



HEALTH AND SAFETY POLICY

09/26

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Introduction

Castle Farm Countryside Classroom (CFCC) takes the maintenance of Health and Safety extremely seriously as a matter of both legal and moral importance. All staff will be familiarised with the provisions contained within this policy as part of their induction and be expected to act in accordance with them at all times.

CFCC aims to ensure the health, safety and welfare of all staff, children, visitors, and other individuals who may be affected by our activities and actual existence. CFCC will comply with applicable health and safety legislation and relevant statutory guidance, including the Health and Safety at Work etc. Act 1974, the Management of Health and Safety at Work Regulations 1999 and the Workplace (Health, Safety and Welfare) Regulations 1992, together with relevant Approved Codes of Practice (ACoPs) and guidance. Legislation and guidance will be reviewed regularly to ensure this policy remains current.

KEY HEALTH AND SAFETY LEGISLATION AND GUIDANCE

- Health and Safety at Work etc. Act 1974.
- Management of Health and Safety at Work Regulations 1999.
- Workplace (Health, Safety and Welfare) Regulations 1992 and HSE Approved Code of Practice L24.
- Health and Safety (First-Aid) Regulations 1981 and HSE guidance L74 (current guidance, including 2024 amendments).
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR), as amended.
- Provision and Use of Work Equipment Regulations 1998 (PUWER).
- Personal Protective Equipment at Work Regulations 1992, as amended.
- Manual Handling Operations Regulations 1992.
- Work at Height Regulations 2005.
- Control of Substances Hazardous to Health Regulations 2002 (COSHH), where applicable.
- Electricity at Work Regulations 1989, where applicable.
- Regulatory Reform (Fire Safety) Order 2005, as amended, and applicable fire safety legislation and guidance.
- Department for Education statutory guidance on allergy safety in schools (published 6 July 2026), where applicable to CFCC's commissioned education provision.
- Department for Education statutory guidance Supporting pupils with medical conditions at school (current published guidance), where applicable and where CFCC is acting on behalf of a placing school or authority.

The session leader and staff will always strive to go beyond the minimum statutory standards to ensure that health and safety remains the priority.

The steps below will be actioned as a matter of course:

- Create an environment that is safe and without mitigated risk to health.
- Prevent accidents and cases of work-related ill health.
- Use, maintain, and store equipment safely.
- Ensure that all staff are competent in the work in which they are engaged.
- CFCC will ensure that adequate arrangements exist for the following:

- Monitoring the effectiveness of the Health and Safety policy and authorising any necessary revisions to its provisions.
 - Providing adequate resources
 - Providing adequate health and safety training for all staff.
 - Ensuring that all accidents, incidents, and dangerous occurrences are adequately reported and recorded (including informing the Health and Safety Executive, and Ofsted, where appropriate).
 - Reviewing all reported accidents, incidents and dangerous occurrences, and our response, to enable corrective measures to be implemented.
 - The session leader is responsible for the day-to-day implementation, management of the Health and Safety policy.
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- The session leader will ensure that:
 - Regular safety inspections are carried out and the reports accurately logged.
 - Any action required as a result of a health and safety inspection is taken as rapidly as possible.

In order that sessions at CFCC may be run safely, the management team will:

- Ensure all staff are adequately trained to fulfil their role within the Health and Safety policy. Staff are responsible for ensuring that the provisions of the Health and Safety policy are always adhered to.
- Ensure that at least one appropriately qualified first aider is on-site.
- Establish and maintain a safe and healthy environment by:
 - Establishing, maintaining, and evaluating appropriate procedures, policies and risk assessments.
 - Ensure the provision of sufficient information and instruction for all adults so that they can contribute to their own health and safety and that of the children they are working with.
 - Establish and be utterly familiar with, all emergency procedures including the reporting and recording of procedures.
 - Ensure that risk assessments and pre-site visits take place before children are permitted on to the site.
 - Ensure alternative plans are in place should a planned activity be compromised by health and safety concerns.
 - Ensure that any Volunteers are aware of their responsibilities towards the children.
 - Investigate any accidents and use information gathered to inform future risk assessment and policy making.
 - Teach all members of the party to maintain their own and others health and safety by involving them in the risk assessment process at appropriate opportunities.
 - Maintain the appropriate adult-child ratio.
 - Ensure that safety equipment is in good working order and is used appropriately. A designated member of the team will assume responsibility for the maintenance of the First Aid Kit, Kit Bag(s) and any tools brought into the CFCC.

Responsibilities

Responsibilities of the session Leader.

- To plan and lead their own activities

- To ensure that planned activities are within the capabilities of the children taking part, amending plans to provide an inclusive curriculum in its broadest sense.
- To take responsibility for behaviour during sessions (see Behaviour Policy)
- To have an up to date First Aid qualification
- To carry out daily and dynamic risk assessments
- To ensure all CFCC policies are regularly reviewed and that review is informed by observations and developing knowledge of the CFCC setting

Responsibilities of Accompanying Staff and Volunteer.

- To take an active role in CFCC activities and assist with any behaviour issues within the group (see Behaviour Policy)
- To assist with the session leader in ensuring equipment meets safety standards and to report any concerns about the state of equipment immediately.
- To assist the session leader in teaching children to maintain their own and others' health and safety.
- To report accidents or hazards to the session leader immediately
- To take responsibility for making themselves aware of safety issues, such as the whereabouts of the first aid kit
- To provide their own suitable outdoor clothing and footwear
- To take personal responsibility for their own safety as well as the safety of others
- To listen to and follow safety information given to them.

Risk Management and Benefit Analysis

CFCC aims to develop children's self-esteem, independence, and motivation to learn in a safe environment. The session leader will therefore be responsible for conducting appropriate site and activity risk assessments prior to each session. A five-step approach is adopted whereby the following steps are taken:

- Identify hazards and risks.
- Decide who may be harmed and how.
- Evaluate the risks and decide if existing controls are adequate or whether more should be done.
- Record findings, including daily amendments to standing risk assessments based on site visits and observations.
- Review assessments on a regular basis.

Participants, including staff and volunteers, will be informed of potential hazards and methods of working to minimise their risk further. When possible, all participants will be involved in the risk assessment process as part of their learning.

Particularly in relation to the use of hand tools and management of fire, participants will be taught appropriate and adequate skills to keep themselves safe.

Managing Risk

Our aim is not to eliminate risk but to weigh up risks and benefits. All clients/children are given a tour of the site and informed of the associated risks. The importance of allowing children to learn over time to risk assess for themselves based on knowledge of the site is discussed.

Allowing and promoting individual risk and benefit assessments for activities and the use of the woodland develops self-awareness, self-regulation, social skills, self-motivation, and empathy.

Dynamic Risk Assessments

Dynamic risk assessments are made throughout sessions on various things including weather conditions, behaviour of participants and a participant's ability to carry out an activity. These assessments are based on the knowledge and experience of the session leader and often discussed with other staff and the individual it concerns.

Any unanticipated activity or changes to activities or approach are recorded in observations and inform subsequent planning. Changes including unforeseen benefits are added to activity risk/benefit assessments which are working documents.

FIRE AND EVACUATION PROCEDURE OVERVIEW

All new staff are familiarised with the fire and evacuation procedures. Each member of staff should therefore understand and be able to operate the Fire and Evacuation Procedures outlined below. Planned and unplanned fire drills are held throughout the year. All children must be familiarised with the fire and evacuation procedure at an early stage after their admission. This is the responsibility of the Directors of the CFCC.

A Fire Drill will be carried out without warning from time to time. All occupants on site of the CFCC must attend the assembly point in the event of a fire or drill. Practice evacuations may incorporate a simulation scenario requiring staff to respond to differing situations similar to those encountered in real time.

All other alarms must be regarded as the real thing.

First time visitors to the provision must be told of the evacuation procedure.

If a fire is not visible but the alarm sounds, the building should be evacuated as described and the Directors or session leaders will then decide upon procedures to ascertain the source of the alarm.

It is the duty of ANYONE discovering a fire to operate the nearest emergency horn. A dynamic risk assessment as to whether prompt action with a fire-fighting appliance to immediately extinguish the fire whilst it is still small should be undertaken.

HOWEVER, STAFF SHOULD NOT UNDER ANY CIRCUMSTANCES FEEL OBLIGED TO FIGHT A FIRE AND RISK THEIR OWN SAFETY.

The only circumstances under which the Fire Brigade would not be called would be that there was immediate and incontrovertible first-hand evidence that it is a false alarm, or the fire source has immediately been controlled.

FIRE AND EMERGENCY PROCEDURE CONTINUED

It is the duty of all session leaders to carry out the procedures for emergency fire situations.

The Health and Safety Committee (All Directors of CFCC) assign six fire drills each year, with one early morning and one at dusk hour's drill (usually in winter). The fire log maintained at the CFCC contains all records related to fire health and safety, with training included during staff induction, and subsequent training for existing staff on an annual basis.

It is the duty of all members of staff to carry out the procedures as laid out in the Fire and Evacuation Procedure:

Following the evacuation procedure a roll call will be taken in respect of those recorded/known to be at the CFCC site. Relevant sources for this information are:

- Fire Roll Call List
- The Visitors Book

During Session times/opening Hours:

- The Directors, or in their absence the most senior session leader, will ensure that all personnel, (staff, visitors and students) at the CFCC, make their way to the assembly area (near gate CFCC Carpark)
 - The most senior adult will ensure the visitors' book is taken to the assembly point.
 - The Most senior adult will take the roll call list attached to the Fire Procedures clipboard, together with any other relevant sources of information and conduct the complete roll call.
- During emergency drill procedures, key adults who are assigned specific students for the day will assume responsibility for their assigned students throughout the entirety of the drill process. These designated adults will ensure the safety and well-being of their assigned students, providing guidance and support as needed to ensure a smooth and efficient execution of the emergency drill. Their role is crucial in maintaining order, calmness, and adherence to safety protocols during the drill, prioritising the welfare of the students under their care.

Review of Emergency Procedures

The CFCC Directors will arrange for a regular review of the emergency procedures and the provision of first aid training.

St Olaves

At St Olaves Village Hall, we will undertake our own fire drills. The Health and Safety Committee (All Directors of CFCC) will assign six planned fire drills each year, with one early morning and one at dusk hour's drill (usually in winter). The fire St Olaves log maintained at the village hall, contains all records related to fire health and safety, with

training included during staff induction, and subsequent training for existing staff on an annual basis.

It is the duty of all members of staff to carry out the procedures as laid out in the Fire and Evacuation Procedure:

Following the evacuation procedure a roll call will be taken in respect of those recorded/known to be at the CFCC site. Relevant sources for this information are:

- Fire Roll Call List
- The Visitors Book

During Session times/opening Hours:

- The Directors, or in their absence the most senior session leader, will ensure that all personnel, (staff, visitors and students) at the village hall, make their way to the assembly area (main car park as signposted)
- The most senior adult will ensure the visitors' book is taken to the assembly point.
- The Most senior adult will take the roll call list attached to the Fire Procedures clipboard, together with any other relevant sources of information and conduct the complete roll call.
During emergency drill procedures, key adults who are assigned specific students for the day will assume responsibility for their assigned students throughout the entirety of the drill process. These designated adults will ensure the safety and well-being of their assigned students, providing guidance and support as needed to ensure a smooth and efficient execution of the emergency drill. Their role is crucial in maintaining order, calmness, and adherence to safety protocols during the drill, prioritising the welfare of the students under their care.

EMERGENCY RESPONSE BAGS

In the event of a young person going missing, there are emergency response bags available in the barn for adults to use. These contain a first aid kit, high visibility jackets, a torch and a foil survival blanket.

PROVISION OF FIRST AID

CFCC will undertake a first aid needs assessment and provide adequate and appropriate first-aid equipment, facilities and personnel in accordance with the Health and Safety (First-Aid) Regulations 1981 and current HSE guidance. At least one appropriately trained first aider will be available on-site during sessions, subject to the needs assessment and staffing arrangements. Staff will be informed of first-aid arrangements and relevant training will be recorded.

Records of Training will be kept as a central record as well as individually on staff files together with relevant Certificates.

First Aid boxes must contain the following:

ONE guidance card

TWENTY assorted individually wrapped sterile adhesive dressings

TWO sterile eye pads with attachment

SIX individually wrapped triangular bandages

SIX safety pins

SIX medium sized individually wrapped sterile unmedicated wound dressings

TWO large sterile individually wrapped unmedicated wound dressings

THREE extra-large sterile individually wrapped unmedicated wound dressings.

First Aid boxes are to be found in the following locations:

Main Barn/office

Second Barn

Sensory Room

Go-bags

Staff Vehicles

St Olaves Village Hall (Main Hall)

A named person and a named back up person will be responsible for the systematic checking and replenishment of First Aid boxes. This takes place at a minimum frequency of every half term.

Accident Book

Should an accident occur, it is the responsibility of the supporting staff member to complete the Castle Farm accident book. There is student book as well as staff. We should consider the following when completing the form.

1. ****Accuracy****: Ensure that all details recorded in the accident book are accurate and factual. Include the date, time, and location of the accident, as well as the names of those involved.

2. ****Details of the Incident****: Provide a clear and concise description of the accident, including what happened, how it occurred, and any contributing factors.

3. ****Injuries****: Document any injuries sustained as a result of the accident, including the nature and extent of the injuries.

4. ****Witnesses****: Record the names of any witnesses to the accident, as their statements may be valuable for investigation purposes.

5. ****Actions Taken****: Note any immediate actions taken following the accident, such as administering first aid or contacting emergency services.

6. ****Parent/Guardian Notification****: Ensure that parents or guardians are informed of the accident and provide details of how they were notified.

7. ****Follow-up****: Document any follow-up actions required, such as monitoring the individual's condition, seeking medical attention, or implementing preventative measures to avoid similar accidents in the future.

8. ****Signatures****: Obtain signatures from the person involved in the accident, witnesses, and the staff member completing the accident report to confirm the accuracy of the information recorded.
9. ****Confidentiality****: Maintain confidentiality and ensure that the accident book is stored securely to protect sensitive information.
10. ****Review and Analysis****: Directors will regularly review accident reports to identify any trends or patterns that may indicate underlying safety issues that need to be addressed.

By considering these factors when filling out the accident book, we can ensure that accurate and detailed records are maintained, facilitating appropriate responses to accidents and promoting a safe environment within our setting.

Once completed, staff should send a copy to the Operational Director as soon as practicable.

Near Miss Log

When completing the near miss log in our setting, consider the following important factors:

1. ****Description of Near Miss****: Provide a detailed description of the near miss incident, including where and when it occurred, the individuals involved, and the circumstances surrounding the event.
2. ****Nature of the Hazard****: Identify the hazard or potential risk that led to the near miss and describe how it was identified.
3. ****Consequences****: Document the potential consequences that could have resulted from the near miss if it had escalated into an actual incident.
4. ****Actions Taken****: Outline any immediate actions taken to address the near miss, such as removing the hazard, notifying relevant staff, or implementing preventive measures.
5. ****Contributing Factors****: Identify any contributing factors that led to the near miss, such as environmental conditions, equipment issues, or human error.
6. ****Witnesses****: Record the names of any witnesses to the near miss and document their observations or statements regarding the incident.
7. ****Follow-up Actions****: Describe any follow-up actions planned or implemented to prevent similar near misses from occurring in the future, such as additional training, equipment maintenance, or changes to procedures.
8. ****Staff Training****: Note if any additional training or guidance is required for staff members involved in the near miss incident to prevent similar occurrences.
9. ****Review and Analysis****: Directors will regularly review near miss reports to identify trends, patterns, or recurring hazards that may indicate underlying safety concerns that need to be addressed.

10. ****Confidentiality****: We must maintain confidentiality and ensure that the near miss log is securely stored to protect sensitive information and promote a culture of reporting without fear of reprisal.

By considering these factors when completing a near miss log, we can effectively capture and address potential safety hazards and risks in our setting, ultimately enhancing safety protocols and preventing future incidents.

Once completed, staff should send a copy to the Operational Director as soon as practicable.

ADMINISTRATION OF MEDICINES POLICY STATEMENT

INTRODUCTION

“The medical and nursing professions use the word “drugs” to refer to medicines – substances that can cure or arrest disease, relieve symptoms, ease pain and provide other benefits” (British Medical Association)

- It is the responsibility of the duty manager/directors or trained staff to administer prescribed medication, this may be in relation to:
- cases of chronic illness or long-term complaints, such as asthma, ADHD, diabetes or epilepsy.
- cases where children are suffering from a short-term illness and are receiving a course of prescribed medication such as antibiotics.

THE MANAGER’S RESPONSIBILITY

The Manager/directors will ensure all staff are aware of the CFCC policy and practice with respect to the administration of medicines. In the case of children with known medical problems, staff who come into contact with that child will be made aware of the precautions that need to be taken and the procedure for coping with an emergency. The Manager/directors and staff will do what a “reasonable parent” would do in the circumstances prevailing at the time.

CFCC Manager/Directors will ensure that a named person is responsible for medicines. This member of staff will be suitably trained to undertake the responsibility for the safekeeping, administration and control of medications, Knowledge relating to the management and administration of medicines will be reviewed annually by the directors and extra training provided if necessary. This is delegated on a day-to-day basis to the manager/directors.

All staff that hold the responsibility of dispensing and administering medications shall be appropriately trained, and ongoing records are kept on their staff file and as part of a general training record.

Once trained, staff are responsible for their own practise.

A clear written statement of each establishment's organisation and arrangements for the administration of medicines will be given to schools, parents/carers and placement authorities, including a statement of their responsibilities and how to make a request for medicines to be given.

THE PARENT'S RESPONSIBILITY

Within the admission procedure there is an indemnity, letter of consent for parents/carers to allow for the administration of prescribed medication or emergency first aid.

If the parents refuse to sign an indemnity, the CFCC directors will make it clear to the parents (in writing) that they are acting in loco parentis and that the staff are therefore, entitled and obliged, in an emergency, to take whatever action they think best in the light of the facts known to them at that time. Parents and referring parties will be informed **without delay**.

GUIDELINES

MEDICATION CONSENT, STORAGE AND RECORDING

CFCC will only administer or supervise medication where there is appropriate written consent and clear written instructions from the parent/carer and/or prescribing healthcare professional, as applicable. Medication should be supplied in its original labelled packaging and must be in date. Staff must check the identity of the young person, the medication, dose, route and timing before administration and record every dose given. Medication must be stored securely but remain readily accessible where it may be required urgently.

NON-PRESCRIPTION MEDICINES AND CALPOL (PARACETAMOL)

Where appropriate, CFCC may administer Calpol (paracetamol) or another suitable non-prescription paracetamol preparation to a young person where this has been agreed in advance by the parent/carer and is permitted by the young person's individual medical arrangements. This will be treated as an exception rather than routine first aid. Parents/carers must provide the medication in its original packaging, with the young person's name clearly identified, and provide written consent and clear instructions. Staff must follow the product's current age/weight-appropriate instructions and must not exceed the stated dose or frequency.

Before giving Calpol, staff must establish, as far as reasonably possible, whether the young person has already received paracetamol or another medicine containing paracetamol. If the timing or dose of a previous dose is uncertain, staff must not administer an additional dose until the matter has been clarified with the parent/carer or an appropriate healthcare professional. Calpol must never be given alongside another paracetamol-containing medicine where this could result in an excessive dose. Every

administration must be recorded, including the time, dose and member of staff, and the parent/carer should be informed on the same day.

CFCC will not use a general supply of Calpol to treat young people without appropriate individual consent and information. Where a young person is unwell, staff will also consider whether the young person should remain at CFCC, be collected, or receive medical advice. If there is any concern about the young person's condition, staff will seek appropriate medical advice rather than relying on paracetamol to manage symptoms.

ALLERGY SAFETY AND BENEDICT BLYTHE LEGISLATION

The Children's Wellbeing and Schools Act 2026 introduced statutory allergy-safety duties in England. Section 34, which inserts sections 100A and 100B into the Children and Families Act 2014, came fully into force on 1 September 2026 for the relevant schools. The Department for Education published Allergy Safety in Schools statutory guidance on 6 July 2026. These measures are sometimes informally referred to as 'Benedict's Law' in recognition of Benedict Blythe. CFCC will align its arrangements with the 2026 statutory guidance where applicable and with the requirements of the placing school or authority. CFCC will maintain a separate Allergy Policy which sets out the detailed arrangements for allergy prevention, awareness, individual healthcare plans, emergency response, training, incident reporting and review.

All staff who may supervise young people will receive appropriate allergy awareness and emergency response training. Staff must know how to recognise the signs of anaphylaxis and what action to take. Individual Allergy Action Plans/Individual Healthcare Plans supplied by the placing school, parent/carer or healthcare professional will be followed.

ADRENALINE AUTO-INJECTORS (AAIs) AND ANAPHYLAXIS

Young people who have been prescribed an adrenaline auto-injector (AAI) must have their prescribed device(s) available whenever they are at CFCC, including during outdoor activities and off-site visits. Prescribed AAIs must be readily accessible and must not be locked away where doing so could delay emergency treatment. Where a young person is unable to safely carry their own device, staff will ensure that it remains immediately accessible to the supervising adult.

Where CFCC holds spare, in-date AAIs for emergency use, they will be held and managed in accordance with the current Department for Education allergy-safety guidance, applicable regulations and any commissioning requirements. Spare AAIs are for emergency use where a person is experiencing anaphylaxis, and their own prescribed device is unavailable or cannot be used. They do not replace a young person's prescribed medication.

Spare AAIs will be kept in a clearly identified, known and readily accessible central location. They will be stored in accordance with the manufacturer's instructions, protected from direct sunlight and extremes of temperature, and will not be refrigerated unless the manufacturer's instructions specifically require otherwise. They must not be stored inside a first-aid box or locked away where access could be delayed. Expiry dates and condition will be checked regularly, with checks recorded and replacement arrangements made before expiry.

AAIs supplied as a pair should be kept together and must remain available with the relevant individual healthcare/allergy plan where applicable. During activities away from the normal storage location, prescribed AAIs and any required emergency medication must accompany the young person and remain immediately accessible.

Where anaphylaxis is suspected, staff will follow the young person's Individual Healthcare Plan or Allergy Action Plan and the emergency procedure. Adrenaline should be administered without delay where indicated by the plan or current emergency guidance,

and 999 emergency services must be called. Staff must not wait for symptoms to become severe before taking emergency action. If a second AAI is available and symptoms have not improved or are worsening, staff will follow the individual plan and current emergency guidance regarding a further dose while awaiting the ambulance.

Any use of an AAI suspected anaphylactic reaction, medication error or significant allergy near miss must be recorded and reported to the Directors, the parent/carer and the placing school/authority as appropriate. The incident will be reviewed to identify any changes needed to the individual plan, risk assessment, staff training or CFCC procedures. Detailed allergy arrangements are contained in the separate CFCC Allergy Policy.

For detailed arrangements relating to food allergies, allergen management, allergy action plans and anaphylaxis prevention, staff must also refer to the separate CFCC Allergy Policy.

Long-term illnesses, such as epilepsy or asthma, will be recorded and detailed on the child's risk assessment

Routine prescribed medicines will be stored securely in the designated medication cabinet, unless the individual medication plan requires a different arrangement. Medicines must not be stored in first-aid boxes. Staff medication must not be stored in the CFCC medication cabinet. Emergency medicines, including prescribed inhalers and adrenaline auto-injectors, must instead be stored and carried in a manner that allows immediate access where delay could place a young person at risk, in accordance with the individual healthcare/allergy plan and current guidance.

Controlled drugs are kept in a lockable section of the medication cabinet, so that the controlled drugs are locked behind two doors, with separate keys. This is in line with guidelines on the storage of controlled drugs. When a controlled drug is administered, this needs to be recorded within the controlled medication book in the usual way. Additionally, this needs to be recorded within a controlled drugs book.

The controlled medication book must be signed by both parents and the designated staff member when transferring the medication to us, confirming receipt. If medication needs to be transported during activities or lessons, it will be securely locked in a mobile lockbox. The designated staff member is solely responsible for this process.

In the event of a refusal on the part of a child to take prescribed medication the Manager/Directors as the sole administer, should be aware. in the first instance and if necessary, should inform the directors in order to decide any further action. Any refusal must be recorded, and the medication disposed of appropriately. Parents and the referring party should be informed **without delay**.

Some students with asthma may need their inhaler to be readily accessible rather than stored in the general locked medication cabinet. The individual healthcare plan/risk assessment will specify the required arrangement, and inhalers must accompany the young person during activities and off-site visits.

Where a young person is at risk of anaphylaxis, prescribed AAIs and, where applicable, spare emergency AAIs will be managed in accordance with the separate CFCC Allergy Policy, the individual healthcare/allergy plan, current Department for Education allergy-

safety guidance and manufacturer instructions. Relevant staff will receive appropriate training in recognising anaphylaxis and administering an AAI.

Procedures for safe practice

- Wash hands before and after
 - Be sensitive toward the child
 - Follow guidelines for analgesic medicines
 - For oral medications, ensure that it has been swallowed before signing.
 - Do not physically touch medication; this contaminates it and can also be absorbed into the skin.
 - Pour liquids with the label up.
 - Complete the procedure with one child at a time.
- 1) The correct **drug**
 - 2) The correct **dose**
 - 3) The correct **time**
 - 4) The correct **route**
 - 5) The correct **child**
 - 6) The correct **date**

EMERGENCY PROCEDURES

ILLNESS OR ACCIDENT

If anyone should become ill or suffer injury as a result of an accident the procedures below should be followed:

- First aid should be given, but only as far as knowledge and skill permit. The patient should be reassured and, only if absolutely necessary, removed from danger.
- If circumstances necessitate then one of the directors should be summoned as the 'appointed person' and will take charge of the situation.

All members of staff are trained in first aid.

- (a) Transport to hospital. If an ambulance is required, the emergency "999" service should be used. It may be appropriate in cases of a less severe nature to transport a student or staff to a casualty department by a staff member, after considering staffing levels.
- (b) No casualty should be allowed to travel to hospital unaccompanied.
- (c) Reporting Accidents to children and non-employees. Immediately after the incident every case of injury or accident must be fully and accurately reported on the appropriate accident form and, where possible, detailed statements should be obtained from witnesses. The referring party and parents should be

informed **without delay**. Completed forms should be sent to the referring party as soon as it has been completed.

- (d) Accident forms are monitored by the directors for a second viewing. An accident form must be completed for all accidents to children or members of the public, however minor.
- (e) Reporting Accidents to Employees. For employees only, an entry must be made in the accident book.
- (f) For work-related accidents involving a worker that result in the worker being incapacitated for more than seven consecutive days, the responsible person must report the incident to the enforcing authority within 15 days. Specified injuries to workers and other reportable incidents must be notified without delay in accordance with RIDDOR. Where a reportable incident involves a non-worker, the applicable RIDDOR criteria and reporting deadlines will be followed. The Directors will determine whether a RIDDOR report is required and ensure that records are retained as required.

NO SMOKING POLICY

- Smoking is the single most preventable cause of premature death and ill-health in our society.
- Passive smoking is also potentially fatal. It has been shown to cause lung cancer, as well as many other illnesses, in non-smokers.
- Smoking is a health and Safety issue for all adults who use our establishments: staff and parents.
- Everyone has the right to breath clean air.
- Schools have a major role to play in working towards non-smoking being seen as the norm in society.
- Children need to receive consistent messages and require non-smoking role models within our establishments.

The Company recognises the need to provide a healthy working environment for staff and children and for the best possible example and role model to be given by adults to children/young people on smoking-related matters within and beyond the formal curriculum.

Castle Farm CC is a 'no smoking' environment from the outset, the Company believe it right to take positive steps:

- To provide non-smokers with an environment free of tobacco smoke or vapes
- To encourage children not to start smoking
- To encourage staff and children who do smoke to give up
- Acknowledge the concerns about passive smoking and the example adults can give children; the policy of Castle Farm CC is that smoking should not take place anywhere on site.

Visitors

This smoking policy applies to all visitors to Castle Farm CC. The following arrangements have been made for informing visitors of the policy's existence:

- All visitors will be informed of this policy
- The policy will be referred to in recruitment literature, recruitment interviews, induction programmes.
- All parents/carers and prospective admissions will be informed about the policy.

DRUG ALCOHOL OR SOLVENT MISUSE: RECOGNISING THE SIGNS

Warning Signs

Early detection of drugs misuse is extremely important. If a young person's drug misuse is identified at an early stage, it is easier for action to be taken to prevent his or her further misuse of drugs. Therefore, staff need to be vigilant. Research has shown that first experiments with drugs by young people almost always involve a substance provided by a friend.

Warning Signs in Individuals

- Changes in attendance, and being unwilling to take part in activities
- Decline in performance in school work
- Unusual outbreaks of temper, marked swings of mood, restlessness or irritability
- Reports from parents that more time is being spent away from home, possibly with new friends or with friends in older age groups
- Excessive spending or borrowing of money
- Stealing money or goods
- Excessive tiredness without obvious cause
- No interest in physical appearance
- Sores or rashes especially on the mouth or nose
- Lack of appetite, or bouts of excessive eating
- Heavy use of scents, colognes etc to disguise the smell of drugs
- Wearing sunglasses at inappropriate times (to hide dilated or constricted pupils)

Warning Signs in Groups

- Regular absence on certain days
- Keeping at a distance from other children, away from supervision points (e.g. groups who frequently gather near the gate of a school playground or sports field)
- Being the subject of rumours about drug taking
- Talking to strangers on or near the premises
- Stealing which appears to be the work of several individuals rather than one person (e.g. perhaps to shoplift solvents)
- Use of drug takers' slang
- Exchanging money or other objects in unusual circumstances
- Associating briefly with one person who is much older and not normally part of the peer group

Objects that may indicate Drug Misuse

- Foil containers or cup shapes made from silver foil, perhaps discoloured by heat
- Metal tins
- Spoons discoloured by heat
- Pill boxes
- Plastic, cellophane or metal foil wrappers
- Small plastic or glass phials or bottles
- Twists of paper
- Straws
- Sugar lumps
- Syringes and needles
- Cigarette papers and lighters
- Spent matches
- Plastic bags or butane gas container (solvent abuse)
- Cardboard or other tubes
- Stamps, stickers, transfers or similar items
- Shredded cigarettes, home-rolled cigarettes and pipes (cannabis)
- Paper (about 2 inches square) folded to form an envelope (heroin)

POLICY ON ALCOHOL ABUSE

Castle Farm CC does not permit the use of alcohol on the premises.

Castle Farm CC recognises that alcohol abuse is a health problem. Those who suffer from it are required to recognise their problem and accept treatment and assistance. Castle Farm CC will treat such employees sympathetically and will encourage them to actively seek appropriate help, however at Castle Farm CC our first priority the welfare of our students.

Confidentiality must be observed at all times when dealing with such a sensitive subject and Castle Farm CC expects all staff to observe this requirement.

Objectives of the Policy

- To promote the health and safety of the workforce.
- To promote an awareness of the possible harmful consequences of excessive drinking.
- To encourage employees to seek voluntary advice and assistance.
- To help minimise the need to invoke disciplinary measures.

Application of the Policy

The policy applies to every employee, irrespective of position held and does not

discriminate on any grounds.

Alcohol-related problems may come to light in two ways:

- (a) Employees may choose to seek help voluntarily and may approach colleagues or a Director.
- (b) An employee's colleagues/Director may identify a pattern of deteriorating work performance or more obvious signs of a pattern of alcohol misuse.

Directors need to be alert to the possibility of an alcohol problem among staff. They should identify and monitor poor or deteriorating work performance in terms of work-related problems and know how to act to direct the employee towards professional help as soon as the problem is suspected. Directors/ Managers must maintain strict confidentiality throughout these procedures.

Once an identified pattern of deteriorating work performance is observed. It is essential to maintain a careful and objective record.

Procedure

If a manager suspects an employee of having a problem with alcohol, informal discussions should take place, when the employee may be accompanied by a Trade Union Representative, or other person of their choice. Factors affecting conduct of work performance and the desire to help and guide the employee to treatment should be stated.

- (i) Should employees accept they have a problem and request help or agree to help employees should be advised to contact their own Doctor.
- (ii) Should employees deny they have a problem the factors affecting their conduct or work performance should again be outlined and the desire to help the individual emphasised. If following these discussions, the person accepts a problem exists and requires assistance, then the employee advised to contact his/her doctor as above.

Where there has been a lack of improvement or improvement has not been sustained, further formal discussion will be held, and the matter will then be dealt with under the disciplinary procedure.

Insurance

The CFCC has insurance cover appropriate to its duties under this legislation, including Employer' and Public Liability Insurance. Responsibility will, in most cases, rest with the session leader, but staff will take reasonable care, both for themselves and other people who may be affected by their acts or omissions at work. If the CFCC is held responsible for any incident that may occur, public liability insurance will cover compensation.

FIRE AND EVACUATION **PROCEDURE**

The signal for evacuation of the building is the **Fire Bell/Fire Horn**.

The place of **Assembly** far corner of field 2 (**next to fort car park**)

Upon Hearing the Fire Bell:

Persons in charge of children will lead their group in an **orderly manner** to the assembly point, leaving the building by the **nearest external exit door** away from the fire, closing the door after everyone has passed through it. There must be **no rushing or overtaking** en route to the assembly point and the evacuation should proceed **quietly** in order that any **instructions can be heard**. Everyone on the premises whether visitors, residents, or staff of any discipline will immediately make their way to the assembly point.

It is the duty of ANYONE discovering a fire to operate the nearest Fire Bell/horn. The Fire bell is located outside Barn 2 and horn in Barn 1

Any decision to tackle a low-grade fire in its early stages with internal fire fighting equipment should be made on the basis of an on-the-spot assessment of risk and should not take place if it causes a delay in ringing the Fire Brigade and evacuating the building.

It is the responsibility of the directors to confirm directly with staff whether the Fire Brigade has been alerted. If there is any doubt the directors should immediately ensure that the Fire Brigade are phoned.

No-one must leave the assembly point to recover clothing, books, etc, until permission has been given – in the case of a drill, by the manager or director – in the case of a fire, by the Fire Officer in Charge of the fire.

The following items will be taken to the assembly point by the named persons:

- | | |
|-----------------------|--------------------|
| • Roll Call List | - Manager/director |
| • Visitors' Book | - Manger/director |
| • In/out log/register | - Manager/director |

The manager/directors or other designated member of staff will check all are present and accounted for, using the Roll Call List.

The directors will meet the Fire Brigade.

DO NOT HESITATE IN CARRYING OUT THE ABOVE PROCEDURE

**The safety of all persons on the premises may depend upon
your instant and efficient action.**