

PORTFIELD SCHOOL & SATELLITE CENTRES



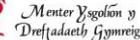
POLICY DOCUMENT FOR FOR HEALTH & SAFETY



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Review of Policy

This policy will be reviewed annually unless changes of circumstances or legislation requires it to be amended earlier.

This policy was adopted by:

Signed: Date:
Headteacher

Signed: Date:
Chair of Governor

Portfield School Mission Statement

Working together Learning together Achieving together

At Portfield School we strive to

- Create a happy, safe, supportive and stimulating learning environment
- Value everyone
- Develop everyone's personal, social, emotional health and wellbeing
- Promote relevant academic and vocational skills
- Meet individual needs through an imaginative and flexible approach
- Enable all learners to achieve their full potential

UNCRC United Nations Convention on the Rights of the Child

- Portfield School places the values and principles of the UNCRC at the heart all policies and practices
- Portfield School is a Rights Respecting School

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1.0 **Statement of Intent**

The policy of the Governing Body and the Headteacher is to maintain safe and healthy working conditions at Portfield School for all staff, pupils and visitors. In preparing this policy the Health and Safety Guide-lines of Pembrokeshire County Council have been taken in to account. All personal data/information maintained in this respect will be held in the strictest confidence in line with relevant legislation.

An annual review of the policy will take place. The Policy will be kept under constant review and reviewed at least annually.

2.0 **Responsibilities**

2.1. **The L E A**

The LEA is responsible for setting out guidelines for the completion of the health and safety policy and informing schools about changes within this policy. The Pembrokeshire County Council health and safety team provide advice on health and safety matters.

2.2. **The Governing Body**

Through the health and safety governors sub group ,the Governing Body is responsible for implementing, monitoring and reviewing and revising the health and safety policy of the school as and when necessary.

The health and safety committee considers reports of inspections/health and safety walkabouts and discusses new regulations received from the LEA or the HSE when they become available.

The committee meetings are held termly and have an agenda, and are minuted. A governor reports regularly at meetings of the full Governing Body. Health and Safety is regularly an agenda item for staff and SLT meetings. The Governing Body is responsible for making recommendations relating to safety. The allocated governor for the Health and Safety Policy is Mr Blakemore.

2.3. **The Headteacher**

Overall responsibility for the health and safety arrangements within the school lies with the Headteacher and in his/her absence with the designated SLT staff member in charge. It is the Headteacher's responsibility to ensure compliance with the LEA policy for health and safety.

2.4. **The Site Manager**

The site manager oversees the day to day health and safety within the schools feeding back to the Headteacher where necessary. Any health and safety issues raised by staff are passed on to the site manager.

The site manager is responsible for the day to day risk assessments within the school.

2.5. **Safety Representative**

Health and Safety committee carry out termly safety inspections. Records of the inspections are discussed at the meetings of the health and safety committee. In addition the Site Manager and caretaking staff carry out weekly checks.

2.6. **Employees Responsibilities**

Under the Health & Safety at Work Act 1994, the Management of Health & Safety at Work Regulations, 1999, employees must:

- Take reasonable care of their own and others' health & safety
- Co-operate with their employer
- Carry out activities in accordance with training and instructions
- Inform the employer of any serious risks

All employees have the responsibility to co-operate to achieve a healthy and safe workplace.

Whenever an employee notices a health and safety problem this should be drawn to the attention of the Headteacher/Site Manager immediately who will investigate the issue.

3.0 **Procedures**

3.1. **Fire Safety**

All exits are marked and kept free of obstructions, good housekeeping is reinforced to all staff.

There are fire extinguishers located at various locations within the school and fire blankets in all cooking areas as well as the main kitchen.

Their location is marked with a red fire sticker, identifying the type of extinguisher. Fire safety equipment is checked monthly by the site manager/caretaker and annually tested by PCC nominated contractor, log sheet is located in the site manager's office.

The Upper School benefits from a full sprinkler system which is regularly tested by the site manager/caretaker and 6 monthly tested by PCC nominated contractor, log sheet is located in the site managers office.

The site manager/caretaker checks the operation of the alarms on a weekly basis, log sheet is located in the site manager's office.

Fire practices are held termly and recorded in the fire logbook. In the event of a fire, all staff and children congregate at the designated assembly points.

Emergency lighting is checked on a monthly basis by the site manager/caretaker and annually tested by PCC nominated contractor, log sheet is located in the site manager's office.

Evacuation Plans

- Termly fire drills are held
- The fire bells/equipment are tested weekly
- Escape routes are clearly marked

- Each room has clear instructions for the evacuation of the building
- Staff have clear guidelines for checking toilets in the building
- The headteacher/site manager/receptionist is responsible for telephoning the police and/or fire service.

Fire Checks

Portfield School will provide a safe and healthy working environment with respect to fire safety in its buildings.

The Site Manager will be responsible for:

- Checking all fire doors are free from obstructions and slip/trip hazards.
- Checking all escape routes are clear
- Checking all fire doors can be opened quickly and easily
- Checking all fire resisting doors close properly
- Checking no fire resisting doors are wedged or propped open
- General housekeeping standards are adequate
- Building generally tidy
- Rubbish and waste materials are not being allowed to accumulate
- There is no storage, especially combustible materials, in unsuitable locations (corridors or electric intake rooms)
- Waste containers stored externally in a secure compound or away from the school building

3.2. **Accidents & Incidents**

We have first aid stations located at both upper and lower school receptions and in Taskers upper school reception, first aid kits are also available within the pool area, nurse's room and all classes have an emergency first aid kit for educational visits. All incidents, accidents, near misses and assaults are recorded and monitored. Notifiable accidents and incidents are recorded and passed to the LEA as appropriate and are loaded on to Pembrokeshire County Council's Evolve system. Regular emergency first aid courses are held for nominated staff.

Phone contact, note in home school book or letters inform parents of any accidents their children have had. Letters are always sent to parents when children have a bump on the head. APPENDIX 1

Plastic, disposable gloves are available and all staff is to use them when dealing with bleeding or other cases of body fluids.

If there is an emergency situation, an ambulance is called to transport a child to hospital. Wherever possible, the parent should accompany their child. If this is not possible, the child is accompanied by a member of staff. In a non-emergency situation, staff can transport a child, but should ensure they have correct insurance cover, otherwise a taxi must be used.

3.3. **Reporting Hazards**

All staff are responsible for reporting hazards. It is then the Headteacher's/site managers responsibility to follow up this report. The health and safety committee monitors the action taken to remedy hazards.

3.4. **Medication**

If a child requires prescribed medicines whilst in school, the parent must complete a health care plan or for short term medicines an Administration of Medicines/Treatment (Form of Consent) which is available from the school office or Nurse. Once completed these forms should be kept in the school office. Or pupils confidential file.

All medication should be stored safely either in the fridge in nurses office or in the designated medical cabinets.

All medication must be administered by a trained member of staff, witnessed and recorded when taken on the appropriate Administration of Medicines/Treatment Form.

Procedures for administration of medication include checking name of child to medication, name of medication to plan/form of consent/record sheet, route and method of administration, dosage, time and frequency of administration.

It is the responsibility of the class teachers to ensure children have access to inhalers/medicines on any off-site visits.

4.0 **Electrical Safety**

All staff are to visually check all equipment before use and report any damage and remove from the area with a notice saying "Fault Do Not Use" site manager/caretaker will check the appliance and write off where necessary.

All electrical equipment is PAT tested annually, no items to be used unless they are PAT tested. Any items which are bought new by the school may be used for a period of one year from date of receipt but should be PAT tested at the next annually testing. Receipts should be logged with the Finance administration assistant who informs the Site manager of required testing date. PAT tester is Pembrokeshire County Council nominated.

Staff should note, particular care needs to be taken with extension leads, to avoid trailing wires. No electrical equipment should be introduced into school from home without the prior agreement of the Headteacher.

5.0 **Control of Substances Hazardous to Health Regulations**

Any substances marked as dangerous are not left in classrooms or other areas accessible to pupils. Staff should check that instructions are followed when using any such substances. No chemicals to be decanted to non labelled pots. The cleaning cupboard is locked during the day and the key kept in the reception.

Material Safety Data Sheets are located in site manager's office and cleaning cupboards.

Teaching staff should note that the use of chemicals in science should be checked with the science co-ordinator or the Headteacher.

Please inform the Headteacher of any additional potential COSHH items that have been brought into school other than those supplied by school.

6.0 **Equipment**

Any equipment in school should be used safely and for its intended purpose only.

It is the responsibility of all staff to ensure that equipment is in good working order and is stored safely. Any faulty equipment should be withdrawn from use and reported to the site manager and stored safely with a note saying Fault Do Not Use. The following points about equipment should be noted:

Staple Guns: These are not to be used by children and must always be stored in a locked drawer or cupboard when not in use.

DT Equipment: Children are instructed in the correct use of this equipment and fully supervised when using tools.

Ladders: Two pairs of ladders are kept in both upper and lower school. Small steps for class use are located in the upper school pool area and in the lower school cleaner's cupboard and larger step ladders for caretaker use are located in both the caretakers cupboard and one large ladder located in the main shed, these are checked monthly. Teachers and helpers are advised to use small step ladders as required and MUST not use chairs to stand on when displaying work.

PE Equipment: All PE equipment and rebound trampoline are inspected annually by an outside PCC nominated contractor. Records are kept of these inspections in the site manager's office.

Ovens & Hobs: Pupils are supported by staff when using ovens/hobs to ensure their safety. Staff to monitor ovens/hobs until they are cool and safe for pupils to be around.

Hoists, Slings & Changing beds: Staff to only use hoists and slings that are fit for purpose and have been checked/serviced by Pembrokeshire County Council nominated contractor. Records are kept of these inspections in the site manager's office.

7.0 **Health and Hygiene**

7.1. **Notifiable and Infectious Diseases**

Details of notifiable diseases and periods of exclusion are kept in the school prospectus.

7.3. **Smoking**

The Governing Body has adopted a no smoking policy within the school building and grounds.

7.4. **Hygiene**

It is the responsibility of the Headteacher/site manager to monitor the cleanliness of the building. This is part of the weekly visual inspection, weekly cleaning check records

All staff are responsible for encouraging good hygiene habits in the children. Particular emphasis is placed on hand washing.

7.5. **Allergies**

Information about children who suffer from an allergy will be stated in their individual Health Care Plan. All staff will be informed of the individuals with allergies. Class teachers are issued with HCP informing of any medical issues concerning children. The school has identified those able to administer adrenaline via an Epi Pen when necessary.

7.6. **Contagious Diseases**

Outbreaks of notifiable diseases will be published to parents and staff immediately they are known to ensure pregnant women are informed. We follow PCC guidance on advice/reporting. If in doubt we contact the school nurse.

7.7. **Head lice**

Incidents of head lice are reported to parents of children in the class where an outbreak has occurred.

7.8. **Legionellosis**

Legionellosis testing is carried out within the school by the site manager/caretaker on a monthly basis as set out and identified by Pembrokeshire County Council. Log book located in the site manager's office.

7.9. **Water Bottles - Bottle Washing – School Guidelines**

1. Drinking water bottles should be washed as part of a daily regime
2. Water bottles should only be used for water
3. It is advisable that water bottles remain in the school (primary) to ensure retention of bottles and an effective cleaning regime.
4. Water bottles must be washed using a dishwasher or by hand daily.

Hand Washing

Bottle to be washed in hand hot soapy water and then rinsed to remove traces of soap.

Bioguard

Once a month bottles can be washed in bioguard. Bottles to be dipped into the solution, emptied and allowed to dry overnight.

5. Only bottles designed for re-use should be allowed for use in schools. A captive top is preferred. Children should have their own name bottle. All bottles have a limited life and need to be replaced when necessary

6. Once bottles haven been washed they should be refilled prior to the start of the academic day for the use of the children.

7. Bottle washing in secondary age classes can be the responsibility of parents, pupils and carers. The same methods can be employed and advice given.

8.0 **Manual Handling**

Children who require manual handling by an adult should have the required Manual Handling Plan – Appendix 1.

9.0 **First Aid & Medication**

Portfield School Health and Safety Policy

Procedure for	Meeting Pupils' Health Needs
	Individual Health Care plans
Purpose	To define the actions to be taken to ensure that pupils' medical needs are identified and planned for

9.1 **Process**

When drawing up Health Care Plans, the following people should be involved in the process:

- The Headteacher
- The parent or guardian
- The class teacher
- The Learning Support Assistant where appropriate
- The School Nurse
- Health Care professionals - the School Doctor as appropriate

At the school admissions meeting, many of the key people listed above will generally be present. At this meeting it will be explained to the parent/guardian that a Health Care Plan is required and its purpose will be outlined. The School Nurse will then meet the parent or guardian in order to complete the Health Care Plan proforma. If the school nurse is not available the Headteacher will discuss the proforma and the parents will complete the information with the Secretary. In many cases, this can happen immediately after the admissions meeting. The school doctor makes an appointment to see the pupil and will discuss the pupils health needs with the parents. When the health care plan is completed it will be signed by the Headteacher, the class teacher and the parent/guardian. In addition, where the pupil requires the administration of buccal midazolam or rectal valium or other medication, detailed guidelines will be drawn up with the parent/guardian for its administration. (See attached proforma).

All Individual Health Care Plans which includes administration of medication will remain as draft documents until signed by the School Doctor.

Any agreed procedures, once finalised, will be recorded, signed and copied to all parties involved in their production (School Doctor/Nurse).

The Health care plan is reviewed annually unless there are changes to the child's medical needs in which case the plan is amended as soon as information is provided by the parents. The Secretary monitors the review process. The review usually takes place at the child's annual review of the statement . All alterations to plans will be recorded and signed as above.

A copy of the child's health care plan is kept with the class teacher and a copy in the child's main file. This document is treated as confidential but will accompany the child on all outside of school visits and if an emergency occurs to the hospital.

The production of an Individual Health Care Plan may reveal the need for:

- School staff to have further information about a medical condition or specific training in administering a particular type of medication or dealing with emergencies.

It is the responsibility of the School Nurse to:

- Advise the Headteacher of the need for additional training for particular individuals or for specific procedures;

It is the role of the Professional development /Inset Co-Ordinator to:

- Maintain staff training records.
- Organise an ongoing programme of training in liaison with the Headteacher and relevant Health Care professionals.

Portfield School Health and Safety Policy

Procedure for:	Meeting Pupil's Health Needs
	The administration and recording of medication
Purpose	To define the control of medication

The information detailed below is based upon the issues identified in the Welsh Office document "Supporting Pupils with medical needs: A good practice Guide", December 1997 and the LEA guidance for the Administration of medicines in Educational Establishments.

9.2 **Parental consent**

Medication, including non-prescription medication, can only be administered with the written consent of parents/guardians. It is the responsibility of the parents to provide the school with clear and up-to-date instructions in regard to the administration of medication. This is contained in the health care plan or a consent form is completed for medication that is to be administered for short periods of time. The HC plan or form provides written details of the name of the medication, the dosage, the method of administration, the time and frequency of administration, other treatment and any side effects as relevant. Forms should always be signed by the parent or guardian. If parents write in the home school book the above information should be supplied or the class teacher contacts the parent to ascertain this information.

All medication must be administered by a trained member of staff, witnessed and recorded when taken on the appropriate Administration of Medicines/Treatment Form.

Procedures for administration of medication include checking name of child to medication, name of medication to plan/form of consent/record sheet, route and method of administration, dosage, time and frequency of administration. Parents are responsible for notifying the school of any changes in medication details – dosage, time to be given etc.

9.3 **Transfer**

Medication is to be transferred to school via the escort/parent. All medication should be marked with a pharmacy label which includes the child's name, the name and dosage of the drug, the frequency of administration, and the expiry date.

Under NO circumstances should ANY medication be given to children to carry, neither should it be placed in their bags. In exceptional circumstances where pupils administer their own medication then these pupils will carry their own medication as agreed with parents.

9.4 **Storage**

Medication is to be handed to the Class teacher on arrival at school. It should be in its original container and appropriately labelled. In school, it will be

stored in a lockable facility close to classrooms or in the fridge in the nurse's room.

9.5 Access to Medication

Medication and records relating to the administration of medicines are kept locked in the Medical Cabinet. The class teacher is the designated key holder during the day. In their absence a designated member of Support Staff will hold the key for each class.

Staff other than the School Nurse cannot be required to give medication. However, they can volunteer to do so. Where staff are willing to give medication, the Headteacher will seek to ensure that they are provided with appropriate training to do so.

At the present time of writing Portfield has the service of two part time specialist school nurses. This time is not wholly spent on the premises.

Medication is currently administered mainly by school staff.

9.6 Recording of medication

Although there is no legal requirement for schools to keep records of medicines given to pupils, in Portfield School, it is considered good practice for staff to complete and sign individual records. The recording of medication is primarily the responsibility of the designated member of staff in each class. Where administered by a member of staff other than the nurse, a second member of staff should witness, ensuring all checks are made as if they are giving the medication, taking particular note that the dosage given is correct. When recording the administration of medication, a note should be made on the appropriate form of the time and dosage given and both members of staff should sign. If there has been any change to the time of the dose for any reason this should be reported to parents in the Home School Book.

9.7 Recording of first aid treatment

Any first aid treatment given to adult or child is recorded in the book at the first aid station. A slip is also completed and sent home to the parent of the child.

9.8 Educational Visits

The school follows procedures which comply with LEA guidance on educational visits. The following additional measures are also taken:

Each class has an emergency 'out-of-school pack' consistent of a small rucksack containing:

- A mini first-aid kit,
- Risk Assessment,
- Pupil's Health Care Plans.

Before going out of school the following action will also be undertaken:

- Parental permission agreed
- Any medication (in an appropriate marked container) required by individual pupils will be collected from the Medical Cabinet and will accompany them on the visit (these should be added to the out-of-school pack).
- Any portable equipment and/or accessories which may be required (for instance oxygen, disposable gloves) will also be collected and taken with the pupil.
- A mobile phone will be collected from the office and added to the out-of-school pack-its number noted on the risk assessment form given to the Headteacher **or SLT member**. Identified members of staff, who have received appropriate first-aid training, are responsible for accidents and emergencies. Administration of gastro-feeding for the duration of any educational visit is the responsibility of appropriately trained staff.

9.9 **Disposal of Medicines**

The designated member of staff in each class is responsible for sending all medicines back to parents at the end of the Summer Term via the escort or parent. Medicines should be checked for date when received from parents so that there is always appropriate medication available for a pupil. **The designated staff member should inform parents to replace out of date medication so that there is always in date medication in school.** Out of date medication should also be sent home in the same way.

Portfield School Health and Safety Policy

Procedure for	Meeting pupils Health Needs
	When a pupil becomes unwell in school
Purpose	To define the action to be taken when the pupil becomes unwell

1. Any member of staff who notices that a pupil appears to be unwell, should inform the class teacher.
2. The Class teacher should send a member of staff to contact the first-aider or School Nurse if on site.
3. The School Nurse or first-aider will decide on the course of action to be followed with the Class teacher.

(See procedure for deciding on appropriate action in the event of a medical incident/emergency)

Portfield School Health and Safety Policy

Procedure for	Meeting Pupils Health Needs
	Dealing with an Epileptic Fit in school
Purpose	To define the actions to be taken when a pupil has an epileptic fit in school

If a pupil has an epileptic fit, the following procedure should be followed:

- Ensure the pupils safety,
- Maintain the pupil's airway,
- Place in the recovery position,
- Cushion the pupil's head,
- Be quietly reassuring.

Where a pupil is known to have epilepsy and the pupil requires rectal diazepam, or buccal medazilan then guidelines for their administration will be set out in the pupils individual Health Care Plan. This will be known to staff. In such cases the agreed guidelines should be initiated and followed.

If staff are in any way concerned that the fit is outside the norm for that pupil and in every case where the fit has lasted for three minutes, then the procedure for summoning help in school should be initiated. This procedure should also be followed for any pupil whose Health Care Plan states that help should be summons immediately.

Where rectal diazepam or buccal medazilan has been or is considered to be required a member of staff should dial 999 and follow the procedure stated under action in an emergency .

Portfield School Health and Safety Policy

Procedure for	Meeting Pupils' Health Needs
	Pupils stop breathing in school
Purpose	To define the actions to be taken when a pupil stops breathing in school

If a pupil stops breathing in school, then the following procedure is to be followed:

1. The procedure for basic life support should be initiated and continued until the pupil is breathing independently.
2. The procedure for summoning help in school should be actioned,
3. When help arrives, the procedure for deciding on appropriate action in an event of medical incident/emergency in school will be followed.

Portfield School Health and Safety Policy

Procedure for	Meeting pupils' Health Needs
	Action in the event of a medical incident/emergency in school
Purpose	To define the options available and the actions to be taken in each case

- Follow the procedure for Summoning Help

On arrival at the scene, the first-aider or the school nurse will take over responsibility for the medical procedure and basic life support. The Headteacher will be informed, and in her absence the Deputy Head Teacher.

The situation will be assessed and a decision taken as to what further action is needed.

If the First Aider or School Nurse decides that the pupil should go to hospital:

1. A member of staff will be assigned to telephone the emergency services.

The designated person will:

- Phone 999 and ask for paramedics
- Give relevant information concerning the nature of the pupils condition
- Give the address and telephone number of the school, as well as the location of the emergency within the school

(Location and other relevant details about the school are posted beside all phones)

2. The Headteacher, or a member of staff assigned by her, will telephone the pupils parent or carer.

Non emergency medical situations.

If the First-Aider or School Nurse decides that the pupil should go to casualty to be checked:

- The parent will be contacted to take the child to hospital or GP. If it is deemed appropriate the Headteacher, Deputy Head, Assistant Head, caretaker or class teacher (insured to carry pupils in their car or the school minibus if available) will drive the pupil with the member of the class team who is able to recount the incident. The staff member will sit in the rear of the car/bus with the pupil with seatbelts secured. – See Safe Transport guidance. A pupil who is unable to be transported in this way will require an ambulance.

- The Pupil's Health Care Plan and any medication should be taken by the staff to the casualty department
- Appropriate cover must be made for the remaining class group
- The Headteacher, or member of staff assigned by her, will telephone the pupils parent or carer

If the first-aider or nurse decides that the pupil should go home

The parents will be contacted immediately and arrangements will be made for the pupil to be collected as soon as possible.

If the first-aider or school nurse decides that the pupil should go home and the parent/carer cannot be contacted.

The pupil is to be kept as comfortable as possible and away from other pupils as far as is practicable.

Further attempts should be made at intervals to make contact with the parent or carer.

If at any stage staff become increasingly concerned about the pupils condition, then the Headteacher or School Nurse will arrange for the pupil to be taken to hospital.

Portfield School Health and Safety Policy

Procedure for	Meeting Pupil's Health Needs
	Injury or collapse in the hydrotherapy pool
Purpose	To define the actions to be taken should a pupil show signs of distress, injury or collapse in the hydrotherapy pool

1. Summon assistance using the alarm call system and by contacting reception, reception notified to call for ambulance.
2. If the pupil is not breathing. Follow the procedure for basic life support. (it may be more appropriate to use mouth-to-nose resuscitation in the water, as this provides a more effective seal)
3. Procedure for getting a child out of the pool for a medical emergency is to put the large foam mat under them and pull them to the side where they would be treated. In other cases, a pupil will be lifted out of the water using the hoist. (Ensure there are sufficient number of trained staff available to ensure the safe removal of all pupils from the pool, lifeguard on pool side at all times)
4. If he/she is still not breathing voluntarily, basic life support is to continue.
5. The first-aider will remain with the casualty until medical help arrives and will implement first aid techniques (e.g. recovery position, or application of pressure for bleeding as appropriate).
6. When help arrives, the procedure for deciding on appropriate action in the event of a medical incident/emergency in school will be followed.

Portfield School Health and Safety Policy

Procedure for	Meeting Pupil's Health Needs
	Basic Life Support
Purpose	To define the actions to be taken in the event of respiratory arrest

In all cases, the following procedure should be followed.

1. Ensure the safety of all parties.
2. Stimulate and check for response, e.g. Shake and shout name - No response
3. Shout for help. Once help arrives, send for first-aider and follow action in emergency procedure.
4. Open the pupil's airway, using the 'sniffing position'.
5. Look, listen and feel for breathing – for 10 seconds.
6. If no breathing, give up to 5 rescue breaths (2 of which must be effective)
7. Assess for signs of circulation for up to 10 seconds (look for movement, swallowing, coughing, breathing, pulse [carotid feel the neck]).
8. If there are no signs of circulation or you are unsure, start chest compressions:
Combine rescue breathing and chest compressions – 2 breath to 30 compressions.
9. Continue resuscitation until either:
 - The pupil shows signs of life (spontaneous respirations, signs of movement, swallowing, breathing, or
 - Qualified help arrives:

Where there is a known risk for a particular pupil, the Individual Health Care Plan will contain detailed information about additional treatment and action to be taken.

Copies of the above procedure are on display in every classroom, the pool and the dining hall.

Only those staff who are trained and authorised should use the procedure. If you are untrained, you should shout for help immediately, but remain with the pupil.

Portfield School Health and Safety Policy

Procedure for	Meeting Pupil's Health Needs
	Procedure for when a child chokes
Purpose	To define the actions to be taken in the event of a pupil choking

If a child coughs and splutters:

- Bring him/her forwards, chin down.
- Talk to him/her calmly.

Do not hit the child on the back at this stage

If a child chokes and has difficulty breathing:

- Get help quickly
- Carry on with this procedure until First Aider help arrives.

CPR FLOW CHART

CHILD

ADULT

D

Check for **Danger**

NO

R

Check for **Response**

YES

S

Shout for Help
Do not leave casualty.

A

Check the **Airway**

NO

B

Check for **Breathing**

NO

NO

YES

CHILD AND INFANT

5 Initial breaths,

Followed by 1 minute
CPR
(30:2)



Call the emergency services. If necessary, leave casualty to find help.

C

CPR

30 chest compressions to 2
rescue breaths.
Repeat until signs of life.

D

Defibrillator

Follow voice prompts

History

Find out what has happened.

Signs and Symptoms

How does the casualty look, try to find out what is wrong.

Treatment

Establish what treatment should be given before the emergency services arrive.

Secondary Survey

Remember: Airway, breathing, bleeding, bones sequence.

Recovery Position

Dial 999/112 for help.
Monitor breathing.
Obtain a good history of the incident for the emergency services.

Portfield School Health and Safety Policy

Procedure for	Meeting Pupil's Health Needs
	Summoning Help in school
Purpose	To define the actions to be taken in the event that help is required in an emergency other than where a pupil has stopped breathing

A. If in the hydrotherapy pool

Use the alarm call system to summon help. The Headteacher (or in her absence the Deputy Head) will ensure that the First Aider or School Nurse (if available) is also summoned.

B. If alone with an injured pupil, the following procedure is to be followed for summoning help:

1. Shout for help
2. Do not move pupil, unless they are at risk if you do not do so.
3. If there is no response to you shouting, then run for help, returning as soon as possible.
4. When another adult arrives at the scene, follow procedure C below.

C. If there is more than one member of staff in the room when the incident occurs, the following procedure is to be followed:

1. One adult will remain with the pupil(s), whilst the second member of staff goes to fetch the First Aider or School Nurse (if on site)
2. If the School Nurse is not available, the deputy Headteacher/First Aider should be fetched.
3. As soon as the First Aider or School Nurse has been located, the Headteacher should be informed by the same member of staff.
4. If the Headteacher is not available, the Deputy Head should be informed. (If neither can be located, the senior teachers should be made aware).
5. Any additional staff should assist in relocating any other pupils who are present to an alternative room. When the person who has been summoning help returns to the room, they should also assist in this.
6. When the First Aider or School Nurse arrives (or in her absence the Headteacher), they will assume responsibility for decision-making – see procedure for Action in an emergency.

Portfield School Health and Safety Policy

Procedure for	General Health and Safety
	Prevention and Management of Inoculation Injuries
Purpose	To ensure that appropriate action is taken to prevent and manage inoculation injuries

DEFINITION

Inoculation injuries are defined as the following

- a) Sharps injury. These may be caused through needles, scalpels, razor blades, broken glass or any contaminated sharp implement that penetrates any layer of the skin.
- b) Human bites or scratches that penetrate the skin
- c) Contamination or splashing of the conjunctiva and mucous membranes (eyes, nose, mouth) with blood or body fluids.

PREVENTION

- a) Always wear protective clothing as appropriate ie. Gloves, aprons, face and eye protection, where there is a risk of exposure to body fluids.
- b) Cover all open wounds and skin lesions when in work, with waterproof dressings and change as necessary.
- c) Always anticipate danger when handling sharps and treat them with great care. In establishments where needles are used, sharp boxes will be provided to facilitate immediate disposal of used sharps.
- d) Needles must never be reused, re-sheathed, cut or bent. Needle and syringe must be disposed of as a single unit after use in to a sharps box.
- e) Sharps containers must be assembled as per manufacturer's instructions and should be sealed when two thirds full. Never overfill sharps boxes and never try to retrieve items from them.

FIRST AID

To be performed immediately:

- a) In the event of a contaminated needle stick or sharps injury
 - 1) Encourage bleeding from the puncture wound. DO NOT SUCK
 - 2) Wash the area thoroughly with soap and water
 - 3) Cover with waterproof dressing if necessary
- b) If bitten or scratched wash the area with soap and water and cover with a waterproof dressing if necessary

- c) If skin lesions or wounds become contaminated with blood or body fluids wash the area thoroughly with soap and water and cover with a dressing
- d) If contamination of the conjunctiva or mucous membranes occurs immediately irrigate the area thoroughly with water
- e) Contact your GP or A&E Department.

REPORTING PROCEDURE

All such incidents must be reported immediately:

- a) Report the incident to your class teacher or the Headteacher
- b) Enter details of incident into Behaviour Watch
- c) Inform the Headteacher of the outcome of your contact with the GP or A&E Department.

Portfield School Health and Safety Policy

Procedure for	Meeting Pupils Health Needs
	Pupil becomes unwell / is injured and / or stops breathing while out of school
Purpose	To define the actions to be taken in the event of a medical incident whilst on an out of school visit

- Ensure school visit procedure is followed including carrying a mobile phone.

Staff should be aware at all times that there may be a need to summon help, therefore the staff team on any out-of-school activity should take appropriate steps to ensure that they can support each other.

1. If a pupil becomes unwell while on an educational visit, the teacher should bring all pupils back to school and seek the advice of the school nurse or First Aider.
2. In all cases, where the pupil has stopped breathing the procedure for Basic Life Support will be initiated and continued until the pupil breathes normally or until the paramedics arrive.
3. In all cases, the teacher should immediately phone, or direct another member of staff to phone 999 and ask for the paramedics. Relevant information concerning the nature of the pupil's condition and the location of the emergency should be clearly communicated, (mobile phones are carried on all out of school visits)
4. If there is a member of staff who has a current First Aid qualification, they should begin appropriate first aid procedures whilst awaiting help.
5. The teacher will decide who is to accompany the pupil to hospital and who will take the remaining members of the group back to school. The teacher will phone, or direct another member of staff to phone the school to communicate this information to the Headteacher or the Deputy Head, together with details of the casualty's condition. The school will contact the pupils parents.
6. The pupil's Health Care Plan and any medication should be taken from the out-of-school pack and given to the paramedics to accompany the child to hospital.
7. When the paramedics arrive, the designated member of the school staff will travel with the injured pupil ensuring that the relevant forms are also taken.

10.0 Outdoor Visits

These are considered a vital part of our work. Any outdoor visit is carefully researched and preliminary visit made by the teacher/site manager where necessary. **APPROPRIATE RISK ASSESSMENT FORMS AND CLASS LISTS MUST BE COMPLETED**, site manager will assist all staff with risk assessments or will complete on their behalf. Dynamic risk assessment to be completed before outing takes place and signed by a member of SLT. Any trips that take place outside of school hours or any residential trips are to be submitted and approved by Pembrokeshire County Council through the Evolve system. It is the duty of the teacher to ensure all support staff are fully briefed on the risk assessment, the visit and the expectations for behaviour and highlight any particular high risks. Parental consent for the visit is always sought. Risk assessment for outdoor visits are completed and checked by a member of SLT.

When residential visits are organised parents are invited in to school to discuss the visit in detail. Staff should be aware of the LA guide-lines for educational visits.

11.0 Security

All staff and pupils are encouraged to be aware of strangers on the premises. If a visitor is unknown identification should be requested. Visitors are requested to enter only by the front door where they will be allowed access and requested to sign in and display a visitors badge by the receptionist. A door access system is in place on all external doors that visitors use to prevent entry. Staff who remain in school late are advised to ensure that their classroom doors are locked. In the event of anything suspicious or a child or a teacher is at risk of injury then a member of SLT will be informed who will act appropriately. Any act of violence or abuse towards a member of staff must be reported to the Headteacher, who will take the appropriate action. Further notes on our security policy are set out in Policy Document for school security.

11.1. Security Management Practice

- Records are kept of acts of vandalism or theft
- Any damage is quickly repaired
- Incidents are reported to the police and LEA as appropriate
- essential security items are requested as necessary
- Advice from the Crime Prevention Officer/LEA Safety Officer is sought when security or safety is being reviewed.
- All staff are asked to be alert to suspicious activities

11.2. Contingency Planning

- Key holders are logged with both police and LA
- Computer back-up records are kept off site
- We maintain and annually update our school contingency plan

11.3. **General Building Security**

- The boundary of the school is clearly defined
- The school has an intruder alarm
- The alarm system is set only by the headteacher/deputy headteacher/assistant headteacher, site manager or caretaker
- The alarm system is regularly maintained by OCON fire and security

11.4. **Key Holders**

The key holders for the school are controlled. List of current key holders is kept in the site manager's office

- Access to the building during school hours is restricted by the use door access systems
- Visitors are asked to use the front door or side door as designated, report to reception, sign in and wear a visitors badge.
- Staff are encouraged to challenge strangers and to ask for identification

11.5. **Security Outside of School Hours**

- The school has external lighting
- Hirers of the school are advised to take account of security

11.6. **Equipment/Money**

- Computer equipment is kept in designated rooms/classrooms. All equipment is security marked when it arrives onsite. Make, model and serial numbers are kept on the schools inventory system. Backup copies are kept off site.
- Cash holdings are kept to a minimum – cash is looked in the safe at all times.
- Money is not left unattended when being counted
- The secretary varies the timing of bank visits

11.4. **Receiving a Suspicious Package**

“ACTION TO BE TAKEN BY THOSE RECEIVING A SUSPICIOUS PACKAGE” Advice for receptionists to be located of notice boards in reception areas. APPENDIX 2

11.5. **Bomb Threat Procedure**

“ACTION TO BE TAKEN BY THOSE RECEIVING A BOMB THREAT” Advice for receptionists to be located of notice boards in reception areas. APPENDIX 3

12.0. **Contractors and Lettings**

12.1. **Contractors**

All contractors are expected to report their arrival and departure to reception and site manager before commencing any works on site. All contractors will be requested to sign in and display a contractors badge by the receptionist. If any contractors are thought to be working in an unsafe manner they will be requested to stop work by the Headteacher/site manager.

12.2. **Lettings**

All bodies using the school building receive information which includes information about:

- The location of the first aid box
- The location of the telephone
- Emergency procedures
- Emergency evacuation procedures
- Security procedures

They also have a contact number for the caretaker/site manager. Further notes on our lettings policy are set out in Policy Document for school lettings.

13.0 **Staff and the Health and Safety Policy**

All staff, teaching and non-teaching, are given a copy of the policy. New staff are given a copy and are required to confirm they have read it. A copy of the policy is available on the school web site and in the HT office so that it is available for supply staff.

13.1. **Training**

Staff are encouraged to attend health and safety courses as appropriate and carry out "POD - Pembrokeshire Online Development" on line training for all relevant courses as determined by the CPD co-ordinator.

14.0 **Staff Health and Welfare**

14.1 **Stress**

Any member of staff who feels they may be suffering from stress should discuss their concerns with either the Headteacher, senior staff or the school's councillor as soon as possible. The Headteacher will discuss the matter with the person concerned within 24 hours of the issue being raised, where physically possible.

A list of emergency contact names and phone numbers for all staff is held in the school office.

14.2 **Safety**

All staff have a responsibility to be mindful of their own safety when putting up displays and moving equipment or furniture.

Staff should not climb on chairs or tables. Stepladders are available for use, see 6.0 Equipment.

Both staff and children should take care when moving or lifting equipment. If in doubt seek help.

All staff to carry out online manual handling training and designated staff to take part in practical manual handling training. Manual handling link workers to be contacted if there are manual handling concerns.

14.3 **Violence**

Staff should always take steps to minimise the possibility of violence in school. Pembrokeshire County Council have produced a Code of Practice on Prevention and Management of Violence and this is kept in both receptions for reference.

Parents who are known to be violent or aggressive should never be seen by staff unless another adult is present.

14.4 **VDU Operators**

Admin. staff using VDUs should vary their work routines and follow guidance on regular eye tests. All staff who's role is primarily computer based are to fill out a VDU workstation assessment questionnaire APEENDIX 4 on an annual basis, this is distributed by the site manager.

15.0 **Vehicles**

All vehicles on site are to adhere to the schools traffic management risk assessment and park in designated areas only.

All delivery vehicles will only attend site at designated times as not to impede the pupils or transport vehicles.

Any issue/concern with transport is to be reported to the Headteacher/site manager.

16.0 **Animals in School**

Any animals that staff may wish to keep in school will be risk assessed and the decision will be made by the headteacher.

- No dogs are allowed in the school grounds /premises except for guide dogs or those agreed in advance by the Head teacher. A risk assessment will be carried out if any persons require an animal to enter the school premises
- Stuffed animals are only used if displayed in glass cases.

Appendix 1 – Manual Handling Plan

SECTION A: Pupil Details

Child's Name: _____ **Date of Birth:** _____

Diagnosis: _____

Assessment date: _____

Height: _____

Weight: _____

Please tick below as appropriate:

Understanding:

Age appropriate

Limited

Not known

Compliance:

Co-operative

Unco-operative

Unpredictable

Level of dependence:

Totally dependent

Needs assistance for all transfers

Some sitting balance

Unable to weight bear on lower limbs

Minimal active participation

Needs assistance in some situations

Full sitting balance

Able to weight bear in standing

Other relevant problems:

Epilepsy

Fatigue

Fear

Other:

Fragility

History of falls

Muscle spasms

Pain

Sensory loss

Skin condition

List equipment and appliances normally used by child: _____

Hoisting: Has the use of a hoist been considered inappropriate?
Yes/No

If yes, please state

reasons: _____

Signed Assessor: _____

Name: _____

Designation: _____

Date: _____

I give consent that the information within this document may be shared with Transport Services personnel.

Parent/Guardian: _____ **Date:** _____

Name (Please print) _____

Headteacher: _____

Date: _____

Client Moving and Handling Form

Section A – Client Details		T	I	L	E	O
Name: D.O.B: Address:		Height Build: Tall Small		Weight: Medium		
		Location:				
		<u>Comments</u>				
1. Condition						
2. Communication						
3. Co-operation						
4. Unpredictable						
5. Pain/Discomfort						
6. Skin Condition						
7. History of Falls						
8. Considerations						
9. Equipment						
	Ability (Arjo Mobility Gallery A-E)	Equipment/ Comments				
Sitting balance	A B C D E					
Weight bearing	A B C D E					
Mobilising	A B C D E					

Description of Tasks at time of assessment:

Medical Emergency Procedures

Arrival in School

Moving around School

Toileting

Classroom Transfers

Physiotherapy

Swimming

Rebound

Hoist Transfers

Section B
TECHNIQUE 23 - TRANSPORT IN WHEELCHAIR ON MINI BUS

A "Yes" tick indicates a hazard

TASK	YES	NO	INDIVIDUAL CAPABILITY	YES	NO
Does the task involve:			Does the task:		
Holding load away from trunk	✓		Require unusual capabilities, i.e. strength, height		✓
Twisting	✓		Constitute a hazard to those with health problems	✓	
Stooping	✓		Constitute a hazard to those who are pregnant	✓	
Reaching upwards	✓				
Spending a long time in one position	✓	✓			✓

Pushing/pulling			Require special information and/or training		
Lifting			Require personal protective clothing		
ENVIRONMENT	YES	NO	ACTIONS REQUIRED		
<p>Does the environment have:</p> <p>Constraints on posture, i.e. restricted space</p> <p>Furniture constraints, i.e. bed height</p> <p>Poor floors, e.g. uneven, slippery, unstable</p> <p>Variations in levels, e.g. slopes, steps</p> <p>Poor lighting conditions</p> <p>Hot, cold, humid conditions</p>	<p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p>		<ul style="list-style-type: none"> ▪ Handlers should be aware of their posture at all times and use good manual handling techniques when assisting people on/off the bus in wheelchairs. The limited space can be hazardous to handlers. ▪ Correct webbing procedures using good posture should be used to fix the wheelchair to the mini bus. This should only be done by a person who has had the appropriate training and feels confident and competent to do the task. ▪ Two people are always used when webbing in wheelchairs on the mini bus. ▪ Handlers should have access to equipment to protect their knees when webbing in a wheelchair as they are often kneeling to do this task. ▪ Pregnant women should always follow correct manual handling procedures to ensure safety. An individual pregnancy risk assessment will be used to highlight any additional risks or medical problems that may restrict or reduce the individual's ability to perform specific manual handling tasks. 		

Client Specific Hazards (include in Section C)

Section B

TECHNIQUE 26 - MANOEUVERING POWERED WHEELCHAIR

A "Yes" tick indicates a hazard

TASK	YES	NO	INDIVIDUAL CAPABILITY	YES	NO
Does the task involve:			Does the task:		
Holding load away from trunk	✓		Require unusual capabilities, i.e. strength, height		✓
Twisting		✓			✓
Stooping		✓	Constitute a hazard to those with health problems		✓
Reaching upwards	✓				
Spending a long time in one position		✓	Constitute a hazard to those who are pregnant	✓	
Pushing/pulling		✓	Require special information and/or training		✓
Lifting			Require personal protective clothing		
ENVIRONMENT	YES	NO	ACTIONS REQUIRED		

<p>Does the environment have:</p> <p>Constraints on posture, i.e. restricted space</p> <p>Furniture constraints, i.e. bed height</p> <p>Poor floors, e.g. uneven, slippery, unstable</p> <p>Variations in levels, e.g. slopes, steps</p> <p>Poor lighting conditions</p> <p>Hot, cold, humid conditions</p>	<p>✓</p> <p></p> <p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p>	<p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p>	<ul style="list-style-type: none"> ▪ Handlers should be aware of their posture at all times ▪ Handlers should ask for assistance to open doors ▪ Handlers should know what steps to take if the wheelchair stops working. ▪ Adjust handles/controls to the best height for the handler where possible. ▪ Handlers should not stoop over the wheelchair to use the user controls. ▪ Ensure motorized equipment is full charged. ▪ If there is a bag on the back of the wheelchair it should not impair the posture of the handlers. ▪ Handlers need to be aware of the safety of the client and others when maneuvering the wheelchair. ▪ Handlers should have had training in the use of motorized wheelchairs before using them.
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Client Specific Hazards (include in Section C)

Section B

TECHNIQUE 1 - PUSHING AND PULLING

A "Yes" tick indicates a hazard

TASK	YES	NO	INDIVIDUAL CAPABILITY	YES	NO
<p>Does the task involve:</p> <p>Holding load away from trunk</p> <p>Twisting</p> <p>Stooping</p> <p>Reaching upwards</p>	<p>✓</p> <p>✓</p> <p>✓</p> <p></p> <p>✓</p>	<p></p> <p></p> <p></p> <p>✓</p> <p></p>	<p>Does the task:</p> <p>Require unusual capabilities, i.e. strength, height</p> <p>Constitute a hazard to those with health problems</p>	<p></p> <p>✓</p> <p></p> <p>✓</p> <p></p>	<p>✓</p> <p></p> <p></p> <p></p> <p></p>

Spending a long time in one position	✓		Constitute a hazard to those who are pregnant	✓	
Pushing/pulling	✓		Require special information and/or training		✓
Lifting			Require personal protective clothing		
ENVIRONMENT	YES	NO	ACTIONS REQUIRED		
Does the environment have:	✓		<ul style="list-style-type: none"> ▪ Ensure handlers are aware of their posture at all times when pushing and pulling and use the correct push/pull technique and efficient movement. ▪ Adjust handles to the best height for the handler where possible ▪ If pushing through doorways ensure there is another person to open the door ▪ Ensure equipment is working correctly – if not arrange for repairs. ▪ If there is a bag on the back of the wheelchair it should not impair the posture of the handlers. ▪ Handlers need to be aware of the safety of the client and others when maneuvering the wheelchair. ▪ Where possible handlers should use areas with ramps rather than lifting wheelchairs up kerbs. ▪ Pregnant women should always follow correct manual handling procedures to ensure safety. An individual pregnancy risk assessment will be used to highlight any additional risks or medical problems that may restrict or reduce the individual's ability to perform specific manual handling tasks. 		
Constraints on posture, i.e. restricted space		✓			
Furniture constraints, i.e. bed height	✓				
Poor floors, e.g. uneven, slippery, unstable	✓	✓			
Variations in levels, e.g. slopes, steps		✓			
Poor lighting conditions					
Hot, cold, humid conditions					
Is the environment outdoors?					

Client Specific Hazards (include in Section C)



Section B
TECHNIQUE 21 - PERSONAL HYGEINE PERFORMED ON CHANGING BED

A "Yes" tick indicates a hazard

TASK	YES	NO	INDIVIDUAL CAPABILITY	YES	NO
Does the task involve:			Does the task:		
Holding load away from trunk	✓		Require unusual capabilities, i.e. strength, height		✓
Twisting	✓			✓	
Stooping		✓	Constitute a hazard to those with health problems	✓	
Reaching upwards	✓			✓	
Spending a long time in one position	✓	✓	Constitute a hazard to those who are pregnant	✓	
Pushing/pulling			Require special information and/or training		
Lifting			Require personal protective clothing		
ENVIRONMENT	YES	NO	ACTIONS REQUIRED		

<p>Does the environment have:</p> <p>Constraints on posture, i.e. restricted space</p> <p>Furniture constraints, i.e. bed height</p> <p>Poor floors, e.g. uneven, slippery, unstable</p> <p>Variations in levels, e.g. slopes, steps</p> <p>Poor lighting conditions</p> <p>Hot, cold, humid conditions</p>	<p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p>	<ul style="list-style-type: none"> ▪ Handlers should be aware of their posture at all times and use good manual handling techniques. ▪ Handlers should ensure that they adjust the height of the bed to suit all handlers – between knuckle and elbow. If bed rails are to be left in place there should be a bed rail assessment and the height of the rails should be appropriate for the handler. ▪ It would be best for handlers to be able to access both sides of the bed to prevent twisting and stretching. ▪ Ensure any garments/toiletries are within easy reach to prevent twisting and stretching. ▪ Pregnant women should always follow correct manual handling procedures to ensure safety. An individual pregnancy risk assessment will be used to highlight any additional risks or medical problems that may restrict or reduce the individual's ability to perform specific manual handling tasks.
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Client Specific Hazards (include in Section C)

Section B

TECHNIQUE 25 - ASSISTING WITH PHYSIOTHERAPY

A "Yes" tick indicates a hazard

TASK	YES	NO	INDIVIDUAL CAPABILITY	YES	NO
<p>Does the task involve:</p> <p>Holding load away from</p>	<p>✓</p>		<p>Does the task:</p> <p>Require unusual</p>	<p>✓</p>	

trunk	✓		capabilities, i.e. strength, height	✓	
Twisting	✓		Constitute a hazard to those with health problems	✓	
Stooping	✓		Constitute a hazard to those who are pregnant	✓	✓
Reaching upwards	✓		Require special information and/or training		
Spending a long time in one position	✓		Require personal protective clothing.		
Pushing/pulling	✓				
Lifting					
ENVIRONMENT	YES	NO	ACTIONS REQUIRED		
Does the environment have:			<ul style="list-style-type: none"> ▪ Handlers should ensure that they follow personal physiotherapy guidelines for the person and ensure they have received appropriate training and are confident and competent to perform the technique. ▪ Handlers should be aware of their posture at all times as they are likely to be in sustained positions when assisting with physiotherapy. ▪ Handler should ensure the bed is at the correct height and should position themselves as close to the person as possible to prevent stretching/stooping ▪ Handler should consider the weight of any limbs they need to lift – if they are heavy do they need assistance from another person? ▪ If physiotherapy is being given on the floor appropriate equipment and techniques will need to be used e.g. knee pads, back 		
Constraints on posture, i.e. restricted space	✓	✓			
Furniture constraints, i.e. bed height		✓			
Poor floors, e.g. uneven, slippery, unstable		✓			
Variations in levels, e.g. slopes, steps		✓			
Poor lighting conditions		✓			
Hot, cold, humid conditions		✓			

			<p>support if sitting.</p> <ul style="list-style-type: none"> ▪ Pregnant women should always follow correct manual handling procedures to ensure safety. An individual pregnancy risk assessment will be used to highlight any additional risks or medical problems that may restrict or reduce the individual's ability to perform specific manual handling tasks.
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Client Specific Hazards (include in Section C)

Section B
TECHNIQUE 24 – SWIMMING POOL ASSISTANCE

A "Yes" tick indicates a hazard

TASK	YES	NO	INDIVIDUAL CAPABILITY	YES	NO
Does the task involve:			Does the task:		
Holding load away from trunk	✓		Require unusual capabilities, i.e. strength, height		✓
Twisting	✓		Constitute a hazard to those with health problems	✓	
Stooping	✓		Constitute a hazard to those who are pregnant	✓	
Reaching upwards	✓		Require special information and/or training		
Spending a long time in one position	✓		Require personal protective		✓
Pushing/pulling	✓				
Lifting					

			clothing		
ENVIRONMENT	YES	NO	ACTIONS REQUIRED		
<p>Does the environment have:</p> <p>Constraints on posture, i.e. restricted space</p> <p>Furniture constraints, i.e. bed height</p> <p>Poor floors, e.g. uneven, slippery, unstable</p> <p>Variations in levels, e.g. slopes, steps</p> <p>Poor lighting conditions</p> <p>Hot, cold, humid conditions</p>	<p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p>	<p>✓</p> <p>✓</p> <p>✓</p>	<ul style="list-style-type: none"> ▪ All staff must follow swimming pool plans. (on display at pool & available from lifeguard) ▪ Handlers should be aware of their posture at all times and use good manual handling techniques throughout. ▪ Handlers must be aware of emergency procedures before performing this task. They should feel confident and competent to deal with a swimming pool emergency. ▪ There should be sufficient handlers to ensure safety. ▪ Pregnant women should always follow correct manual handling procedures to ensure safety. An individual pregnancy risk assessment will be used to highlight any additional risks or medical problems that may restrict or reduce the individual's ability to perform specific manual handling tasks. 		

Client Specific Hazards (include in Section C)

Section B

TECHNIQUE 31 – TRAMPOLINE – Therapy – Hoist techniques

A “Yes” tick indicates a hazard

TASK	YES	NO	INDIVIDUAL CAPABILITY	YES	NO
<p>Does the task involve:</p> <p>Holding load away from trunk</p> <p>Twisting</p> <p>Stooping</p> <p>Reaching upwards</p> <p>Spending a long time in</p>	<p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p>		<p>Does the task:</p> <p>Require unusual capabilities, i.e. strength, height</p> <p>Constitute a hazard to those with health problems</p>	<p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p>	

one position Pushing/pulling Lifting		✓	Constitute a hazard to those who are pregnant Require special information and/or training Require personal protective Clothing	✓	
ENVIRONMENT	YES	NO	ACTIONS REQUIRED		
Does the environment have: Constraints on posture, i.e. restricted space Furniture constraints, i.e. trampoline height Poor floors, e.g. uneven, slippery, unstable Variations in levels, e.g. slopes, steps Poor lighting conditions Hot, cold, humid conditions	✓ ✓ ✓	✓ ✓ ✓	Handlers should be aware of their posture at all times and use good manual handling techniques <ol style="list-style-type: none"> 1. Technique to use 3 handlers 2. Position wheelchair close to trampoline 3. Arrange sling/straps/foot plates etc 4. Introduce hoist and attach sling(see technique 17) 5. Raise hoist to clear trampoline & position 6. Un-attach sling and remove hoist 7. Carry out therapy as per plan 8. Position child & arrange sling 9. Attach to hoist & raise to clear trampoline 10. Move hoist as little as possible and position wheelchair underneath 11. Un attach sling & arrange straps/ foot plates etc 12. Move hoist away 		

Handlers to be aware of trampoline hazards:

- Unstable floor of trampoline
- Sudden/unpredictable movements from child
- Working at height
- Handlers clothing/hair to be suitable to task
- Team handling at all times
- Good communication with child and team
- Sharing the tasks between the handlers to reduce repetition/ static postures
- Frequency of sessions- must allow for adequate rest periods
- Emergency evacuation procedures i.e. fire, medical condition
- No foot wear to be worn on the trampoline

Client Specific Hazards

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Section B
TECHNIQUE 17 - HOIST TRANSFER – MOBILE & TRACKING

A “Yes” tick indicates a hazard

TASK	YES	NO	INDIVIDUAL CAPABILITY	YES	NO
Does the task involve:			Does the task:		
Holding load away from trunk	✓		Require unusual capabilities, i.e. strength, height		✓
Twisting	✓		Constitute a hazard to those with health problems	✓	
Stooping	✓			✓	
Reaching upwards	✓			✓	
Spending a long time in one position	✓	✓	Constitute a hazard to those who are pregnant		✓
Pushing/pulling			Require special information and/or training		
Lifting			Require personal protective clothing		
ENVIRONMENT	YES	NO	ACTIONS REQUIRED		

<p>Does the environment have:</p> <p>Constraints on posture, i.e. restricted space</p> <p>Furniture constraints, i.e. bed height</p> <p>Poor floors, e.g. uneven, slippery, unstable, carpet</p> <p>Variations in levels, e.g. slopes, steps</p> <p>Poor lighting conditions</p> <p>Hot, cold, humid conditions</p>	<p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p>	<ul style="list-style-type: none"> ▪ Handlers should perform a safety check of the hoist and sling before each use. Handlers should ensure that they are using the correct sling for each person and transfer according to their sling assessment. ▪ When moving a manual hoist, handlers should ensure that the floor is clear of hazards and is suitable for equipment. ▪ When using the mobile hoist handlers should choose suitable floor mats to ensure the legs are wide enough to go around the mats. ▪ Handlers should be aware of their posture at all times and use good manual handling techniques. They should avoid stretching upwards for the spreader bar. ▪ It is best practice for a minimum of two handlers to be present for all hoist transfers. ▪ If using a mobile hoist the handler should ensure that they only move this a short distance with the person suspended. ▪ The handlers should ensure that one person holds the spreader bar at all times to prevent the bar coming into contact with the person. ▪ Pregnant women should always follow correct manual handling procedures to ensure safety. An individual pregnancy risk assessment will be used to highlight any additional risks or medical problems that may restrict or reduce the individual's ability to perform specific manual handling tasks.
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Client Specific Hazards (include in Section C)

Section B
TECHNIQUE 27 – TRANSFER ONTO BUS SEAT

A “Yes” indicates a hazard

TASK	YES	NO	INDIVIDUAL CAPABILITY	YES	NO
Does the task involve: Holding load away from trunk Twisting Stooping Reaching upwards Spending a long time in one position Pushing/pulling Lifting	✓ ✓ ✓ ✓ ✓ ✓	✓ ✓ ✓	Does the task: Require unusual capabilities, i.e. strength, height Constitute a hazard to those with health problems Constitute a hazard to those who are pregnant Require special information and/or training Require personal protective clothing	✓ ✓ ✓	✓ ✓
ENVIRONMENT	YES	NO	ACTIONS REQUIRED		
Does the environment have: Constraints on posture, i.e. restricted space Furniture constraints, i.e. bed height Poor floors, e.g. uneven, slippery, unstable Variations in levels, e.g. slopes, steps Poor lighting conditions Hot, cold, humid conditions	✓ ✓ ✓ ✓ ✓ ✓		<ul style="list-style-type: none"> ▪ Handler should ensure environment is safe before allowing the person to transfer to the bus seat. ▪ Handlers should be aware of their posture at all times and use good manual handling techniques when assisting people on/off the bus. The limited space can be hazardous to handlers. ▪ Handlers should avoid stretching across children to fasten seatbelts wherever possible. ▪ A transfer board may be able to be used to transfer from a wheelchair onto the bus seat. ▪ Pregnant women should always follow correct manual handling procedures to ensure safety. An 		

			individual pregnancy risk assessment will be used to highlight any additional risks or medical problems that may restrict or reduce the individual's ability to perform specific manual handling tasks.
--	--	--	---

Client Specific Hazards (include in Section C)

Section C	
Hazards Identified	Client Specific Control Measures
Medical Emergency Procedures	
Transport in pushchair on mini bus	
Hoist transfer	
Rebound therapy	

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Can the additional measures/equipment provision be achieved?
 Yes/No Date:

If no, please state reason and inform your manager.

Manager Informed: Yes No

Section D Safer Handling Plan		
<u>Name</u>	<u>D.o.b</u>	<u>Mobility Level/s</u> A B C D <u>E</u>
<u>Physical Handling Constraints</u>		
<u>Psychological Handling Constraints</u>		

<u>Techniques</u>	<u>No of Staff</u>	<u>Equipment</u>	<u>Method</u>
Turning on flat surface	2		
Sitting up/lying down on flat surface	2		
On and off bed/plinth/floor	2		

Transferring bed to chair and chair to bed	2		
Chair to chair	2		
Repositioning whilst sat	1		
Standing	2		
Sitting	2		
Mobilizing	2		
Toileting	NA		
Bathing/Washing	NA		

Section E – Signature

If the client's condition changes and/or if environment/location changes the assessment needs to be reviewed

Name of Assessor (please print)

.....

Signature of Assessor

.....

Designation: **Date:**

MANUAL HANDLING INFORMATION

Prior to moving and handling clients, staff should be provided with relevant information regarding handling needs, and any environmental constraints which may affect transfers.

Staff are requested to sign that they have understood the information and have received training relevant to the task.

Name	Position	Date	Signature

Staff must have access to manual handling risk assessments at all times, and should be aware of their responsibility to inform their line manager/risk assessor of any changes affecting the safety of themselves, clients or colleagues.

Section F– Risk Assessment Review

Review Date	Review result/ Changes	Print Name	Signature

In accordance with the Manual Handling Operations Regulations 1992 the Risk Assessment must be reviewed every twelve months and whenever there is a change in the client's condition

Section G – Arjo Mobility

	A	B	C	D	E
Mobility degree	<ul style="list-style-type: none"> ● Ambulatory, But may use can or something for support. ● Independent can clean and dress him/herself. ● Can tire quickly. ● Stimulation of abilities is very important. 	<ul style="list-style-type: none"> ● Uses walking frame or similar. ● Can support him/herself to some degree. ● Dependent on carer who is present in demanding situations. ● Not physically demanding for carer. ● Stimulation of abilities (e.g. ambulation) is very 	<ul style="list-style-type: none"> ● Sits in wheelchair. ● Is able to partially weight bear on at least one leg. ● Has some trunk stability. ● Dependent on carer in most situations. ● Physically demanding for carer. ● Stimulation of remaining abilities is very important. 	<ul style="list-style-type: none"> ● Sits in wheelchair. ● No capacity to support him/herself. ● Cannot stand unsupported and is not able to bear weight, not even partially. ● Dependent on carer in in most situations. ● Physically demanding for carer. ● Stimulation of remaining abilities is 	<ul style="list-style-type: none"> ● Passive. ● Might be almost completely bedridden. ● Often stiff, contracted joints. ● Totally dependent. ● Physically demanding for carer. ● Stimulation and activation is not a primary goal.

		important.		very important.	
Is the resident independent?			Cannot weight bear on legs but can support himself whilst sitting.	No.	
Is there a risk of physically overloading carers during static activities?			Yes.	Yes.	.
Is the resident active or actively contributing to the movement?			No.	No.	
Is stimulating mobility desirable?			Yes.	Yes.	.

Section H – Risk Matrix

Note: You must assess the risk against the likelihood of an accident occurring and should it happen and the severity of the consequences.

Review of Risk Assessments – you must review your risk assessment in the following three circumstances:

- In accordance with the specified review period and/or
- As a result of change, and/or
- Following an accident

Likelihood:

Taking into account the controls in the place and their adequacy, how likely is it that such an incident could occur? Apply a score to the following to the following scale.

Level	Descriptor	Description
5	Almost certain	Likely to occur on many occasions, a persistent issue
4	Likely	Will probably occur but is not a persistent issue
3	Possible	May occur occasionally

2	Unlikely	Do not expect it to happen but it is possible
1	Rare	Can't believe that this will ever happen

Severity:

Taking into account the controls in place and their adequacy, how severe would the consequences be of such an incident? Apply a score according to the following scale:

Level	Descriptor	Actual or Potential Impact on individual(s)	Actual or Potential Impact on Authority
5	Catastrophic	DEATH	National adverse publicity HSE investigation
4	Major	PERMANENT INJURY: e.g. RIDDOR reportable injury/ ill health retirement/ redeployment	RIDDOR reportable Long term sickness Litigation expected/ certain
3	Moderate	SEMI-PERMANENT INJURY/DAMAGE e.g. injury that takes up to 1 year to resolve or requires Occupational Health involvement/ rehabilitation.	RIDDOR reportable/ MDA Reportable. Long term sickness Litigation possible but not certain High potential for complaint
2	Minor	SHORT TERM INJURY/ DAMAGE e.g. injury that has been resolved within one month	Minimal risk to organization Short term sickness Litigation unlikely Complaint possible
1	Insignificant	NO INJURY OR ADVERSE OUTCOME	No risk at all to Organization Unlikely to cause complaint Litigation risk remote

RISK SCORE/ACTION TO BE TAKEN

LIKELIHOOD	SEVERITY					
	1 Insignificant	2 Minor	3 Moderate	4 Major	5 Catastrophic	
1 – Rare	1	2	3	4	5	No Immediate Action
2 – Unlikely	2	4	6	8	10	Action within 12 months
3 – Possible	3	6	9	12	15	
4 – Likely	4	8	12	16	20	Urgent Action
5 – Almost certain	5	10	15	20	25	

SECTION F: Transport Services

Name:

D.O.B.

Summary of Assessment Relevant to Transport Services

TASK	METHOD	EQUIPMENT
Use of webbing on bus	<ol style="list-style-type: none"> 1. At back of bus put brakes on wheel chair 2. Open doors and open lift 3. Undo brakes on wheel chair and push onto ramp. Put on brakes stand behind wheelchair, press button to activate lift to go up into bus. 4. When lift has stopped push wheelchair onto bus and place in desired position, put on brakes 5. Secure both front clips of webbing to wheelchair following arrow directions if present, then secure end bits to tracking 6. Secure back clips of webbing to the back of chair same as 5, then tighten straps so that chair is secure and unable to move. 7. Secure rod and safety belt holder in the tracking behind chair 8. Release safety belt , put safely around pupil and wheelchair and click into rod 9. Test the wheelchair for any movement 10. Put ramp and lift away and close doors. 	Blade wheelchair webbing Suitable vehicle

Are additional measures required?

(Please circle)

YES

NO

If yes please give details of additional measures and inform appropriate person e.g. line manager/ transport services.

Has relevant person been informed? YES NO

It is important that only specific information relevant to the safe transportation of children to and from relevant venues is passed to contractors. This is intended to ensure that a consistent approach is taken which considers the safety and mobility needs of the individual child, and the safety of contracted/support staff.

SECTION G: Risk Assessment Review

REVIEW DATE	REVIEW RESULT/CHANGES	PRINT NAME	SIGNATURE

SECTION H: Staff Record

MANUAL HANDLING INFORMATION

Prior to moving and handling children, staff should be provided with relevant information regarding child handling needs, and any environmental constraints which may affect transfers. Staff must have access to manual

Client Moving and Handling Assessment Form

Section A – Client Details		T	I	L	E	O
Name: _____ D.o.b: _____ Address: _____		Weight: Build: Tall Medium Short Location:				
	<u>Comments</u>					
1. Condition						
2. Communication						
3. Co-operation						
4. Unpredictable						
5. Pain/Discomfort						
6. Skin Condition						
7. History of Falls						
8. Considerations						
9. Attachments						
	Ability (Arjo Mobility Gallery A-E)				Equipment/ Comments	
Sitting balance	A	B	C	D	E	
Weight bearing	A	B	C	D	E	
Mobilising	A	B	C	D	E	

Section B – Assessment of Risk	T	I	L	E	O
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Description of Task:

If Hazard identified, please give details and control measures

Initial Assessment	Hazard Identified (tick)	Details of how harm could occur	Control Measures actions required by support staff and/or others
	Yes No		
Does the task involve :			
Holding the load away from the trunk	<input type="checkbox"/> <input type="checkbox"/>		
Twisting	<input type="checkbox"/> <input type="checkbox"/>		
Stooping	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Reaching upwards	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Spending a long time in one position	<input type="checkbox"/> <input type="checkbox"/>		

Pushing/pulling			
Lifting			

Section B	T	I	L	E	O
Individual Capability					

If Hazard identified, please give details and control measures

Initial Assessment	Hazard Identified	Details of how harm could occur	Control Measures Actions required by support staff and/or others

Section B	T	I	L	E	O
Environment					

Initial Assessment	Hazard Identified (tick)		Details of how harm could occur	Control Measures actions required by support staff and/or others
Environment:	Yes	No		
Constraints on posture, ie restricted space	<input type="checkbox"/>	<input type="checkbox"/>		
Furniture constraints, ie bed height	<input type="checkbox"/>	<input type="checkbox"/>		
Floors, eg. uneven, slippery, rug	<input type="checkbox"/>	<input type="checkbox"/>		

Variations in levels eg. slopes, steps	<input type="checkbox"/>	<input type="checkbox"/>		
Poor lighting conditions	<input type="checkbox"/>	<input type="checkbox"/>		
Hot, cold, humid conditions	<input type="checkbox"/>	<input type="checkbox"/>		

If Hazard identified, please give details and control measures

Section B	T	I	L	E	O
Other					

If Hazard identified, please give details and control measures

Initial Assessment	Hazard Identified (tick)	Details of how harm could occur	Control Measures actions required by support staff and/or others

Other Considerations	Yes	No		
:	<input type="checkbox"/>	<input type="checkbox"/>		
Footwear, clothing, jewelry	<input type="checkbox"/>	<input type="checkbox"/>		
Transport Vehicle	<input type="checkbox"/>	<input type="checkbox"/>		
Fire Evacuation procedures	<input type="checkbox"/>	<input type="checkbox"/>		
Other	<input type="checkbox"/>	<input type="checkbox"/>		

Section C – Measures Required

Method/Equipment	Rationale

Can the additional measures/equipment provision be achieved?

Yes No Date:

.....

If no, please state reason and inform your manager.

Manager Informed: Yes No

Section D		Safer Handling Plan				
Name	D.o.b	Mobility Level/s				
		A	B	C	D	E
Physical Handling Constraints eg. disability, medical condition, mobility/weight bearing ability, likelihood of falls etc:						
Psychological Handling Constraints eg. communication, comprehension, behaviour, co-operation:						

Techniques	No of Staff	Equipment	Method
Turning on flat surface			
Sitting up/lying down on flat surface			
On and off bed/plinth/floor			
Transferring bed to chair and chair to bed			
Chair to chair			
Repositioning whilst sat			
Standing			
Sitting			
Mobilising			
Toileting			
Bathing/Washing			

Section F – Signature

If the client's condition changes and/or if environment/location changes the assessment needs to be reviewed.

Name of Assessor (please print)

.....

Signature of

Assessor.....

.....

Designation: Date:

.....

Appendix 2



Dear Parent/Guardian

Bump on the Head Acknowledgement Form

Date of incident: _____

Location: _____

Time: _____

Name: _____ received a bump on the head.

Incident Details: _____

In rare circumstances, symptoms can develop up to 24 hours after the injury.

Should any of the following conditions occur or if you have any concerns at all please refer the child to a Doctor, or A & E Department at the local Hospital.

- Severe headaches, excessive drowsiness
- Dislike of bright light
- Vomiting & or fever
- Dizziness, double or blurred vision, weakness of limbs
- Becoming disorientated or confused, unable to remember the recent past
- Has apparent alteration in consciousness level
- Unusual Irritability

Please let us know if your child does receive any medical attention as we may need to report this under Health and Safety regulations.

Name (of person completing form) _____

Signature _____

Job title: _____

Appendix 3

ACTION TO BE TAKEN BY THOSE RECEIVING A SUSPICIOUS PACKAGE

IDENTIFYING A SUSPICIOUS PACKAGE:

- The package may feel **heavy** for its size
- It may be **lopsided** and /or **unbalanced**
- It may have **pinholes** in the wrapping
- It may have visible **wires or tin foil**
- There may be **grease stains** on the wrapping
- It may **smell of almonds, marzipan or oil**
- Listen for **ticking** or **hissing sounds**
- Is it **excessively wrapped** or sealed?
- Too much **postage** paid
- The writing may be **stencilled**
- The package may have been **delivered by hand** from an unknown source or **posted from an unusual place**
- A **'booby trap'** bomb could be one envelope tightly taped or tied within another

ACTION TO TAKE

DO

- Keep calm
- Place the package on a flat surface, but not on the floor or in a corner
- Leave the room and prevent others entering
- Evacuate the immediate area and adjacent rooms
- Dial '999' and call the Police – dial '9' for an outside line if applicable to your location
- Inform your Senior Officer Immediately

DON'T

- Open the package
- Squeeze the package
- Place the package in sand or water
- Place the package in a container; e.g. Litter bin
- Let anyone else go near it or interfere with it

Appendix 4

ACTION TO BE TAKEN BY THOSE RECEIVING A BOMB THREAT

- a. **KEEP CALM**
 - b. **DO NOT PUT THE PHONE DOWN**
 - c. **ALERT OTHERS IF POSSIBLE**
 - d. **WRITE DOWN THE EXACT MESSAGE**
 - e. **ASK THESE QUESTIONS:**
 - Where is the bomb?
 - When is it going to explode?
 - What does it look like?
 - What kind of bomb is it?
 - What will cause it to explode?
 - Did you place the bomb?
 - Why?
- Record the time the call finishes
- f. WRITE DOWN THE NUMBER DISPLAYED ON YOUR TELEPHONE SYSTEM
(If applicable) or dial 1471 and attempt to get telephone number
 - g. DIAL 999 AND ASK FOR THE POLICE. Dial '9' for an outside line if applicable to your location.
 - h. INFORM YOUR SENIOR OFFICER IMMEDIATELY IF AVAILABLE

BOMB THREAT INFORMATION

Notes to be taken by those receiving a bomb threat as soon as possible after the phone call. What did the caller sound like? Tick the appropriate answers and add any other information available.

a. ABOUT THE CALLER

SEX OF THE CALLER	MALE	FEMALE
NATIONALITY		
AGE		

b. LANGUAGE

Calm	Crying	Clearing Throat
Angry	Nasal	Slurred
Excited	Stutter	Disguised
Slow	Lisp	Accent*
Rapid	Deep	Familiar
Laughter	Hoarse	

If the voice sounded familiar, who did it sound like?

c. BACKGROUND SOUNDS

Street Noises	House Noises	Animal Noises
Crockery	Motor	Quiet
Voices	Static	PA System
Booth	Music	Machinery
Children	Typing	Other (describe)

Description of Sound:



Appendix 5

PEMBROKESHIRE COUNTY COUNCIL WORKSTATION ASSESSMENT QUESTIONNAIRE

OPERATOR NAME:	LOCATION:
LINE MANAGER:	DATE:
ASSESSOR:	Review:

This questionnaire allows you to highlight any problems you may be experiencing regarding the workstation that you are using. Please answer the questions by ticking the appropriate box.

ENVIRONMENT

								Comments Actions	By Whom	When
1	Is the lighting around the workstation?	Too dark?		Just right?		Too bright?				
2	Are there any distracting reflections on the screen?	Yes		No						
3	What is the temperature Like?	Too cold		O.K.		Too hot				
4	What is the air like?	Comfortable		Too dry						
5	Are there any distractions due to noise from equipment?	Yes		No						
6	Is there adequate space around the workstation?	Yes		No						

FURNITURE

								Comments Actions	By Whom	When
7	Can you adjust the height of your seat?	Yes		No						
8	Can you adjust the height & angle of the backrest?	Yes		No						