



HACS

Hillingdon Autistic Care & Support

Registered Charity No. 1066859

HEALTH AND SAFETY STRATEGY

It is the policy of HACS the Charity to maintain as high a standard of Health and Safety for all persons as far as it is reasonably practicable. This encompasses many aspects of our work, so the Charity has employed a Health and Safety Strategy which includes all policies relevant to promoting the health and safety of all people using our services, employees and visitors to our premises.

Health and Safety Responsibilities

It is the policy of the Charity to maintain as high a standard of Health and Safety for all persons as far as it is reasonably practicable. All workers have a right to work in places where risks to their health and safety are properly controlled. The Health and Safety policy aims to minimise the risk of injury or illness for those working for the Charity or individuals using the Charity's services. The Trustees are responsible for the health and safety of those who access the premises; however members of staff must recognise their own responsibilities. The Charity will recognise and comply in every aspect with the Health and Safety at Work Act 1974 and all related legislation. HACs are committed to providing a safe and healthy environment for staff, volunteers, young people and visitors; this will be achieved by implementing the health and safety objectives detailed in this Policy. The Trustees will ensure that sufficient resources are allocated to enable health and safety to be successfully managed.

Chief Executive Responsibilities

- Implementing and monitoring the Health & Safety Policy. The policy should be reviewed annually or in response to a serious accident or "near miss".
- Establishing and maintaining systems within the Charity to ensure that health & safety is effectively managed;
- Ensuring that all Trustees, staff and volunteers have read and understood the policy.
- Make arrangements for informing staff, volunteers and young people of relevant safety procedures.
- Accidents are investigated and reported using the established procedures;
- Regularly consult with staff on health, safety and welfare issues;
- Training needs are identified and met;
- Assessments for all risks to health and safety are carried out and the significant findings recorded, with appropriate preventative measures being taken;
- New staff and volunteers receive appropriate health, safety and welfare information, instructions and training, including details of this Policy, fire and other safety procedures;
- Annual health and safety inspections of all premises (including satellite sites) are carried out.

Satellite Duty Manager Responsibilities

- Implement the Health and Safety policy on the premises for which they are responsible
- Ensure staff are acting in accordance with the Health and Safety policy and report any malpractice or negligence to the Chief Executive
- Ensure daily checks/risk assessments are carried out at the premises for which they have responsibility
- Ensure fire precautions and procedures are implemented (including fire drills);
- Ensure all accidents, incidents and "near misses" are reported in accordance with HACs reporting procedures.

- Report broken or malfunctioning equipment to the Chief Executive to arrange repair

Staff, Trustee and Volunteer Responsibilities

- Take reasonable care for their own health, safety and welfare and that of other persons affected by their acts or omissions;
- Co-operate with their employer, so far as is necessary, to enable it to meet its responsibilities for health, safety and welfare;
- Be aware of, and follow, health and safety guidelines;
- Use work equipment provided correctly, in accordance with instructions and training;
- Report any equipment which might be broken, defective or a risk to health and safety;
- Inform the Chief Executive or Satellite Duty Manager of any work situations or risks that represent a serious and immediate danger to health, safety and welfare.

In addition, female workers must notify their employer as soon as possible after they become pregnant in order that appropriate risk assessments can be carried out to ensure the safety of the mother and unborn child.

Fire Wardens (or fire stewards)

Fire wardens are responsible for:

- Familiarising themselves with their areas of responsibility, the escape routes and any problem areas;
- On hearing the fire alarm they are responsible for:
- Ensuring the safe evacuation of everyone in their area(s) of responsibility
- Checking all rooms in their area(s) of responsibility; including toilets, rest rooms and store rooms; to ensure that everyone has safely left the building.
- Where possible, closing windows and doors as each room is checked;
- Reporting to the Chief Executive / Supervisor to inform them that everyone has safely evacuated the building, or to report any problems;
- Ensuring that nobody re-enters the building until the Fire Brigade / supervisor if in case of Fire Drill has stated it is safe to do so;
- Ensuring they are available, after the evacuation, to attend a debrief meeting to discuss the evacuation, identify any problems and share information.
- Conducting weekly test/inspection of fire safety system
- Daily Monitoring to ensure that fire routes and exits are kept clear at all times.
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First Aiders

First Aiders are responsible for:

- Taking charge when someone is injured or falls ill;
- Administering first aid in the event of an injury;
- Calling for an ambulance, if required;
- Looking after first aid equipment and ensuring it is restocked;
- Keeping up to date with first aid training and ensuring they attend refresher training prior to the expiry of their first aid certificate.

Work Experience and Young Persons

Students on work placements/experience are regarded in health and safety law as employees and therefore will be provided with the same health, safety and welfare protection given to other employees.

Work experience may be defined as a placement on an employer's premises in which a student carries out a range of tasks or duties, more or less as an employee, but with the emphasis on being supported in the learning aspects of the experience

Students who are under the age of 18, taking part in work experience/ placements, are considered Young Persons under health and safety law. Management of Health and Safety at Work Regulations 1999 require employers to specifically take account of young persons when carrying out their risk assessments.

If young persons have not previously attended the workplace, then an induction should be carried out and existing risk assessments reviewed accordingly. The assessment of risks to 'young persons' must be carried out before their employment or work placement period begins.

All young people and students on work experience will be provided with appropriate induction, information, instruction, training and supervision.

Work Experience students must be supervised at all times must not be left alone with children/young people using our services at any time.

Risk Assessment

Risk assessment is a legal requirement and is included in the following health and safety legislation:

- Management of Health and Safety at Work Regulations;
- Control of Substances Hazardous to Health Regulations;
- Manual Handling Regulations;
- Personal Protective Equipment Regulations;
- Health and Safety (Display Screen Equipment) Regulations

A risk assessment is a careful examination of what could cause harm to people so that a decision can be made whether sufficient precautions have been made to prevent harm. The aim is to make sure that no one gets hurt or becomes ill. HACS are legally required to assess the risks to any individuals on our premises or using our services, employees, including visitors and members of the public. It is important to decide whether a hazard is significant and whether it has been covered by satisfactory precautions, so that the risk is reduced. All employees are informed about risk assessment at induction, team meetings and supervision.

All premises, at which HACS services are delivered will be fully risk assessed to include both indoor and outdoor areas. These risk assessments will be updated annually or in response to accidents, incidents or near misses. Please see Appendix 1 for the HACS Premises Risk Assessment.

There is a variety of additional risk assessments used within the organisation:

- Specific task/activity risk assessment
- Specific off-site trip risk assessment
- Pregnancy risk assessment
- Child/young person risk assessment
- Daily indoor risk assessment
- Daily outdoor risk assessment

The Chief Executive will work together with Satellite Site Supervisors to ensure that risk assessments are reviewed and updated annually, or in response to any specific changes, incidents or "near misses".

Premises Safety and Security

The Charity recognises that good housekeeping is essential in preventing slip and trip accidents. Accordingly all staff are responsible for undertaking informal daily checks of their own work areas. Where action is identified during workplace inspections, but cannot be implemented immediately, interim measures will be taken (e.g. using warning signs, barriers, etc.) to minimise a risk or accident occurring. The satellite duty manager will inform the Chief Executive at the earliest opportunity and an action agreed as to when the necessary changes required will be implemented, who will be responsible for ensuring it is implemented and the estimated completion date.

The Chief Executive will ensure that equipment provided for use at work (e.g. knives, photocopiers) is:

- Suitable for the intended use
- Safe for use
- Maintained in a safe condition
- Inspected
- Used only by people who have received adequate information, instruction and training
- Accompanied by suitable safety measures, e.g. guards, markings, warnings

All work equipment, where the failure of said item could result in a significant risk of injury e.g. faulty switches, exposed wires or split or frayed sheaths on electrical cables shall be immediately withdrawn from use. , Such equipment shall be subject to at least a visual annual inspection by a competent person or organisation. Where legislation imposes specific duties to undertake inspections at set frequencies these will be carried out in accordance with the Regulations. The written records of the inspection and maintenance, shall be maintained and be available for examination. When work equipment has reached the end of its working life or is no longer required it must be disposed of safely.

All dangerous materials, including tools or cleaning materials at HACS Resource Centre or any other satellite places of work, shall be stored in a locked cupboard. Children and young people will not have unsupervised access to the kitchen area. Sharp implements or knives will be stored in a lockable cupboard or drawer.

Medicines will be stored in a locked first-aid cabinet, staff members will be made aware of the location. Key workers for the Recreation Service will when appropriate keep medication on their person when going on outings or excursions. Prior to accepting or administering medication provided by a parent or carer, staff will ensure that all medication is within the recommended use-by date. A second member of staff should always be present and witness the prescribed dosage being administered to ensure that it complies with the stated medical dosage requirements.

Staff and volunteers should not walk about the premises with hot drinks, or place hot drinks within the reach of clients. Any hot drinks shall be transported in safe, spill proof containers.

Where children or young people will be on site, additional staff safety checks on premises, both outdoors and indoors, must be carried out every day/session by completing the daily indoor and outdoor risk assessment forms.

Asbestos

The Control of Asbestos Regulations 2012 places a duty on the "Asbestos Duty Holder" to manage any asbestos or asbestos containing materials located within the premises.

The HACS Resource Centre was built after the year 2000 and does not have any Asbestos installed either within the main building or its out buildings.

Control of Substances Hazardous to Health

The Control of Substances Hazardous to Health (COSHH) Regulations 2002 impose duties on employers to protect employees who may be exposed to substances hazardous to health at work, and others who may be affected by such work.

COSHH covers chemicals, products containing chemicals, fumes, dusts, vapours, mists, gases, and biological agents (bacteria, fungi and viruses). If there is a hazard symbol displayed on the packaging then the contents are classed as a hazardous substance. COSHH also covers asphyxiating gases, biological agents that cause diseases such as Leptospirosis or Legionnaires Disease; and biological agents used in laboratories.

COSHH doesn't cover lead, asbestos or radioactive substances because they have their own specific regulations.

The Chief Executive will ensure that COSHH assessments will be carried out on all hazardous substances prior to use. The COSHH data sheet, which provides information on specific hazards, first aid measures, personal protective equipment etc. will be reviewed as appropriate, or every five years, whichever is the sooner. COSHH data sheets will be held on file for all materials used on site.

For further information refer to the HSE document The Control of Substances Hazardous to Health Regulations 2002. Approved Code of Practice and guidance

Display Screen Equipment

The Display Screen Equipment (DSE) Regulations 1992 require employers to minimise the risks to employees who habitually use display screen equipment as a significant part of their normal work. Other people, who use DSE only occasionally, are not covered by the requirements of the Regulations, however, employers still have general duties under other health and safety at work legislation. 'Users', as defined by the Regulations, are employees who use DSE for a significant part of their normal work (daily, for continuous periods of more than an hour).

The Chief Executive will ensure that work is planned to allow adequate breaks or changes of activity. On request, eye tests can be arranged, and will be paid for by the Charity.

Electrical Safety

The Electricity at Work Regulations 1989 set out specific requirements on electrical safety. These Regulations place a duty on employers to ensure that electrical systems are designed, constructed, used and maintained so as to prevent danger. 'Systems' includes all apparatus as well as the mains supply.

All portable electrical appliances should be visually checked before use. In particular, attention should be paid to the condition of power cables and their terminations, as these are often damaged, wrenched and jerked, which may loosen their connections.

The repair of most portable electrical equipment requires specialist knowledge and expertise if the faulty or damaged equipment is to be restored to the necessary safe condition. HACS staff approved by the Chief Executive may undertake minor repairs (e.g. replacement of a flexible cable) where they are competent to do so.

All portable electrical equipment such as drills, irons, kettles etc should be subject to a physical inspection and test by a competent person at least every 12 months. A written record of the tests, in the form of a inventory logbook or register, should be maintained and be available for examination and the equipment itself should be marked with some form of identification and the date of the most recent test.

Gas Safety

Under the Gas Safety (Installation and Use) Regulations 1998 and the Gas Safety Regulations 2001, any work on gas systems and appliances could only be carried out by persons registered with the Council of Registered Gas Installers (CORGI). Since 1st April 2009 CORGI has been replaced by the Gas Safe Register.

Work on gas systems and appliances can only be undertaken by persons who are Gas Safe Registered.

Any individual who is on the premises and believes they can smell gas should immediately report this to the on-site supervisor. In addition:

- Do not use any naked flames/other ignition sources
- Open doors and windows
- Contact the gas board
- Do not switch on or off the lights or any portable appliance switch
- Shut off the gas
- Evacuate the premises, if appropriate

Legionella

The Control of Substances Hazardous to Health Regulations 2002 relates to the risk from hazardous microorganisms, including Legionella. Under these Regulations, risk assessments and the adoption of appropriate control measures are required to be put in place.

The Chief Executive will ensure that an adequate risk assessment of the water systems in its buildings is carried out; and will identify and assess the risk of exposure to Legionella bacteria from work activities and water systems on the premises and any necessary precautionary measures.

All water systems are subject to monitoring, inspection and testing at regular intervals by a specialist contractor. HSL Compliance Ltd currently provide monthly checks of the water systems on behalf of the borough of Hillingdon. Written records of the monitoring, inspection and test, are maintained by HSL Compliance Ltd and are maintained for a period of at least 5 years.

Manual Handling

The Manual Handling Operations Regulations 1992 apply to a wide range of manual handling activities, including lifting, lowering, pushing, pulling or carrying. These regulations place specific duties on employers and employees. Employers are required to:

- Avoid the need for manual handling, so far as is reasonably practicable
- Assess the risk of injury from any hazardous manual handling that can't be avoided
- Reduce the risk of injury from hazardous manual handling, so far as is reasonable practicable.

Employees are required to

- Follow appropriate systems of work laid down for their safety
- Make proper use of equipment provided for their safety
- Co-operate with their employer on health and safety matters
- Inform the employer if they identify hazardous handling activities
- Take care to ensure that their activities do not put others at risk
- Make their manager aware of any medical/physical condition which could be made worse by manual handling

All staff members involved in manual handling will be given suitable and sufficient information, instruction, training and supervision. Training will be recorded, monitored and reviewed.

Security

Specific responsibility for security is not set down in legislation. However, security is related to health and safety, therefore whoever has responsibility for health and safety should consider what security measures are necessary to ensure, as far as reasonably practicable,

the safety of all individuals on site. The Charity will ensure the following security measures are implemented at HACS and across all satellite sites:

- Staff, Trustees and volunteers are required to sign in using the Staff Register for that site. Staff must ensure they use the register when they are going off site and returning throughout the day.
- Valid ID must be produced for all visitors
- All visitors must sign into the visitor's book/daily register
- Un-accompanied visitors shall be challenged to check for appropriate ID
- A current list of key-holders will be maintained by the Chief Executive

HACS Resource Centre Control Measures

- There is secure Fencing around perimeter
- Operable Intruder alarm system
- Operable and maintained Fire Alarm systems
- Operable fire safety equipment available on site
- Procedures for dealing with trespassers
- Systems and Procedures for matters relating to security
- Appropriate fire evacuation procedures
- Operation of HACS Zero tolerance policy to verbal or physical threats of abuse or violence towards staff or volunteers to reduce all reasonable and foreseeable risks of violence, threats or abuse towards staff or volunteers.

Smoking, Alcohol and Drugs Policy

Smoking

The Smoke-free (Premises and Enforcement) Regulations 2006 were introduced in England to make virtually all enclosed public places and workplaces in England smoke free. HACS premises, including satellite sites are strictly no smoking. This prohibition notice extends to include all use of electronic cigarettes, vaping and the use of pipes.

Smoking is not permitted anywhere on the H.A.C.S. premises, including the outdoor garden areas and entrance ramp.

Smoking breaks for staff are not permitted throughout the working day, from 8.30am to 4.30pm. Staff may use their lunch break if they wish to smoke. Staff must smoke away from the H.A.C.S. premises, out of sight of any clients, to remain positive role-models to all clients. Any breach of this smoking policy will be treated as gross misconduct.

Alcohol, drugs and solvents

Any employee who reports for duty under the influence of alcohol or illegal drugs, brings an alcoholic beverage or illegal drugs into the premises or consumes alcoholic beverage or illegal drugs while on duty may be subject to disciplinary procedures which could lead to dismissal.

Driving

Under the Health and Safety at Work etc 1974, employers have a general duty to ensure the health, safety and welfare of employees and others who may be affected by their undertaking. This includes employees who may be required to drive as part of their duties, using their own private vehicle.

Employees may use their own vehicle for work only if they have the correct level of insurance. It is the employee's responsibility to ensure they have the correct insurance (usually referred to as Occasional Business use on the policy) and they must provide a copy of their Car Insurance Policy document to the Chief Executive if they are using their own vehicle in connection with their work. It is also the responsibility of the employee to ensure their car is roadworthy, taxed and has a valid MOT.

Lone Working

The Health and Safety at Work Act 1974 places a duty on employers to ensure the health, safety and welfare of employees. The Management of Health and Safety at Work Regulations 1999 require employers to make a suitable and sufficient assessment of the risks to health and safety of employees to which they are exposed whilst at work. This will include the risks to staff from lone working.

Lone workers have been defined by the HSE as 'those who work by themselves without close or direct supervision'. Lone workers are found in a wide range of situations, and can be divided into those who work at fixed establishments (where only one person is on site, where people work separately from others, or where people are working out of normal working hours), and those who are mobile workers, working away from their main working base.

Lone Working at HACS Resource Centre

The Chief Executive will endeavour to ensure that there are where possible 2 members of staff on site during working hours at the HACS Resource Centre. However the organisation recognises this may not be practically possible in some circumstances. HACS will ensure that lone working situations have been identified in the HACS Premises Risk Assessment, and the risks from such lone working activities are assessed and control measures identified and implemented to minimise the risk to the health and safety of staff.

Employees must not make appointments for visitors to the HACS Resource Centre if they will be alone in the building. If an unforeseen circumstance arises where it appears they will be left alone in the building with a visitor, they must cancel the meeting with immediate effect or if the visitor is already on the premises they should terminate the meeting and politely request that the visitor leaves with the other employee who is leaving the building.

When working alone, employees must not allow workmen such as gas and electricity meter readers into the building. They must be told to return another day.

Employees working alone must know where the nearest fire alarm point is as this could be used to alert others that there is a problem in the building.

Employees who are feeling unwell must not be alone in the building. They must leave the building with the last employee.

Volunteers and students will not be allowed to work in the building unless an employee is present.

All staff that work alone must be competent to carry out the activities they are engaged in, must have received sufficient information to enable them work alone safely and to be able to summon help and assistance if required.

It is the responsibility of all staff to follow the defined lone working procedures and safe systems of work, and to report immediately any problems or concerns to their line manager.

Lone Working for Mobile Workers

Home visits are actively discouraged by the organisation and should only be carried out as a reasonable adjustment with permission of the Chief Executive.

Home visits are NOT to be carried out in the following circumstance:

- Where a telephone call is received giving cause for any suspicion
- A carer or cared for person is known or suspected of having a serious alcohol, drug or mental health problems

If any Employee feels suspicious of any caller, they are NOT to arrange to visit them at home. Instead, arrange for the carer to attend the office for an appointment.

All employees must ensure that they ENTER IN THE OFFICE DIARY home visits taking place, giving an estimated duration of the visit with the full name, address and telephone number of the person being visited.

All employees must phone the office when they arrive at the home they are visiting. They must also phone the office at the end of a visit, or if for any reason they will be delayed in returning to the office or continuing on to another appointment.

At the time of entering the premises to carry out a home visit, employees must ensure they are clear about their means of escape if they later feel any concern about the situation.

Employees' safety is paramount. If anyone carrying out a home visit feels any concern about their safety they can stop the home visit at any point and re-convene it at the office if appropriate.

All employees must carry a personal alarm when they conduct a home visit.

Fire Safety

The Regulatory Reform (Fire Safety) Order 2005 places duty on employers to conduct a fire risk assessment and take reasonable steps to reduce the risk from fire. A Fire Risk Assessment of the HACS Resource Centre has been conducted and is reviewed annually (See Appendix 2a).

The Chief Executive will ensure that fire extinguishers and blankets are inspected annually. A plan of the premises with identified fire exits and fire assembly points is posted at all call-points throughout the HACS Resource Centre. Please see Appendix 2b for Fire Evacuation procedure for HACS Resource Centre. The fire evacuation procedure will be reviewed annually to ensure it accurately reflects current Fire Evacuation Procedures. Staff must ensure that fire doors and access to exits and fire equipment are never obstructed. A Fire Risk Assessment has been carried out for the premises and will be reviewed annually.

Unannounced fire drills must be held once every six months, timing to be agreed by the Chief Executive. A complete building fire evacuation procedure will take place at least annually. These drills must be recorded in the Fire Drill Record book, noting the date and time of the drill, total evacuation time, and any problems encountered, along with points for improvement.

When using satellite sites supervising staff should acquaint themselves with local Fire Evacuation Procedures as posted throughout the building. On shared work sites (cafes, Recreation venues) the satellite duty manager shall liaise with site managers to ensure all fire drill and evacuation procedures include HACS staff or volunteers working on site.

Accident and Incident Management

Defining and reporting accidents/incidents

An accident is an unplanned event that results in injury or damage. A near miss is an unplanned incident that does not result in injury or damage. Employees are instructed to report all accidents and near miss events involving themselves or others. Damage to property must also be reported, as this could be an indicator of a near miss event trend.

All accidents should be recorded in the accident book/accident form as soon as possible. For injuries to children/young people under 18 years (25 years if they have a disability), a copy of the accident form must be sent to the parents/carers, and they must sign the master copy.

Parents/next of kin should be informed by telephone as soon as possible after an emergency or following a serious/significant injury including:

- Head injury
- Suspected sprain or fracture
- Following a fall from height
- Dental injury
- Anaphylaxis & following the administration of an Epi-pen
- Epileptic seizure
- Severe hypoglycaemia for individuals with diabetes
- Severe asthma attack
- Difficulty breathing
- Bleeding injury
- Loss of consciousness
- If the child/young person is generally unwell

Incidents which fall within the requirements of the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013 e.g. major injuries, accidents resulting in employees being absent from work for more than 7 days, or members of the public going to hospital from the scene of the accident etc will be reported to the Health and Safety Executive by the Chief Executive.

For more information about RIDDOR refer to the HSE document Reporting Accidents and Incidents at Work: a brief guide to the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)

Ofsted must be notified of any serious accident, illness, death or injury of a child/young person at HACS within 14 days of the incident occurring. The Hillingdon Local Safeguarding Children's Board must also be notified.

Accident Management Procedure

At least one staff member at the HACS Resource Centre and satellite sites will hold a valid First Aid at Work qualification. For HACS Recreation services, at least one member of staff on site will hold a current certificate in Paediatric First Aid.

There will be one First Aid box at each satellite site, and portable First Aid Kits will be taken when going off site on outings or excursions.

In the event of an individual having an accident, the qualified first aider should be informed immediately. He/she will assess what needs to be done. The injured person should not be left unattended. The first aider will organise appropriate treatment within the limits of their First Aid qualification. The injured party will be monitored until there are no further concerns.

If the accident/incident is of serious nature and an ambulance is required the First Aider or on-site supervisor should call 999 and keep the paramedic informed of the situation. If an employee or child/young person is required to attend hospital, they should be accompanied by another member of staff.

Illness and Infectious Diseases

Children and young people who become ill on the premises

Any child/young person who is unwell cannot be left unsupervised. A parent should be contacted as soon as possible by the on-site supervisor or First Aider. It will sometimes be necessary for a child/young person to be collected early from the setting or remain at home until they are no longer ill. We request a prompt response by parents after being notified that their child is ill. If the parents/carers cannot be contacted, the emergency contacts nominated on the application form should be used.

If a child has had to go home prematurely due to illness, they should remain at home until they are better for at least 24 hours. If a child is suspected of having an infectious disease, the exclusions recommendations from the Health and Safety Executive (Appendix 1) should be followed. Unfortunately, due to excessive staff costs, payment cannot be refunded due to illness.

If any infectious or communicable disease is detected at the setting, the staff will notify the parents/carers in writing as soon as possible. HACS are committed to sharing as much information as possible about the source of the disease and the steps being taken to remove it. HACS are committed to data protection and safeguarding children; should parental notification of infectious disease be required the name of the client **will remain completely anonymous**.

When a case of head lice is discovered at the setting, the situation will be handled carefully and safely. The client concerned will not be isolated from other children and will not be excluded from activities or sessions at HACS. The parents/carers will be contacted to pick the child up from the setting. The key worker will inform the parent/carer in a sensitive manner, and will be given guidance on how to treat head lice. Other parents/carers will be informed as quickly as possible in writing, including advice and guidance on treating head lice.

Medication

This policy refers to children and young people accessing HACS services. The Charity aims to support as far as possible, and maintain the safety of individuals who require medication whilst in HACS care. However, wherever possible, the timing and dosage should be arranged so that the medication can be administered at home. It should also be noted that:

- No child should be given any medication without their parent's written consent.
- Parents must be given written confirmation of any medication administered at the setting

Prescription-Only Medication

Prescribed medicines may be given to a child/young person by a qualified First Aider or on-site supervisor. Written consent must be obtained from the parent or guardian, clearly stating the name of the medication, dose, frequency and length of course. Medication will only be accepted if it is in its original container and labelled with the client's name, medication name and dose will be attached. Staff will record receipt of the medication on a daily basis by asking the parent to sign the medication register.

There is a lockable medication cabinet located in the children's toilets adjacent to the Little Gems classrooms where medication should be stored securely. If the client will be leaving site for a trip, the key worker will keep the medication on their person. The key worker will record receipt of this medication by signing the medication register.

At the end of the day, parents/carers will sign the central medication register to confirm receipt of the remaining medication and to acknowledge the daily administration.

Asthma

The Charity recognises that asthma is a long-term health condition affecting many children and young people and welcomes all children with asthma to the setting. Staff will ensure that clients with asthma participate fully to the best of their ability in all aspects of the Recreation Service.

Asthma is a condition affecting the airways - the small tubes that carry air in and out of the lungs. When a person with asthma comes into contact with something that irritates their sensitive airways even more (an asthma trigger), it causes their body to react in three ways:

1. the muscles around the walls of the airways tighten so that the airways become narrower
2. the lining of the airways becomes inflamed and starts to swell
3. sticky mucus or phlegm sometimes builds up, which can narrow the airways even more.

These reactions cause the airways to become narrower and irritated - making it difficult to breathe and leading to asthma symptoms, such as chest tightness, wheezing, or coughing.

The Charity recognises that immediate access to reliever inhalers is vital. Although the Medication Policy will be employed, clients with asthma will be permitted to keep inhalers on their person at all times. Medication records will remain complete in line with the Medication Policy.

The Charity requires that parents/carers work in partnership with our Recreation Service. As such, if a parent/carer documents on Client Registration forms that a client requires an inhaler, the parent/carer is requested to bring an inhaler each day to the setting, or provide a spare inhaler that can be stored securely in our medication cupboard. The inhaler must be checked to be in-date. In the interest of health and safety, if a parent/carer does not provide an inhaler the client will not be admitted to the setting.

The Charity will ensure that the environment is favourable to children with asthma. There are staff who have been trained in Paediatric First Aid who will be aware what to do in the case of an asthma attack (please refer to Appendix 4 for Asthma Procedure).

Epilepsy

The Charity recognises that epilepsy is a long-term health condition affecting many children and young people and welcomes all children with epilepsy to the setting. Staff will ensure that clients with epilepsy participate fully to the best of their ability in all aspects of the Recreation Service.

Epilepsy is a condition that affects the brain. When someone has epilepsy, it means they have a tendency to have epileptic seizures. Anyone can have a one-off seizure, but this doesn't always mean they have epilepsy. Epilepsy is usually only diagnosed if someone has had more than one seizure, and doctors think it is likely they could have more.

There are many different types of seizure. What happens to someone during a seizure depends on which part of their brain is affected. During some types of seizure the person may remain alert and aware of what's going on around them, and with other types they may lose awareness. They may have unusual sensations, feelings or movements. Or they may go stiff, fall to the floor and jerk.

Tonic-clonic seizures are the type of seizure most people recognise. They were previously referred to as "grand mal seizures". Someone having a tonic-clonic seizure goes stiff, loses consciousness, falls to the floor and begins to jerk or convulse. They may go blue around the mouth due to irregular breathing. Sometimes they may lose control of their bladder or bowels, and bite their tongue or the inside of their mouth.

Focal seizures are a different type of seizure and are also often called a "partial seizure". Someone having a focal seizure may not be aware of their surroundings or what they are doing. They may have unusual movements and behaviour such as plucking at their clothes, smacking their lips, swallowing repeatedly or wandering around.

There will be at least one member of staff on site at all times who is trained in Paediatric First Aid and able to respond to seizures. Additionally, the charity will offer training in Epilepsy Awareness to sessional staff. (Please refer to Appendix 5 for Epilepsy Procedure).

The Charity recognises that immediate access to epilepsy medication is essential. Staff will ensure that medication is in close proximity to the child/young person on site at all times. Medication will also be brought on off-site trips and will be in possession of the key carer at all times. Medication records will remain complete in line with the Medication Policy.

The Charity requires that parents/carers work in partnership with our Recreation Service. As such, if a parent/carer documents on Client Registration forms that a client requires epilepsy medication such as Buccolam, the parent/carer is requested to bring the medication each day to the setting, or provide spare medication that can be stored securely in our medication cupboard. In the interest of health and safety, if a parent/carer does not provide medication, the client will not be admitted to the setting.

Allergy

The Charity recognises that allergies affect many children and young people and welcome all children with allergies to the setting. Staff will ensure that clients with allergies participate fully to the best of their ability in all aspects of the Recreation Service.

An allergy is the response of the body's immune system to normally harmless substances, such as pollens, foods, and house dust mite. Whilst in most people these substances (allergens) pose no problem, in allergic individuals their immune system identifies them as a 'threat' and produces an inappropriate response. The most common causes of allergic reactions are:

- pollen from trees and grasses
- proteins secreted from house dust mites
- moulds
- foods such as peanuts, tree nuts, milk and eggs
- pets such as cats and dogs, and other furry or hairy animals such as horses, rabbits and guinea pigs
- insects such as wasps and bees
- medicines (these may cause reactions by binding to proteins in the blood, which then trigger the reaction)

When a person comes into contact with a particular allergen they are allergic to, a reaction occurs. This begins when the allergen (for example, pollen) enters the body, triggering an antibody response. When the allergen comes into contact with the antibodies, these cells respond by releasing certain substances, one of which is called histamine. These substances cause swelling, inflammation and itching of the surrounding tissues, which is extremely irritating and uncomfortable. Common symptoms associated with allergic conditions include:

- sneezing
- wheezing / coughing / shortness of breath
- sinus pain / runny nose
- nettle rash / hives
- swelling
- itchy eyes, ears, lips throat and mouth
- sickness, vomiting & diarrhoea

Anaphylaxis is a life threatening severe allergic reaction. It is a medical emergency, and requires immediate treatment. A severe allergic reaction can cause an anaphylactic shock and must be treated with an adrenaline pen.

In anaphylaxis, the chemicals that cause the allergic symptoms (e.g. histamine) are released into the bloodstream. The symptoms of anaphylaxis usually occur within minutes of exposure to the trigger substance (allergen) but sometimes an hour or so later.

Any or all of the following symptoms may be present during an anaphylaxis reaction:

- Swelling of tongue and/or throat
- Difficulty in swallowing or speaking
- Vocal changes (hoarse voice)
- Wheeze or persistent cough or severe asthma
- Difficult or noisy breathing
- Stomach cramps or vomiting after an insect sting
- Dizziness / collapse / loss of consciousness (due to a drop in blood pressure) (floppiness in babies)

There will be at least one member of staff on site at all times who is trained in Paediatric First Aid and able to respond to Anaphylaxis. (Please see Appendix 6 for Anaphylaxis procedure).

In order to create a favourable environment that minimises risk for individuals with nut allergy, the HACS Resource Centre and satellite Recreation sites will be "nut free zones". Staff, children and young people are not permitted to bring nuts or products containing nuts into the setting. Parents and staff are written to advising that they should not bring nuts or foods containing traces of nuts onto the HACS premises.

The Charity recognises that immediate access to epi-pens for allergy is essential. Staff will ensure that medication is in close proximity to the child/young person on site at all times. Medication will also be brought on off-site trips and will be in possession of the key carer at all times. Medication records will remain complete in line with the Medication Policy.

The Charity requires that parents/carers work in partnership with our Recreation Service. As such, if a parent/carer documents on Client Registration forms that a client requires an epi-pen, the parent/carer is requested to bring the medication each day to the setting, or provide spare medication that can be stored securely in our medication cupboard. In the interest of health and safety, if a parent/carer does not provide medication, the client will not be admitted to the setting.

Food Hygiene

HACS satellite cafes will have separate Food Hygiene policies due to different statutory requirements and local enforcement agency regulations.

Snacks, drinks and fresh fruit are provided at the setting for children and young people, promoting a healthy, balanced and nutritious diet. Parents/carers shall provide packed lunch for the clients and are regularly reminded of the importance of providing healthy lunches. Fresh cooled drinking water will be provided at the setting at all times.

Ofsted must be notified of any food poisoning affecting two or more children at the setting, within 14 days of the incident occurring.

Food Storage and Handling

- All food is to be stored in sealed packaging or containers when not in use.
- Food must not be left unattended or uncovered.
- All food requiring storing in the fridge is to be stored in correct area in the fridge (e.g. raw meats in raw compartment etc). The temperature for the fridge should not exceed 4°C (40°F).
- All cooked food stored in the refrigerator must be covered at all times.
- Avoid unnecessary handling of food.

Washing and Personal Protection

The following facilities are provided in the kitchen and must be used:

- Hot and cold running water
- Soap
- Paper Towels
- Disposable gloves

Hands should be washed before:

- Starting work in the kitchen
- Handling food

Hands should be washed after:

- Visiting the toilets
- Break periods
- Blowing your nose, touching your face or body
- Handling raw meat, fish, eggs or vegetables
- Handling waste, waste containers or outer containers to food
- Handling dirty crockery and cutlery
- Carrying out cleaning tasks