFETY**

**PURPOSE:**

To set out the approach of Good News Family Care in relation to maintaining a safe and healthy working and service delivery environment.

**RELATED POLICIES & PROCEDURES:**

- Protection from Abuse & Discrimination/Child Protection Policy and Vulnerable Adult Policy

- Risk Assessment and Management

- Management of Blood-borne Viruses

- Safe Lone Working Practices

- On-call

- Fire Prevention and Management of a Fire Outbreak

- Infection Control

- Medicines Management

- Occupational Health

- Data Protection and Information Governance

- IT Management

- Management of Incidents, High-risk Incidents and Emergencies

**INTRODUCTION**

This document contains a policy statement (Part One) and procedural guidance (Part Two). The functions of each are set out briefly below.

**Part One – Policy Statement:** The policy statement sets out the broad framework of principles within which the particular area of work will be carried out. It sets out Good News Family Care’s broad style and approach to the issue, including any aims and guiding principles.

**Part Two – Procedural Guidance:** The procedural guidance sets out the details that staff will require to carry out their duties in this particular area of work. It also sets out the specific tasks involved in undertaking this area of work and identifies who is responsible for carrying them out.

**PART ONE – POLICY STATEMENT**

**AIMS AND PRINCIPLES**

1. Good News Family Care will ensure, so far as is reasonably practicable, the health, safety and welfare at work of its staff members and service users. GNFC also recognises its duty not to put at risk service users, contractors, the general public or the environment in the carrying out of its duties. Staff members also have a legal responsibility to take care of themselves and others who may be affected by their work and to co-operate with GNFC in the discharge of its legal obligation.
2. Department heads across GNFC services have responsibility to ensure that Health and Safety regulations are met. This includes monitoring compliance, challenging areas of poor practice and informing staff, service users and others who use the premises of the requirements.
3. Residents sign a License agreement, which highlights that they have a responsibility to comply with the requirements of health and safety regulations. They are to ensure that they do not cause a health and safety risk and are to report any risks to staff, to maintain safety of the building. This is also explained in the resident handbook.
4. GNFC undertakes to remove hazards as and when they arise, where possible. Where this is not possible, GNFC will provide adequate procedures and training for those hazards which by their nature cannot be totally eradicated and where such training will help reduce the possibility of hazards occurring or minimising risks of harm.
5. In implementing this policy and procedure, GNFC will adhere to the requirements of the following legislation:

* Health and Safety at Work Act 1974
* Health and Safety (First Aid) Regulations 1981
* Consumer Protection Act 1987
* Furniture and Furnishings (Fire) (Safety) Regulations 1988 (as amended in 1993 and 2010)
* Electricity at Work Regulations 1989
* Management of Houses in Multiple Occupation Regulations 1990 (as amended 2006) and local HMO regulations
* Health and Safety (Display Screen Equipment) Regulations 1992
* Manual Handling Operations Regulations 1992 (as amended 2002)
* Electrical Equipment (Safety) Regulations 1994 and 2016
* Plugs and Sockets etc. (Safety) Regulations 1994
* Equality Act 2010
* Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)
* Food Safety (General Food Hygiene) Regulations 1995 (as amended 2005 and 2006)
* Health and Safety (Consultation with Employees) Regulations 1996
* Gas Safety (Installation and Use) Regulations 1998
* Provision and Use of Work Equipment Regulations 1998
* Employers’ Liability (Compulsory Insurance) Regulations 1998
* Management of Health and Safety at Work Regulations 1999
* Control of Substances Hazardous to Health (COSHH) 2002
* Regulatory Reform (Fire Safety) Order 2005
* Smoke-free (Premises and Enforcement) Regulations 2006
* Smoke-free (Exemptions and Vehicles) Regulations 2007
* Smoke-free (Signs) Regulations 2012
* Smoke-free (Vehicle Operators and Penalty Notices) Regulations 2007
* Construction (Design & Management) Regulations 2015

Signature: Hazel Guest (Director) Date: 30.11.2018

Signature: Johanna Collier (Health & Safety Officer) Date: 30.11.2018

**RESPONSIBILITIES OF STAFF**

1. The duties of staff with regard to health and safety are set out in the Health and Safety at Work Act 1974. In particular, staff have a duty to:

* Work safely, efficiently and without endangering the health & safety of themselves, their colleagues, the general public or any other person whom has a right of access to GNFC’s premises at any time.
* Adhere to the safety procedures laid down by GNFC and conform to all instructions given by those with a responsibility for health and safety.
* Report all accidents, ‘near-miss’ occurrences and hazardous situations to the appropriate persons.
* Wear safety and protective clothing, use protective equipment and use appropriate safety devices where these are provided for use at work to receive appropriate training.
* Meet their other statutory safety obligations including those laid down in Section 8 of the Act, which states ‘no person shall intentionally or recklessly interfere with or misuse anything provided in the interests of health, safety or welfare in pursuance of any of the relevant statutory provisions’.

**RISK ASSESSMENTS**

Risk assessments will be undertaken by an appropriate person/s on behalf of the management committee. Actions required to remove/control risks will be approved by management who will then be responsible for ensuring that appropriate actions are implemented.

Risk assessments and the risk management plan regarding service users, the working environment, services and events will be shared on a ‘need to know’ basis across services and with partner agencies.

**WORKING ENVIRONMENTS**

1. GNFC will work with staff to ensure that:

* Floors, steps, stairs, passages and fire exits are kept clear of obstruction at all times.
* Wires to telephones, electrical equipment etc., are not placed so that someone could fall over or be covered by objects such as chairs which could result in a tripping hazard.
* Office layout is such that staff and others can use it safely. For example, filing cabinets will not open into passages or across doorways.

1. GNFC will also ensure that:

* All offices have effective ventilation appropriate to the number of people and equipment.
* When electrical equipment e.g. photocopiers are used for prolonged periods, extra ventilation will be introduced. Rubber or plastic gloves are available when required to avoid skin contact with chemicals or substances such as toner.
* Lighting will be adequate and appropriately situated to prevent eyestrain.
* The temperature is maintained at a minimum of 16 degrees Celsius one hour after office opening. Efforts must be made to keep the temperature below 23 degrees Celsius.
* Appropriate equipment is provided for moving objects safely. No member of staff should lift anything so heavy that it might cause injury. Staff will be instructed on how to lift safely without back strain.
* Pregnant workers are not expected to use photocopiers or lift heavy items.

**SMOKING**

1. GNFC operates a non-smoking policy on all GNFC premises, except in outside designated smoking areas.

**VEHICLES**

1. GNFC will ensure that any vehicle owned, leased or hired for its usage is adequately maintained and serviced at least annually, and that it is equipped with safety belts, a first aid kit and fire extinguisher. Regular bi-weekly checks are made of oil, water, brakes, wind-screen wipers, lights, indicators and general condition of vehicles owned by GNFC.

GNFC will ensure that risks associated with driving onto and off GNFC premises are minimised and that an annual risk assessment is undertaken regarding pedestrian safety with particular attention paid to visibility of potential risk to pedestrians from moving vehicles on the drive or surrounding the farm. ***All staff are to ensure that cars are reversed onto Charis House drive to enable them to drive the car off forwards when leaving the premises.***

1. All GNFC staff who drive vehicles will be responsible for ensuring the safe condition of the vehicle. They will also ensure that the staff car mileage log-book is completed each time the vehicle is used. This is essential so that it is possible to identity of the driver of the car at any given day and time.

* All GNFC staff are required to provide a copy of their driving license and disclose any previous driving offense prior to being authorised to drive any GNFC vehicle. Staff are also required to immediately advise GNFC of any change to health that could affect ability to drive e.g. eyesight, musculoskeletal or cardio-vascular changes and also of any restrictions on their license should a driving offense occur post their authorisation to drive.
* All GNFC staff are required to show a valid driving licence, insurance certificate and MOT for any car owned by them that is used for Charity Business. All vehicles used for work purposes must be insured for business use.
* Staff musts not smoke whilst driving.

**STORAGE OF MEDICINE AND DRUGS**

1. All residents are responsible for the safe storage of their own medication and must ensure that it is stored in an appropriate way in their own room and never left in common areas of the accommodation where children or other residents could access it. GNFC reserves the right to store the medication of anyone who’s risk assessment indicates they would not or have not stored or self-administered their medication appropriately.
2. GNFC Recovery Service will provide secure storage for medicines and drugs that have been prescribed for Recovery Centre residents according to the Medicines Management Policy.   
   All controlled drugs prescribed to Recovery residents are stored in the locked controlled drugs cabinet in the locked office and are recorded in the regulatory controlled drugs record book.
3. Family Centre residents may request storage of medication if required and self-administer in the office having signed the record sheet on their file.

**REPORTING OF INJURIES, DISEASES & DANGEROUS OCCURRENCES REGULATIONS 1995 (R.I.D.D.O.R)**

1. GNFC has a responsibility to notify the enforcing authority in the event of an accident at work to any employee resulting in death, major injury or incapacity for normal work for 3 or more days. This includes any act of non-consensual physical violence done to a person at work.

**PART TWO – PROCEDURAL GUIDANCE ON HEALTH AND** **SAFETY**

**GENERAL HEALTH OF STAFF**

1. All staff must take a regular lunch break and tea/coffee breaks – 1/2 hour after 5 hours.

2. Staff should not feel obliged to work more than their contractual number of hours.

3. Staff must stay at home if suffering from infections such as influenza. In the case of diarrhoea or vomiting they must remain absent for 48 hours following the last episode.

**TRAINING**

4. All staff will be required to read the Health and Safety Policy and Procedure and sign their induction record to confirm they have read and understood the policy as part of their induction programme. Staff will also be advised by the person responsible for their induction programme of any specific hazards relating to their job and of relevant GNFC practice in relation to these areas. Staff will complete a training form and receive appropriate training before using equipment. They must notify their line manager of any existing or new condition or other health requirements that would create a risk in using equipment or in fulfilling a specific task.

5. Staff will be informed of the security arrangements of the office during their induction.

6. At least two members of staff from each of GNFC’s locations who spend most of their working time within the Family Centre, the Recovery Centre or at the Farm will maintain up to date training in First Aid. All staff who are lone workers must maintain up-to-date first-aid training.

7. Staff will be able, within the restrictions imposed by the training budget and the requirements of the role, to attend training courses such as coping with stress and Legionella Awareness, etc.

8. Health and Safety representatives must attend courses designed to train them in their responsibilities and all staff must revise their knowledge of GNFC’s H&S policy annually.

**FIRST AID**

9. The First Aid boxes at Charis House are located in the Ground Floor Reception Office, the main kitchen and the top-floor kitchen. The First Aid box at Oldfield Farm is located in the kitchen. They are checked monthly by trained First Aid staff to ensure adequate stocks.

10. First Aid staff are responsible for:

* Deciding if an ambulance is required and arranging for the emergency services to be called if considered necessary and appropriate to the severity of the accident.
* Administration of First Aid in an emergency whilst awaiting the arrival of professional help
* Administration of First Aid to minor cuts and abrasions that were either caused at work or require further attention during working hours should the injured person be unable to attend to the injury themselves.

*Please note that ‘steri-strips’ are not kept for general use in the First Aid Boxes. Appointed First Aiders only can use them if it is considered appropriate.*

**Burns and Scalds**

1. The effects of burn and scald accidents can be very severe, therefore the GNFC policy in relation to prevention of burning and scalding by any food or drinks during cooking or transportation from the catering kitchen or served in the dining room is of great importance.

Water at 60oC causes a significant scald in 3 seconds, hot food and drinks can give devastating scalds. Even after 15 minutes a cup of tea can be hot enough to seriously scald a child. To prevent the burning or scalding of anyone involved in cooking, transporting, serving or eating of food, all staff residents and visitors must abide by the following guidelines:

* Keep all hot liquids and foods out of the reach of young children.
* Ensure that all residents understand the importance of using the safety gate between the residents kitchen and the dining room and keeping it closed, especially when food is being cooked whilst young children are present.
* Parents must be responsible for their own children at all times and staff will remind them of the importance of this when necessary.
* Adults must take any necessary precautions to ensure safe transportation, use and placing of hot drinks and foods within all areas of GNFC premises.

1. Staff and service users are advised to seek treatment for every injury, however small as any injury left untreated may become serious. All cases treated should be recorded in the Accident Book, which is located in the ground-floor office at Charis House, at Oldfield Farm it is in the kitchen.

**FIRE**

1. Please see and work according to the Fire Prevention/Management of Fire Outbreak Policy and Procedure.
2. Fire exits must be kept clear and free from obstruction at all times. Notices concerning fire exits or covering procedures in case of fire must not be removed.

Staff must make themselves familiar with the fire exits and location and operation of fire equipment including the alarm. Staff will receive instruction during their induction on how to use fire equipment.

1. On discovering a fire:

* Sound the alarm immediately
* Dial 999, say ‘Fire’ and give address. For Oldfield Farm, state the Grid reference: SK 00915 78240
* Assist service users and staff to evacuate the premises
* Take a Roll Call at the assembly point using the ‘Fire/Emergency Register’
* On the arrival of the Fire Brigade report immediately to the Officer In Charge.

In the case of fire:

* Fight the fire with an appropriate fire extinguisher ONLY where no personal risk is involved AND if appropriate fire training has been received.
* Close all doors surrounding the fire
* On evacuating, close all doors behind you and never stop to collect files or personal belongings
* Never re-enter the building until you have been given permission by the Fire Brigade.

1. Fire alarms will be tested weekly by a staff member. Fire Drills will be carried out at appropriate intervals according to current HMO regulations but normally 3-4 times annually. Charis House may have additional drills when there are new residents with additional needs e.g. if a resident with a disability, to ensure that staff and residents are able to respond appropriately. Details including date, response time etc. will be entered in the Fire Drill Book by the Fire Officer. Fire drills will be carried out on regular occasions, as deemed to be necessary at Oldfield Farm.
2. An appointed engineer will check all fire equipment twice yearly.

**USE OF VISUAL DISPLAY UNIT EQUIPMENT**

1. VDUs should be situated at right angles to windows and sited so as to eliminate glare. VDUs should never be placed with a window immediately in front or behind them.
2. No one will be required to sit directly behind a computer.
3. Lighting will be diffused with blinds/curtains for windows so that adjustment can be made to lighting.
4. Staff will be provided with chairs that are adjustable in terms of height and position.
5. VDU monitors must be adjustable and footrests will be provided for staff who request them.
6. Anti-glare screens will be fitted to all VDUs for staff who request them.
7. Staff using VDU equipment should spread their work load to include breaks from the screen at reasonable intervals.
8. GNFC will pay for annual eye tests for staff who use VDUs as part of their work with GNFC.
9. GNFC will provide information about working with VDU screens safely. Staff must take responsibility for reading this information.

**SAFETY AND SECURITY**

1. Staff must remember the following points:

* Always ensure that the door into Charis House closes behind you
* At Charis House and Oldfield Farm, ensure it is safe and secure when you leave and at night (e.g. ensure windows and doors are locked, lights are switched off, security alarm switched on)
* Ensure that the front door is answered by a staff member only
* Take care of your keys - if you do lose a key, report it immediately
* If you are answering the door to visitors, find out who it is and the purpose of their visit before issuing a ‘Visitor’ badge
* Ensure that all visitors record their details in the visitor’s book
* Ensure that visitors remain on the ground floor at Charis House and that they are accompanied by a member of staff at all times (any person visiting/using offices above the ground floor must have permission of duty staff member)
* Clients’ visitors are to be by prior arrangement with member of staff only
* Visitors to residents of Charis House or Oldfield Farm may be asked to sign a visitors contract
* Take care of your personal belongings, GNFC cannot accept responsibility for these items, so make sure you do not leave them lying around.
* Before allowing entry to the house, ask for the identity cards of people claiming to be telephone engineers etc. They all carry such cards and do not object to producing them for inspection.
* Staff must not invite any person who does not have identification or the right to enter the house into the premises.

**Community Support Clients**

Community Support Clients are welcome to visit Charis House and Oldfield Farm with certain restrictions:

* The client must have a written agreement permitting them to visit the premises.
* The client is to visit within specified time limits and to follow the guidelines.
* Routinely, community clients only permitted to access ground floor areas of the premises.

**ACCIDENT/HAZARD REPORTING**

1. It is essential that all accidents that occur are correctly recorded in the Accident book and the GNFC Incident form where appropriate. This must be done, no matter how small the incident is and even if no apparent injury was received. In addition to reporting an actual accident, it is equally important that staff report a ‘near-miss’ or *potential hazard*, so that the GNFC can deal with it and help prevent another member of staff suffering injury.
2. As soon as possible staff must report the accident or ‘near-miss’ to a member of the Management Committee, giving the following details:

* Where it occurred
* What happened
* If known, how it happened

1. The staff member making the report must also write an entry in the Accident Record Book and complete an incident form, confirming these details (at Charis House: located in ground floor reception office, at Oldfield Farm: located in the kitchen).
2. **REPORTING OF INJURIES, DISEASES & DANGEROUS** **OCCURRENCES REGULATIONS 2013 (R.I.D.D.O.R)**
3. **GNFC will inform Environmental Health Department of the following:**

* Any fatal injuries to employees, service users or others in an accident connected with GNFC
* Any major injuries to employees, service users or others in an accident connected with GNFC
* Any injury connected to GNFC where the person is a patient in hospital for more than 24 hours as a direct result of that injury.
* Any injury to an employee which results in their absence from work or being unable to do their normal work for more than three days (including days which would not normally be working days) connected with GNFC.

1. **Further guidance on** [**specified injuries**](http://www.hse.gov.uk/riddor/specified-injuries.htm) **is available.**

* [Deaths and injuries caused by workplace accidents](http://www.hse.gov.uk/riddor/reportable-incidents.htm)
* [Occupational diseases](http://www.hse.gov.uk/riddor/occupational-diseases.htm)
* [Carcinogens mutagens and biological agents](http://www.hse.gov.uk/riddor/carcinogens.htm)
* [Specified injuries to workers](http://www.hse.gov.uk/riddor/specified-injuries.htm)
* [Dangerous occurrences](http://www.hse.gov.uk/riddor/dangerous-occurences.htm)
* [Gas incidents](http://www.hse.gov.uk/riddor/reportable-incidents.htm)

1. **Reportable ‘specified injuries’ in RIDDOR 2013 (regulation 4) include:**

* 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 body
  + 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
  + requires resuscitation or admittance to hospital for more than 24 hours

1. **Over-seven-day incapacitation of a worker**

Accidents must be reported where they result in an employee or self-employed person being away from work, or unable to perform their normal work duties, for more than seven consecutive days as the result of their injury. This seven day period does not include the day of the accident, but does include weekends and rest days. The report must be made within 15 days of the accident.

1. **Over-three-day incapacitation**  
   Accidents which result in a worker being incapacitated for more than three consecutive days must be *recorded*, but it is not required for them to be *reported*. If you are an employer, who must keep an accident book under the Social Security (Claims and Payments) Regulations 1979, that record will be sufficient.
2. **Non-fatal accidents to non-workers (eg members of the public)**

Accidents to members of the public or others who are not at work must be reported if they result in an injury and the person is taken directly from the scene of the accident to hospital for treatment to that injury. Examinations and diagnostic tests do not constitute ‘treatment’ in such circumstances. There is no need to report incidents where people are taken to hospital purely as a precaution when no injury is apparent.

1. **Reportable diseases include:**

* Certain poisonings (please ask if you require further information).
* Some skin diseases such as occupational dermatitis, skin cancer, chrome ulcer, oil folliculitis
* Lung diseases, including occupational asthma, farmer’s lung, pneumoconiosis
* Infections such as leptospirosis, hepatitis, tuberculosis, anthrax, legionellosis and tetanus
* Other conditions such as occupational cancer, certain musculoskeletal disorders, decompression illness and hand-arm vibration syndrome

If GNFC is informed in writing by a Doctor that an employee of GNFC is suffering from a reportable work-related disease, they will send a completed disease report form F2508A to the Incident Contact Centre

1. **Occupational diseases**

GNFC is required to report diagnoses certain occupational diseases, where these are likely to have been caused or made worse at 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.

1. **Any dangerous occurrence as listed below:**

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

* 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.

Further guidance on thesedangerous occurrences is available.

1. The Manager of the relevant department will notify the Health Protection Team by telephone (0344 2254 524) in the first instance and will also send a written report within seven days to:

East Midlands HPT,

Public Health England, Seaton House City Link,

Nottingham, NG2 4LA

**HEALTH AND SAFETY INSPECTIONS**

1. GNFC will carry out a detailed annual health and safety inspection of all its premises and service delivery environments. Staff who carry out these inspections will be trained to do so. Service users will be involved in the inspections.

Particular attention is paid to:

* Falls from height
* Workplace Transport
* Musculoskeletal disorders (MSDs)
* Slips and Trips
* Stress

1. A Health and Safety Hazard Report form is displayed on main notice boards for Service users and staff to identify risks noticed and to suggest possible remedies when appropriate. Notice boards and Service User Handbooks contain information and encourage them to participate in Health and Safety Risk Identification.
2. The results of annual inspections will be reported to the Management Committee, along with any programme of action for controlling or eliminating hazards and risks.
3. Following any accidents or incidents GNFC will review any health and safety implications and make necessary adjustments to control or eliminate the hazards and risks which were involved.

**LONE WORKING**

1. All GNFC staff, volunteers and the management committee members are expected to adhere to the safe working guidelines, which are in the Lone Working Policy.

Any possible risks to staff presented by Service Users are highlighted in the specified place in the office and recorded in individual records. Risks are and regularly monitored and reviewed.

**DEALING WITH VIOLENCE AT WORK**

1. Where Risk Assessments of service users have been undertaken and there are Risk Management Plans in place, there is still the potential for incidents to occur which pose a threat to the health and/or safety of service users, staff or others. Staff members need to remain alert at all times to this potential and to deal with incidents according to the guidelines that are in “Guidance on Dealing with Violence at Work’, as detailed below.

**GUIDANCE ON DEALING WITH VIOLENCE AT WORK**

1. **Dealing with Violent and Aggressive Situations**
2. Violent and aggressive situations may span a range of seriousness and potential for danger, it will depend on the judgement of the staff present at the time as to how the situation is best dealt with. The following guidelines should assist staff in responding to incidents but each case should be dealt with as deemed appropriate by the staff involved at the time.
3. Potentially violent and aggressive situations include incidents where a service user, a violent partner or a visitor to GNFC premises:

* Verbally threatens or intimidates staff or others
* Physically threatens or intimidates staff or others
* Attempts to assault staff or others physically
* Carries out a physical assault on staff or others
* Brings a weapon onto the premises (whether or not its use is attempted)

1. If a potentially violent or aggressive situation develops, staff members should take the following steps:

* **Quickly assess the incident in terms of whether it is safe to intervene.** If it appears unsafe to intervene (for instance, the aggressor has a weapon or is otherwise unapproachable and/or the staff member is working alone and feels unsafe) they must contact the Police by dialling 999 and summoning emergency assistance. If possible, the staff member should ensure that they and other staff and service users present could be safe until the Police arrive. This may be possible by moving into an area which is lockable or evacuating the premises.
* **If it appears safe to intervene, attempt to calm the aggressor down** and get them to start talking about what the problem is. If there is more than one aggressor (for example where a physical fight has occurred or appears imminent), staff should work together to separate the aggressors and attempt to calm them down in separate locations if possible.
* **Reassure other service users that the situation is under control and that** **they are safe** once the immediate situation has been dealt with by either staff or the Police. If a service user has been injured during the incident, staff members present will need to ensure that they can receive emergency medical treatment if required.
* **Debrief the staff members involved.** The line manager or another senior member of staff present at the time will need to carry out this debriefing. They must:
  + Check whether the staff member has sustained any injuries and seek medical attention for them if they have.
  + Record details of the incident with the staff member, including details of any injuries.
  + Assess whether there is a need to report the incident to the Police if they have not already been involved.
  + Support the staff member to come to terms with the incident if they have been upset or shaken by it.
  + Review and update the Risk Assessment and Risk Management Plan of any service user/s involved to ensure that they fully reflect GNFC’s knowledge and experience post-incident.
  + Review the response to the incident as a way of learning lessons from it. This will include assessing whether policies and procedures provide adequate guidance, whether they were followed correctly, and identifying any improvements needed to ensure safety in the future such as additional staff training or a review of the operational framework of the project. This review will not take place immediately after the incident but should follow on within a reasonable time period.

**Dealing with incidents involving self-harm**

1. There may also be incidents in which a service user attempts to harm themselves or does harm themselves, and staff dealing with these incidents should follow the guidelines below. Upon discovering a situation where a service user has harmed themselves or is threatening to harm themselves:

* **Quickly assess whether it is safe to intervene.** If it appears unsafe to intervene (for instance, the service user threatens the staff member or is otherwise unapproachable and/or the staff member is working alone and feels unsafe) they should contact the Police by dialling 999 and summoning emergency assistance.
* **If it appears safe to intervene, attempt to calm the person down.** Once they are calmer, the staff member should consider whether emergency intervention is required from other services such as Social Services or the Community Mental Health Team/Crisis Team.
* **Once the incident has been dealt with, debrief the staff member/s involved.** This will need to be done by a line manager or other senior member of staff who will:
  + Check whether the staff member has sustained any injuries and seek medical attention for them if they have.
  + Record details of the incident with the staff member, including details of any injuries.
  + Assess whether there is a need to report the incident to the Police if they have not already been involved.
  + Support the staff member to come to terms with the incident if they have been upset or shaken by it.
  + Review and update the Risk Assessment and Risk Management Plan of the service user/s involved to ensure that they reflect GNFC’s knowledge and experience post-incident.
  + Review the response to the incident as a way of learning lessons from it. This will include assessing whether policies and procedures provided adequate guidance, whether they were followed correctly, and identifying any improvements needed to ensure safety in the future such as additional staff training or a review of the operational framework of the project. This review will not take place immediately after the incident but should follow on within a reasonable time period.

**GUIDELINES FOR COMMUNITY SUPPORT CLIENTS VISITING CHARIS HOUSE and OLDFIELD FARM**

1. We welcome community support clients to Charis House/Oldfield Farm as part of our family, however it is important to remember that Charis House/Oldfield Farm is also a home for those staying here, therefore the following guidelines have been put into place.
2. There are areas of Charis House and Oldfield Farm where we must ask Community Support clients not to visit. These include; at both sites anywhere upstairs; and at Charis House the main kitchen and nursery. The only exception to this would be if authorised and accompanied by a member of staff or volunteer. Community support clients can go, when appropriate and with approval from a member of staff, to the main lounge, the downstairs toilets, the hall and courtyard.
3. It is essential that steps are taken to ensure that any children or vulnerable adults are kept safe at all times from any threat of abuse in accordance with the organisation’s Protection from Abuse Policy and Procedures. This includes ensuring that there are sufficient staff members authorised to be available for the proposed activity prior to confirming that it is feasible to our service users.
4. Staff and volunteers reserve the right to refuse admittance and to ask visitors to leave at any time.
5. All staff/volunteers must be aware of the Risk Assessment and Action Plan before being authorised to supervise an activity, and must have received induction training in Protection from Abuse and Health and Safety Policies and Procedures

**Farm Based Projects**

1. Safety information must be explained to all new service users, and the registration sheet must be signed with their agreement to comply with the rules, before any person is allowed to access the projects. Each participant must have a completed referral form and risk assessment prior to taking part in the projects.
2. A general Health & Safety induction must be given to each service user, volunteer and staff member, and for each individual activity on the sheets provided.
3. All activities must have a completed risk assessment and action plan prior to any client undertaking them.
4. Competency sheets must be signed by a staff member at the appropriate stages and before a further stage of activity is attempted. These must be completed for each client.
5. Appropriate protective clothing must be worn for the specific activity, e.g. safety hats, goggles, protective gloves, body protectors, protective boots etc.
6. Out of bounds areas, and authorised only access, must be clearly marked and sign-posted.

**Visitors to Residents of Oldfield Farm**

1. No personal visitors are allowed onto the premises at any time other than organized visiting days. Family contact is by prior arrangement only, following the initial two months of residency, & may be arranged at a neutral venue.
2. Care professionals and other agreed visitors are allowed onto the premises only by prior arrangement with staff.
3. All persons visiting must record their details and reason for the visits in the Visitors Book.
4. Visitors are allowed on the ground floor only and must be accompanied by the resident they are visiting at all times.
5. Regular visitors will be asked to sign a Visiting Contract.