



HEALTH AND SAFETY POLICY

(Including Emergency Procedure, Incident reporting, Fire Procedure, Buildings Risk assessment, First Aid Policy and Sudden Death Procedure)

Our policy is to provide and maintain as far as is reasonably practical, safe and healthy working conditions. We aim to provide safe equipment and systems of work for both guests and volunteers. We aim to provide information, training and support as is needed for this purpose.

Objectives

The Living Room Management Committee undertakes:

- To provide a working environment that is healthy and safe with satisfactory amenities.
- To ensure that health and safety legislation, regulations and codes of practice are observed.
- To provide and maintain safe premises and equipment including appropriate clothing.
- To ensure that the use, handling, storage and transportation of food, articles and substances are safe.
- To ensure that the systems of work are safe and provide or locate appropriate training and advice for volunteers in these matters.
- To ensure that all volunteers and guests using the premises are safe and without risk to their health.
- To review and revise this policy annually or as new legislation requires.

Log Book and Incident Reporting

- This should be the responsibility of the Project Co-ordinator to manage.

- It should be taken to each church on the day that the shelter is running and then updated by the shift leaders with information that would be useful to the next shift, the church running the shelter on the following night or the other volunteers.
- It will normally contain details of who did AND who did not arrive.
- Details of any incidents that occurred as soon as possible after the event using the 'Incident Reporting' form. This should be completed by the volunteer involved and counter-signed by the shift leader.
- In particular any "near misses" or actual accidents even if minor should be recorded. Once a history has developed it will be much easier to spot trends or issues that need attention if this information is recorded.
- Other documentation: List of emergency telephone numbers. Including the Project Co-ordinator, local Doctor, local police, all-night chemist, the local priest or minister in whose church the night shelter is running plus any other numbers that the project deem important. It is good practice to notify all of the above that you are running a night shelter.
- Details of the other churches in the project.
- Copies of all policies

PERSONAL SAFETY

Volunteers should be made aware of and follow these guidelines.

- Check the identity of each visitor arriving at the door by asking for their name. Do not allow anyone into *The Living Room* who is not on the list for that night.
- Never give your home phone number or home address to a client, or invite a client into your home
- Avoid being alone with a client at all times
- Leave your valuables in the safe keeping of the shift leader, or if possible leave them at home
- Do not give or lend money to clients – if you are concerned about their situation, refer them to the shift leader

- If dealing with left behind property, don't put your hand into bags, pockets etc. Tip the contents out onto a flat surface so that you can see what you are handling.
- Volunteers should act safely and not put themselves or other volunteers or clients in any danger. If you feel intimidated at any time during the shift, inform the Shift Leader. Please take directions at all times from them, especially with regard to matters of personal safety.

Building and Environment

- Separate risk assessments will be carried out for each of the venues and updated regularly. The details of the risk assessment will be made available at the venue
- It is vitally important that all volunteers are made aware of the following information before they start their first shift in a particular venue:
 1. Where the fire exits are.
 2. Where are the first aid kit, accident book, telephone and list of emergency numbers
 3. Evacuation procedures. Volunteers need to be aware that people sleeping can take a while to be fully awake and evacuation may take longer than anticipated.
 4. Actions from risk assessments.
- Any areas in the church or hall that are not to be used by visitors will be secured.
- There will be a safe area for volunteers to leave their belongings
- There will be a secure area for guests to leave any belongings they may hand in. These should be logged and a volunteer responsible for giving them back in the morning.

Slips, Trips and Falls

- Accidents or near-misses should be reported on an incident-reporting form and reviewed by the Project Co-ordinator / Management Committee as soon as possible.

- Spillage should be cleaned up promptly by whoever sees it
- Any damaged flooring should be reported to a representative of the premises.
- A clear, wide passageway to the entrance hall and fire escape should be maintained at all times
- Items on the floor where someone could trip over them should be moved to a safe place
- Torches will be available for visitors and volunteers to use to make their way round the room in the dark.

Fire Safety

- No smoking is allowed inside the venues. Visitors are allowed to smoke outside the building until the doors are closed.
- Fire evacuation procedures for each of the venues will be available and explained to volunteers before their first shift, including location of fire exits and evacuation procedures.
- Volunteers and visitors need to be signed in at the beginning of each shift in order to have a clear record of who is present in the building.
- All fire exits will be clearly marked and clear from obstruction
- In the case of a fire being identified, the alarm will be raised immediately.
- If smoke alarms are present they will be regularly checked.

Emergency Procedure

- A list of emergency contacts will be held at each venue and available to all volunteers.
- The shift leader will usually be responsible for deciding the best course of action in an emergency.
- If there is a significant risk to health or safety, 999 should be rung.

Evacuation Procedure

- An evacuation / fire warden will be nominated for each shift
- The evacuation warden will put on a fluorescent jacket as soon as the need for evacuation is identified

- The evacuation warden is responsible for collecting the register of names for those who are present at *The Living Room* that night.
- The evacuation warden will check those present at the evacuation meeting point against the register of those in attendance at *The Living Room* that night.

First Aid

- There should be a qualified First Aider present at each shift.
- Every venue will have a First Aid box and volunteers will be made aware of its location.
- Whenever possible, dealing with medical issues which arise should be led by the First Aider in discussion with the shift leader.
- If a medical issue arises which is beyond the remit of the First Aider but is not a medical emergency then an out of hours doctor should be contacted.
- Any incidents requiring First Aid will be documented on an incident form.
- In a medical emergency an ambulance should be called for.

Disposing of sharps and drug paraphernalia

Needles can cause injuries. Used needles can carry blood-borne viruses that may be passed on to other people.

Viruses that can be passed on through contact with needles include:

HIV

hepatitis B

hepatitis C

Do not touch a used needle unless absolutely necessary to make the area safe for yourself and other people.

If it is necessary to handle a needle or other drug paraphernalia, it is essential to follow this procedure:

- Suitable tools, such as tongs, dustpans and brushes, should be used to move used needles wherever possible;
- Only if this is not possible should gloved hands be used;
- Gloves should always be worn when dealing with discarded sharps, even when using tools – there is always the possibility of accidental hand contact with the needle whilst using the tools;
- Gloves should afford a suitable level of protection from possible puncture from the needle; and
- Gloves are unlikely to offer 100% protection, and employees should be made aware of this.
- In all cases, appropriate sharps containers should be in place and ready to receive needles before any moving or handling begins.
- Sharps and drugs paraphernalia must be placed in the designated yellow bin. You shouldn't put used needles or other sharps in a general refuse bin or in a container that's no longer needed, such as a drinks can or bottle.
- Never attempt to take anything out of the sharps bin.

Only fill the bin up to where it says "Do not fill above this line". Once it has reached this level, collection must be organised. While your sharps bin is in use or waiting to be collected, keep it in a safe place so it's not a risk to other people and is out of the reach of children.

Whenever handling of a needle or other drug paraphernalia occurs an incident form must be completed and passed on to the Project Co-ordinator / Management Committee.

Sharps Injury Procedure

If you pierce or puncture your skin with a used needle, follow this first aid advice immediately:

- encourage the wound to bleed, ideally by holding it under running water
- wash the wound using running water and plenty of soap
- don't scrub the wound while you're washing it

- don't suck the wound
- dry the wound and cover it with a waterproof plaster or dressing

You should also seek urgent medical advice - go to the nearest accident and emergency (A&E) department.

An incident form must always be completed and passed on to the Project Co-ordinator / Management Committee

Guidelines on How to Deal With a Sudden Death

These guidelines are for any member of *The Living Room* team taking a major role in dealing with a sudden death at the Shelter whether in an accident, by suicide or illness. This role will include actions to cope with the immediate emergency, but may also continue for some time afterwards. It is important to remember however that any sudden or suspicious death is immediately the responsibility of the Police who act as 'Coroner's Officer'.

Immediate Action

1. Be aware that close involvement in a situation in which death has resulted will probably have a numbing and upsetting effect. Although a positive and decisive attitude is needed to deal with the incident, be sympathetic: the incident will affect a lot of people in many different ways.
2. The Following services should be contacted straight away:
 - An ambulance (999) – first priority in case of an urgent removal to hospital. When phoning for an ambulance, try and give clear information about what has happened, what is wrong, how many people are involved, the exact location etc...
 - A Doctor – who will be able to provide initial care if the patient requires it. In other circumstances the Doctor will be required to certify death.

- The Police (999) – in the event of fatality , whether the circumstance are suspicious or not, a police officer acts on behalf of H.M. Coroner, and will needs to attend the scene of death, examine it, including the body and make relevant enquiries in respect of the circumstances of death. Exceptional Circumstances apart leave the search of the body to a police officer. Do not try to move the body of interfere with it in any way until the police arrive. The correct identification of the individual is vital, help the police in any way that you can. In the case of a dead person a formal identification will be required. Determine someone acquainted with the dead person to take on this role but be aware of the effect that it might have on them.
- Project Co-ordinator / Management Committee

Subsequent Actions

- If the press should arrive at the incident or subsequently make enquiries, if at all possible do not let them into the building but politely ask them to redirect their enquiries through the Police. On no account give personal opinions and instruct those working with you to do likewise.
- Keep yourself informed as to what courses of action are intended by the emergency services e.g. where the casualty/body is to be taken and when the Police will inform the family.
- Maintain contact with anyone involved in the incident. Do not leave them on their own but provide a suitable environment to talk over the incident. This role is very important and will need your time and patience.
- An incident form needs to be completed as soon as possible

Getting the Situation Back to Normal

- When the body is moved away from the site of the incident and if it is possible arrangements should be made to return the site back to normal, e.g. requesting cleaners. If this is not possible or there is a delay access to the site should be restricted.

- It may be necessary to seal off the area either on instruction of the Police or to prevent inflating the effects on others.

Informing Next of Kin

The Police will inform the next of kin but you should try to ascertain what information they will pass on to the next of kin. This will be useful, if subsequent contact with them is needed, in order to act tactfully and with respect. If contact with the family is needed be prepared to react sensitively to other people's responses to death. Suicide, for example, is viewed in different ways by different cultures and religious groups.

Welfare Considerations of other People Involved

- Keep in mind those who witnessed, were involved with or help in the incident and how to contact them to check on their wellbeing. Learning the details on the incident is usually helpful for anyone disturbed by death, however be careful not to break confidentiality. Asking for the Police to organise a forum where people involved can talk through the incident and their feeling might be helpful. Also be aware that a reaction to death might be delayed.
- Consider carefully how to inform others who might not yet be aware of the situation such as other users of the Shelter, a clear and concise statement will help to prevent chit chat and speculation as well as generally calm down the community involved. The person might have been involved with other agencies, such as social services, college or drug use agency. These workers should be informed as quickly as possible and given a point of contact should they have any queries.

Later Follow Up Action

- Keep the flow of information going and maintain liaison with the police, doctor and hospital. There may be an inquest into the death, find out where and when this is. Bear in mind that individuals may be called and could find the occasion disturbing so offer support.

- Try to find out about funeral arrangements and if the presence of a representative would be welcome. Also encourage others who want to attend to do the same. Pass on information such as no flowers.
- A visit to the Shelter by a relative or close friend is quite likely. This could be to collect personal possessions. They may wish to talk to you about the incident or the person. In such circumstances be thoughtful and offer what assistance you can, but be careful not to break confidentiality.

INCIDENT FORM

Please use block capitals to complete

Date of incident:	Time of incident:
Who was present for the shift (name all staff / volunteers):	
Where was the incident?	
What type of incident?	
Who was involved? (names of visitors / staff / guests involved plus witnesses)	
What happened?	
What action was taken by shift leader?	

What was the outcome?	
Were any emergency services or additional support contacted? (include names and contact details)	
Is any follow-up action required or expected by the people involved?	
Date form completed:	Time form completed:
Name of person completing form:	Role:
Signature:	
Reviewed by Project Co-ordinator / Management Committee <input type="checkbox"/> Date: Action taken in response:	
Signature:	