HEALTH & SAFETY POLICY

THE ARTHUR ELLIS MENTAL HEALTH FOUNDATION

Purpose

We believe that the health and safety of anyone coming onto contact with AEMHF is of paramount importance. This includes clients (adults or children), parents/carers, staff, visitors, volunteers, students and work placements.

We endeavour to build a culture of safety, within the charity, where staff, clients and other agencies feel safe, know that we are taking health and safety seriously and that any issue identified will be dealt with promptly.

We believe this is important for sessions that are run in our own building, online or in other organisations such as schools/colleges and GP surgeries.

We endeavour to make all environments a safe and healthy place for all by assessing and minimising the hazards and risks to enable the everyone to thrive in a healthy and safe environment.

We endeavour to be a safe space with trusted adults, where risks are minimised as much as possible. All staff have an individual and collective responsibility to ensure that they have continuous regard for the safety and security of all in the setting.

Scope

These procedures cover all staff, volunteers, supply workers, other agencies and clients. It covers sessions being held on premises, hosted by other agencies (such as a school) and online activity. It also covers any community activities organised by AEMHF.

REVIEW

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Procedures

AEMHF undertake risk assessments to minimise any risks within the building, other agencies premises and online. All staff are aware of the policy and are trained to be checking the environment constantly. The law does not require that all risk is eliminated, but that 'reasonable precaution' is taken. It is impossible to remove all risks but we try and ensure that any activities are as safe as possible and that all potential risks are foreseen and minimised.
Our organisation is committed to providing mental health mentoring in as safe and secure environment as possible.
The CEO undertakes regular training and ensures our staff and volunteers have adequate training in health and safety matters.

The risk assessment process covers adults and children[1] and includes:

- Written risk assessments in relation to the buildings and activities.
- Written risk assessments for any online activity.
- Checking for and noting any hazards.
- Assessing the level of risk and who might be affected.
- Deciding which areas need attention,
- Developing an action plan that specifies the action required, the timescales for action, the person responsible for the action and any funding required.
- Regular reviews and updates.
- Feedback to the CEO of any issues identified.

Risk assessments are written and are reviewed annually or when/if needed to be reviewed.
A checklist is done before any session begins, involving checks of the building, equipment checks and any activity checks.
Electricity checks are undertaken regularly, including a PAT check on any electrical equipment. Contractors are expected to only use equipment which has been tested and is safe to use.
We record and report any work that needs to be undertaken and monitor that these are undertaken in a timely fashion.
The CEO ensures that staff members carry out risk assessments that include relevant aspects including fire safety, for all areas of the premises.

When staff are working from other agencies premises, we will request assurance from the organisation that risk assessments have been completed and that our staff will be notified of any relevant issues.

[1] By children we mean those who are up to and including the age of 17 years old.

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Sessions held in other Agency Buildings

Staff who go out to other agencies to provide sessions or their activities must be aware of the health and safety arrangements in that building.

Staff are expected to undertake visual checks throughout the session and report any concerns to the agency.

Staff are expected to undertake visual checks before and throughout the session, remove anything that could potentially be used by clients to harm themselves or others (given the nature of the work with do).

Staff should also be aware of loose clothing, such as scarves, lanyards and jewellrey, which could be grabbed and create a risk for the member of staff.

Staff must be aware of who to report concerns through to and also notify the Designated Safeguarding Lead (DSL) in AEMHF if there are any issues.
Staff should not hold sessions in rooms which feel unsafe and must report back if they have any concerns.

Online Sessions

All online sessions must be scheduled beforehand with the knowledge and authorisation of the management team.
Everyone taking part must be aware of the expectations in terms of behaviour and agree to them.
All online sessions must be set up before the session, and the DSL must be able to access the session at any time. Clients will need to be aware that this may happen.
Staff use their own equipment (laptops) and must ensure that they have a suitable virus protection in place.
Client files are stored on the secure online system on the cloud. Staff must not save any records to their personal devices.
All participants must be in an area which is suitable (bedrooms are not deemed as a suitable space).
All participants must be dressed appropriately, in the same manner as they would be for a face-to-face session.
Backgrounds should not show location of staff member.
Sessions must not be recorded under any circumstances.
The DSL must be able to pop into any session to check that everything is ok.
Staff act as the moderator and will stop a session and take notes on any inappropriate behaviour online.
A written agreement must be in place outlining all guidelines for an online session.
Details of any issues must be passed onto the DSL as soon as the session is ended.

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Staff

Staff doing face to face sessions are issued with an identity badge which they are expected to wear them at all times whilst working for AEMHF. This makes staff easily identifiable.
We ensure all employed staff have been checked for criminal records via an enhanced disclosure with children's barred list check through the Disclosure and Barring Service, before they commence employment.

Visitors

We only allow access to visitors with prior appointments. They are required to sign in and out.
Visitors from other agencies must provide evidence of a DBS in place. We do not allow outside agencies to be on their own with a child and we check these details with their agency.
Our staff check the identity of any person who is not known before they enter the premises.
The setting has a Visitors Book which is kept close to the main entrance in which visitors must sign on arrival, alongside giving the following information:

- Their name.
- The date and time of their arrival.
- The reason for their visit.
- Company they are from.
- Their departure time.
- ID badge seen.
- DBS number or letter of confirmation of checks.

Visitors to the setting will not be left unsupervised with children at any time. We request they do not use their mobile phone whilst with clients.
Staff have a duty to approach any visitor on the premises who has not signed in. They must introduce themselves and establish immediately who the visitor is and the reason for them being on the premises. If the visitor has no suitable reason to be on the setting's premises, then they will be asked to leave immediately and escorted from the premises. If the visitor repeatedly refuses to leave, the police will be telephoned immediately.

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Clients

Clients will be made aware of the importance of remaining safe.

Parents/carers are encouraged to talk to their children about the importance of remaining safe and not leaving the setting's premises during any face-to-face session. These messages will be reinforced by both the location and its staff.

For children, staff must be made aware of who is picking the child up or of old enough that they are able to leave unsupervised, by the main parent/carer. If they do not have this information and we have not gained prior permission from the child's main parent/carer; the child will not be able to leave until clarification has been sought.

If the child still attempts to leave, then we will notify the parent immediately, we cannot physically prevent the child from leaving. Unless there is a liberty safeguards order in place.

Supervision of Children

Children will not be left unsupervised at any time during sessions.

Incidents

A record will be made of any incidents on an Incident Record Form, risk should be removed (where possible), the DSL will be notified as soon as possible of the incident, any action taken and anything that needs to be resolved.
Safety and security procedures will be regularly reviewed by the CEO in consultation with staff.

Fire Procedures

The person in charge and our staff are familiar with the current legal requirements. Where necessary we seek the advice of a competent person, such as a Fire Officer or Fire Safety Consultant.

A Fire Safety Log Book is used to record the findings of risk assessment, any actions taken or incidents that have occurred and our fire drills.

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Fire safety risk assessment – The CEO is a competent person and has received training in fire safety to be competent to carry out the risk assessment; and follows Government guidance on Fire Safety Risk Assessment.
Our fire safety risk assessment focuses on the following for each area of the setting:

- Electrical plugs, wires and sockets.
- Electrical items.
- Gas boilers.
- Cookers.
- Matches.
- Flammable materials – including furniture, furnishings, paper etc.
- Flammable chemicals.
- Means of escape.
- Anything else identified.

Staff must ensure that their own equipment is fit for purpose and does not create a risk.

Fire Safety Precautions Taken

Fire doors are clearly marked, kept closed and never obstructed and easily opened from the inside.
Smoke detectors/alarms and firefighting appliances conform to BS EN standards, are fitted in appropriate high-risk areas of the building and are checked monthly by staff and as specified by the manufacturer.
All electrical equipment is PAT tested annually. Any faulty electrical equipment is taken out of use and either repaired or replaced.
Emergency evacuation procedures are approved by the Fire Safety Officer and are:

- clearly displayed in the premises.
- explained to new members of staff, volunteers and parents at induction and reviewed regularly.
- fire drills are practised regularly, at least 3 times a year.

Records are kept of fire drills and of the servicing of fire safety equipment is kept for three years.

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Emergency Evacuation Procedure

We have procedure in place for evacuation including practice drills

- Clients and staff are familiar with the sound of the alarm.
- All know where the fire exits, and assembly point are.
- We practice evacuating the building to the assembly point.
- We have a list of who is on site.
- An allocated person is responsible for sweeping the building.
- The emergency services are called, in the event of a real fire.
- DSL and CEO are contacted to notify them of an incident, once everyone is out of the building.

Fire Drills

We hold fire drills 3 times a year and record the following information about each fire drill in the Fire Safety Log:

- The date and time of the drill.
- Number of people involved –staff, clients, visitors.
- How long it took to evacuate.
- Whether there were any problems that delayed evacuation.
- Any further action taken to improve the drill procedure.
- If not completed in a reasonable time, additional fire drills will be implemented.

Procedures – Sounding the Alarm

The alarm is only set off in:

- An emergency.
- A planned fire drill to test the emergency evacuation plan.
- Weekly testing of the fire alarm system.

In any of the events above, all staff must treat the alarm as the real event and respond accordingly. The alarm any be sounded for any emergency where the evacuation of the premises is necessary, such as:

- Bomb threat.
- Fire.
- Gas leak.
- Chemical leak.
- Asbestos alert (if applicable).
- When instructed by emergency services.

Once the alarm has been set off, appointed staff need to act immediately and take on the role of fire wardens to evacuate the building as quickly as possible. Major risks such as bomb threats, evacuation must be at least 400m away.

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Procedures – Sounding the Alarm cont.

In the event of a lockdown, we have identified an area which can be locked, windows covered and staff and client can avoid being seen or attacked. They must not leave this area until released by the Police. Staff must be familiar with the procedures for locations owned by other organisations.

First Aid Procedures

At least one adult with a current first aid certificate is on the premises.
The first aid kit is accessible at all times. It is checked monthly and replenished on a regular basis.
The first aid kit is located on agency site. If you are working on an agency site, you must make sure you are aware of their first aiders and their procedures.
A list of staff and volunteers who have current PFA certificates is displayed in the building.
The first aid box is easily accessible to adults and is kept out of the reach of children, a named person is responsible for monthly checks and replenishing the first aid box contents.
We encourage individuals to care for themselves and offer the first aid box (if capable).
First aid can only be given by a qualified first aider within AEMHF or the building staff.
If further treatment is required, we advise clients to contact their GP or phone 101.
An ambulance is called for anyone requiring emergency treatment. We will contact our emergency contact immediately give them relevant details.
All Accidents and injuries are recorded in our accident record book and, where applicable, notified to the Health and Safety Executive or local child protection agencies in line with our Recording and Reporting of Accident and Incidents Policy.
The client or parent (if a child) sign all accident reports and a copy given.
The director will review all accidents, to see if a pattern is emerging and further risk assessments need to update or created.
When at another agencies premises, staff should be aware of the first aid procedures for that organsation.

Medical Needs

We encourage clients to notify us of any relevant medical needs, which could impact on their session. We ask them what needs to be done and keep a record of this. Staff working with this client need to be informed of any support needed. Staff cannot administer medication, but we can put it into their hand so they can self-administer.
For online sessions, we require the name and contact details for an emergency contact, who can be contacted if someone has an episode or is taken ill online. In an emergency, the emergency contact will be contacted, or if there is an immediate risk an ambulance will be called. The DSL must be informed when emergency procedures are implemented.

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Medical Needs cont.

We also require clients to inform us, if they have a condition that could be triggered by prolonged screen time, lights or photo sensitivity.
A risk assessment must be undertaken, to ensure appropriate action can be taken.

First Aid Procedures

We follow the guidelines of the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) for the reporting of accidents and incidents.
We keep an accident book which:

- Is kept in a safe and secure place.
- Is accessible to our staff and volunteers, who all know how to complete it.
- Is reviewed at least quarterly to identify any potential or actual hazards or patterns local child protection agencies are informed of any serious accident or injury to a child, or the death of any child, while in our care and we act on any advice given by those agencies.

Any food poisoning affecting two or more children or adults on our premises is reported to the local Environmental Health Department.
We meet our legal requirements in respect of the safety of our staff and the public by complying with RIDDOR.
We report to the Health and Safety Executive (HSE):

- Any work-related accident leading to an injury to a member of the public (child or adult), where hospital treatment is required.
- Any work-related accident leading to a specified injury to one of our staff. Specified injuries include injuries such as fractured bones, the loss of consciousness due to a head injury, serious burns or amputations.
- Any work-related accident leading to an injury to one of our staff which results in them being unable to work for seven consecutive days. All work-related injuries that lead to one of our staff, being incapacitated for three or more days are recorded in our accident book.
- When an staff suffers from a HSE reportable occupational disease or illness.
- Any death, of a child or adult, that occurs in connection with a work-related accident.
- Any dangerous occurrences. This may be an event that causes injury or fatalities or an event that does not cause an accident, but could have done, such as a gas leak.

Information for reporting incidents to the Health and Safety Executive website. Any dangerous occurrence is recorded in our incident book.

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Reporting Accidents and Incidents

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All incidents are reviewed internally, the aim is to minimise future risks and avoid the incident being repeated.

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COSHH

AEMHF implement the current guidelines of the Control of Substances Hazardous to Health Regulations (COSHH).
We keep a record of all substances that may be hazardous to health – such as cleaning chemicals, or gardening chemicals if used and where they are locked away and stored.
COSHH risk assessments for all chemicals used in AEMHF, stating the risks and what to do if they have contact with eyes or skin or are ingested are kept and monitored regularly.
We keep all cleaning chemicals in their original containers and do not use chemicals which do not have a COSHH assessment. Chemicals used are kept to a minimum in order to ensure health and hygiene is maintained.
Environmental factors are considered when purchasing, using and disposing of chemicals. All members of staff are vigilant and use chemicals safely.

No Smoking Policy

We operate a strict no smoking policy, signs are displayed around the building and all staff, parents and volunteers are made aware.

Staff who smoke do not do so during working hours, unless on a break and off the premises. They must ensure their clothing does not smell of smoke to minimise the impact of passive smoking.

Staff who smoke during their break make every effort to reduce the effect of the odour and lingering effects of passive smoking for children and colleagues.

Under no circumstances must a member of staff be in sight of a client whilst they are smoking.

If a member of staff persistently doesn't follow these guidelines, our disciplinary procedures will be instigated.

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Intruder Policy

Anybody seeking to enter the building, must be checked and sign into the visitor book. Anyone who is found on site and is not authorised to be there, will be asked to leave, if they fail to leave staff should phone the police and notify DSL.
Intruders posing a safety hazard/unwanted Intruder

- Politely greet the intruder, identify yourself and ask the purpose of their visit. Ideally another member of staff should be close by, to secure the door and for support if needed.
- Explain that all visitors must sign in.
- It the intruder becomes agitated and refuses to leave the building peacefully endeavour to calm the person whilst trying to gain the attention of your staff member to call the police.
- If the caller will not leave, staff should lock themselves and clients in a secure area away from all windows. They will stay there until the police arrive.
- If the person leaves before the police arrive do not attempt to detain them.
- If the person does not leave before the police arrive. Explain to the officers what has happened, so they can deal with the intruder and find a cause for arrest.
- Remember to log the incident with DSL.
- DSL and CEO will review security measures following the incident.

Procedure if: Intruder is armed

- All staff present will be alerted, and the police contacted immediately.
- Staff and clients must seek a safe area, lock the door and keep away from any windows. Keep away from glass or flammable substances. Remain out of view, keep quiet and move furniture to create a barrier if safe to do so. Alert the police as soon as you can phone without being overheard.
- They will stay there until the police arrive and tell them it is safe to leave the room.
- If the intruder shows a weapon try to remain calm do not try to disarm them, reassure them that it is not necessary for them to use it.
- Once the police arrive, make them aware of where the intruder is and any weapon you may have seen describing the intruder and reporting anything relevant the intruder may have said.
- All staff and clients should remain where they are unless directed otherwise by the police.
- Incidents should be recorded, notified to DSL.
- DSL and CEO will review security procedure reviewed and updated.

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Procedures at other Agency Premises

Staff must be made familiar with the agency's arrangements. They should follow the agencies procedures and report the incident to AEMHF DSL as soon as possible.

Monitoring and Reviewing

AEMHF will monitor and review this policy to make sure the aims of the policy are being achieved. This will be undertaken annually by the CEO.

Staff are encouraged to feedback any observations and comments.

This Policy will be reviewed every 3 years unless:

- Changes in legislation and guidance on the protection of children or adults at risk.
- Significant changes within AEMHF.
- Following recommendations about an incident or near miss.

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ARTHUR ELLIS
CHARITY NUMBER 1207350

THE ARTHUR ELLIS
MENTAL HEALTH FOUNDATION