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MUYL PDP ANTI-BULLYING POLICY

REPRINTED FROM THE NSPCC'S SAFE NETWORK

MUYL PDP Anti-Bullying Procedure

Purpose and Aim Of This Procedure

This procedure is supported by the **MUYL PDP** anti-bullying policy. Its aim is to provide detailed guidance to staff and volunteers, as well as to children and young people who may experience bullying, so that they will know what to do if an incident of bullying occurs between children and young people.

The procedure also aims to ensure that **MUYL PDP** responds fairly and consistently to incidents of bullying, recognising that those who bully often have needs too.

This procedure applies to all children and young people who attend the **MUYL PDP** who may be bullied, behave in a bullying way towards others or observe someone being bullied.

It also applies to all staff and volunteers who observe bullying between children and young people within **MUYL PDP**, who may have incidents of bullying reported to them or who may be concerned that a child/young person at **MUYL PDP** is showing signs of being bullied.

If an adult is bullying a child/young person, this should be reported under the child protection procedures.

If a child or young person is bullying another child to the extent that it may cause significant harm, then it will also need to be dealt with under child protection procedures.

This procedure does not cover incidents of bullying among staff members and volunteers. The grievance procedure should be used for this purpose.

Forms bullying might take

Bullying has been recognised and defined as deliberately hurtful behaviour usually repeated over a period of time, where it is difficult for those bullied to defend themselves. It can take many forms, but the three main types are physical (e.g. hitting, kicking, theft), verbal (e.g. racist or sectarian remarks, threats, name-calling) and emotional (e.g. isolating an individual from the activities and social acceptance of his peer group). The damage inflicted by bullying can frequently be underestimated. It can cause considerable distress to children, to the extent that it affects their health and development or, at the extreme, causes them significant harm (including self-harm).

Co-operating to Safeguard Children Chapter 9.48

It can include:

- verbal teasing or making fun of someone
- excluding children from games and conversations
- pressurising other children not to be friends with the person who is being bullied
- spreading hurtful rumours or passing around inappropriate photographs/images/drawings
- cyberbullying (ie using computers or mobile phones to bully someone)
- shouting at someone
- stealing or damaging someone's possessions
- making threats
- forcing someone to do something embarrassing, harmful or dangerous
- harassment on the basis of race, gender, sexuality or disability
- physical or sexual assault (although all sexual incidents and all but very minor physical incidents constitute abuse and must be dealt with in accordance with child protection procedures).

People are often bullied because they appear different from others.

The signs and symptoms of bullying

If someone is being bullied, they might not tell anyone directly. This could be because they have been threatened and are afraid to say anything or because they believe that nothing can be done about it and that telling someone will only make it worse. It could even be because they don't recognise that what is happening to them is bullying.

Signs that someone may be being bullied could include:

- being unhappy, withdrawn and unwilling to spend time in a group, especially during unstructured periods e.g. break time
- being without friends
- missing meetings and activities at **MUYL PDP** and/or expressing a reluctance to attend
- being clingy with adults
- appearing to lose possessions or money (things that may have really been stolen by or given away to bullies)
- unexplained injuries
- uncharacteristic illness or aggression.

Some of these signs might also indicate abuse at the hands of adults or other negative experiences, so they should be treated with caution.

What to do if you are being bullied

If you are being bullied you should never keep it to yourself. Tell someone you trust. This could be your key worker, teacher, another helper at **MUYL PDP** or someone else. It could also be your parent or carer.

You may prefer to tell another young person first and ask that person to help you tell an adult.

If the bullying is happening at **MUYL PDP**, we will sort it out here. If it's happening somewhere else (at school, for example, or near your home), we will get other people involved to stop it happening there.

What to do if you observe a child or young person being bullied or if someone tells you he/she is being bullied

If you are a child or young person and someone tells you that he or she is being bullied, don't try to deal with it yourself. Talk to the person about getting help from an adult. Try to persuade him or her to go with you to explain the situation to their key worker or another helper at the **MUYL PDP**. If he/she won't do this, the best way to help is to explain that you will have to tell an adult yourself -- and then go ahead and tell someone.

If you are an adult and a child tells you that he or she is being bullied, take the child seriously. Do not tell him/her to stop being silly or to keep out of the way of the bullies. This will not help and will make the child feel let down and less inclined to tell anyone else. Listen to the child's full account of what is going on and complete the bullying reporting form with the child as soon as possible.

If you observe the bullying directly, act assertively to put a stop to it. Explain to all concerned that the incident will have to be reported properly to stop it happening again. Report the incident to the child's key worker or, if you are the key worker, talk to the child about the bullying and discuss it with your manager.

Unless the incident is minor and can be dealt with informally, the child's parent or carer should be informed by the key worker within one working day.

If possible, there should be a three-way meeting between the child, the key worker and the parent.

If the bullying is taking place in another environment (e.g. school) the key worker should ask what support the parent and child would like, in order to engage with whoever the responsible

agencies might be. The key worker should aim to work in partnership with both parent and child and any other people who may be involved.

If the bullying is taking place within **MUYL PDP**, the parent and child should be reassured that it will be dealt with as a priority and should be asked for their views on what would be helpful to deal with the situation.

The key worker, having spoken to the child who has been bullied and the child's parent/carer, should also speak to the bully (or bullies) and obtain their account of what has happened or is happening. This should be noted in writing and the parents/carers of the bully (or bullies) should be informed. The bully and his or her parents/carers should be asked for their views on what should be done to put a stop to any further bullying and to repair the damage that has been done.

Apart from very minor incidents that have been directly observed by a staff member and dealt with at the time, all bullying that takes place at **MUYL PDP** should be discussed within the staff group within five working days.

At the meeting, the bullying incident should be discussed and the details of a draft plan drawn up to address the situation, taking into account any suggestions made by the children involved and their parents/carers.

The following areas should be covered:

- details of any apology that has been or should be offered by the bully (or bullies)
- details of any support for the person who has been bullied eg use of buddy scheme, extra input from the key worker, referral to another service
- details of any consequences for the bully, in addition to making an apology, with reference to the code of conduct
- details of any support for the bully, with reference to the behaviour code
- details of any further discussions or work to be done with others in the group, including children who may have observed or encouraged the bullying
- details of any changes in how the staff group may handle issues of bullying in future.

The plan should be shared with the children concerned and their parents and should be reviewed regularly.

Keeping a record of the bullying

Use the bullying reporting form included in this toolbox and take clear notes of any discussions or meetings that take place following the bullying incident. The plan for dealing with the aftermath of the incident should be copied to the child who has been bullied and his/her parent/carer and to the bullies and their parents/carers. It should also be placed on the file of all the children directly involved.

This procedure should be reviewed every two years

Date of last review: _____

Date of next review: _____

The person responsible for reviewing it is: _____

First Aid Arrangements

The **MUYL PDP** will endeavour to provide first aid treatment for injury, accidents and cases of ill health during coaching sessions or at competitions. This will comprise of suitably trained First Aid person and appropriate equipment and facilities.

- The Head will seek volunteer(s) who are willing to train as a qualified 'first-aider' or 'appointed person' for each **persons** property. Where this is not possible, other local arrangements will need to be identified and organised by the local club. Recommended quota of first aid persons against the number of members on the premises is:

Under 25 = 1 x appointed person

25 – 49 = 2 x appointed persons

50 - 99 = 1 x first aider and 1 x appointed person

Over 100 = A first aider at a ratio of 1-50

- Where only one first aider (or appointed person) is required another must be made available to provide cover during holiday periods and unforeseen absences.
- The names and contact details of the first-aiders must be notified to all members at a **MUYL PDP** location. Details should be displayed at prominent locations
- The role of the 'appointed person' is to take charge of an emergency situation until trained assistance can be called. Where possible appointed persons should be given emergency first aid training (Advice from Sport Northern Ireland on approved courses) which last approx. One day and briefly covers:
 - (1) What to do in an emergency;
 - (2) Cardio-pulmonary resuscitation;
 - (3) First aid for the unconscious casualty; and
 - (4) First Aid for the wounded or bleeding.
- The first-aiders must all be trained by an approved body such as St. John's Ambulance Brigade or the British Red Cross. Copies of the certificates must be retained by the appropriate club manager.
- The certificates are valid for three years and arrangements must be made for first-aiders to receive refresher training before the current certificate expires.
- First-aiders **are not authorised** to administer any forms of medication. Any members reporting to the first-aider that they require such treatment must be referred to their own doctor.
- The name of our First Aid person is: Michael O'Kane
- All first aid boxes must have a white cross on a green background. Similarly, first aid facility/ room should be easily identifiable by white lettering or a white cross on a green background.
- The First Aid signs should be placed where they can be seen (not obstructed from view) and easily identified.
- First-aiders will have access to fully stocked first-aid boxes. These are to contain (the following is only guidance and each organisation must review their own needs as there is no set regulations as to what a first aid box should contain):
 - Guidance notes explaining first aid at work (such as first aid at work by the HSE);
 - Pad and Pencil - to record condition of person requiring first aids
 - 20 individually wrapped sterile adhesive dressings of assorted sizes;
 - Two sterile eye pads, with attachments;
 - Six individually wrapped triangular bandages;
 - Six safety pins;
 - Six medium sized, individually wrapped sterile un-medicated wound dressings;

- Two large, individually wrapped sterile un-medicated wound dressings;
 - Three extra large, individually wrapped un-medicated wound dressings;
 - Two pairs of disposable gloves;
 - Surgical tape;
 - Medical Scissors; and
 - Face Shield - very basic such as 'Resuci Aid'.
- First aid boxes **must not** contain any medications such as pain killers, creams or eye ointments. Other items such as protective clothing/equipment can be used e.g. disposable gloves, vent-aids.
- A list of the required contents (as above) and the name of the appointed person or first aider should be kept within the first aid kit. First-aiders and appointed persons will be responsible for ensuring that the boxes are regularly checked and restocked if necessary.
- Most of our facilities do not have a designated first aid room; however there should be a room available which could be converted for first aid purposes if required.
- Notices must be displayed within each building informing people of the means of summoning first aid assistance and of the location of the first aid box.
- For visitors to the club premises, the host will be responsible for calling first aid if required. If the visitor is to be unaccompanied, the host should ensure that they are familiar with the means of calling for assistance.
- Many members are required to coach away from their club. Where this is the case those members should ideally be given 'emergency first aid training' and carry a First Aid Kit in the car. If an emergency arises the Club Representative will then be able to cope with the situation.
- The training and first aid kits should be made available by the line manager/budget holder.
- Some members carry their own medications such as inhalers for asthma or 'Epipens' which contain injectable adrenaline for the treatment of severe allergic (anaphylactic) reactions, for example to peanuts. These medications are prescribed by a doctor. If an individual needs to take their own prescribed medication, the first aider's role is limited to helping them do so and contacting the emergency services as appropriate.
- Medicines legislation restricts the administration of injectable medicines. Unless self administered, they may only be administered by or in accordance with the instructions of a doctor (e.g. by a nurse). However, in the case of adrenaline there is an exemption to this restriction which means in an emergency, a suitably trained lay person is permitted to administer it by injection for the purpose of saving life. The use of an Epipen to treat anaphylactic shock falls into this category. Therefore, first aiders may administer an Epipen if they are dealing with a life threatening emergency in a casualty who has been prescribed and is in possession of an Epipen and where the first aider is trained to use it.

Legislation

- Health and Safety (First-Aid) Regulations (Northern Ireland) 1982.
- Health and Safety at Work (Northern Ireland) Order 1978 (Amendment 1998)