



RAISING YOUTH

RAISING THE BAR FOR YOUNG PEOPLE IN MEDWAY

Health and Safety Policy

2023/26

Policy Information

Policy Name	Health and Safety Policy
Policy Owner	Director of Operations
Policy Author	Director of Operations
Approved By	Board of Trustees
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Review Cycle	3 Yearly
Next Review	September 2026

Version Control

	Summary of Changes	Date Changed
V1	First Published	14/02/2022
V2	Changed to reflect branding guidelines.	23/09/2023
V3	Added 'Lone Working' section	07/12/2023

Responsibilities

Trustees and Chief Executive Officer (CEO)

The Trustees and CEO have the overall and final responsibility for health and safety, and will:

- Ensure there are clear and enforceable policy and procedures for health and safety, and that the policy is implemented by all;
- Periodically assess the effectiveness of the policy and ensure any necessary changes are made;
- Identify risks relating to possible accidents and injuries and make reasonable adjustments to prevent them occurring.

Director of Operations

The Director of Operation has the day-to-day responsibility for ensuring this policy is put into practice and will:

- Take all reasonably practicable steps to ensure the Health and Safety Policy is implemented by leaders with designated responsibilities and other members of staff;
- Develop and implement safe working practices and conditions for all service users, staff and visitors on a day-to-day basis.

To ensure health and safety standards are maintained / improved, the following people have responsibility in the following areas:

Director of Operations

- Evacuation Plan
- Training
- First Aid Policy
- Engagement with External Health and Safety Audit
- Provision of PPE
- Safe Room Temperature
- Infection Control
- Risk Assessments
- Severe Weather
- Lone Working
- Stress Management
- Manual Handling
- Accident Reporting
- Accident Investigation
- Fire Alarm Testing
- Risk Assessments of Hazardous Materials Before Used
- Implementation of Asbestos Management Plan
- Safe Disposal and Waste Management
- Legionella Management
- Fire Safety Action Plan

- Informing of Safety Updates

Office Manager

- Visitors
- Renewal of Training
- Site Security and Theft
- Display Equipment
- Slips and Trips
- Working at Heights
- Housekeeping and Cleanliness

All Staff

- Co-operate with supervisors and managers on health and safety matters
- Take reasonable care of their own health and safety
- Report all health and safety concerns to an appropriate person (as detailed above)

Risk Assessment

The Director of Operations have overall responsibility for ensuring potential hazards are identified and risk assessments are completed for all areas of risk in the charity. Monthly assessments of high risks areas will be undertaken. Annual risk assessments will be conducted for all other areas of our sites. Risk assessments will identify all defects and potential risks along with the necessary solutions or control measures. The governing board will be informed of risk assessments, allowing issues to be prioritised and actions to be authorised, along with funds and resources.

Training

The charity will ensure that staff members are provided with the health and safety training they need for their job. This may include attendance at training courses as well as providing staff with basic instructions and information about health and safety. The Director of Operations will ensure that staff members are suitably trained in the handling of hazardous chemicals and materials as appropriate to their role.

Staff members will be provided with regular training opportunities and have access to support where needed. Staff members are expected to undertake appropriate CPD in order to further contribute to the running and success of the charity.

The following is a list of required general training:

- COSHH
- First Aid
- Food Hygiene
- Working at Heights
- Manual Handling
- Fire Warden
- Induction
- Risk Assessments

Consultation

The charity consults staff routinely on health and safety matters as they arise and formally when it reviews health and safety. The charity also engages with:

- Health and Safety Audit (Appropriate person) annually
- Examination of documents to ensure compliance with standards twice a year
- Termly inspection of premises, plants and equipment
- External measures, such as surveys by contractors and service providers, along with visits from Environmental Health and Ofsted

Evacuation

The Evacuation Procedures are set out in in the Emergency Plan. All staff members are to fully understand and effectively implement the Evacuation Plan.

All staff members are to fully understand and effectively implement the Charity's Bomb Threat Policy. This is set out fully in the Emergency Plan.

The procedure for fire drills and the use of fire extinguishers will be clear and understood by all staff. We will test evacuation procedures on a monthly basis at all sites.

First Aid

We will act in accordance with the First Aid Policy at all times. We will ensure ample provision is made for both trained personnel and first-aid equipment on-site. The Director of Operations will keep a record of all staff training and when it must be renewed. This includes the names of qualified first aiders.

The locations of first-aid boxes are listed in the First Aid Policy and the Health and Safety Officer ensures that they are well-stocked.

Fire Safety

All staff members are to fully understand and effectively implement the Evacuation Plan. The Director of Operations is responsible for certifying that procedures for ensuring that safety precautions are properly managed will be discussed, formulated and effectively disseminated to all staff.

The procedure for fire drills and the use of fire extinguishers will be clear and understood by all staff. Our sites will test evacuation procedures on a monthly basis. The evacuation of visitors and contractors will be the responsibility of the person they are visiting or working for.

Firefighting equipment will be checked on an annual basis by an approved contractor. Fire alarms will be tested weekly from different 'break glass' fire points around our sites, and records will be maintained and held in the Rochester Hub. Emergency lighting will be tested on a six-monthly basis, and records will be maintained and held by site staff.

Accident Reporting

All accidents and incidents, including near-misses or dangerous occurrences, will be recorded in an accident book held in the Rochester Hub. The Director of Operations will be responsible for informing the Chief Executive Officer if the accident is fatal or a “major injury”, as outlined by the HSE.

Reporting Procedure

Should an incident require reporting to the Incident Control Centre (ICC) (part of the HSE), the Director of Operations, or a person appointed on their behalf, will file a report as soon as is reasonably possible. The person will complete the relevant report on the HSE website:

<http://www.hse.gov.uk/riddor/report.htm>

The HSE no longer accepts written accident reports, except for in exceptional circumstances. The charity will report all accidents and injuries online where possible (using the above link/web address). Fatal and specified injuries may only be reported using the telephone service on 0845 300 9923 (open Monday to Friday 8.30am to 5pm).

Significant Accidents

Significant accidents, as defined in the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013, will be reported to the HSE at the earliest opportunity. The ‘specified injuries’ which must be reported include the following:

- Accidents to staff causing either death or major injury
- Accidents resulting in staff being away from work or being unable to perform their normal work duties for more than seven consecutive days (this seven-day period does not include the day of the accident)
- Fractures, other than to fingers, thumbs and toes
- Amputation of an arm, hand, finger, thumb, leg, foot or toe
- Any injury likely to lead to permanent loss of sight or reduction in sight in one or both eyes
- Any crush injury to the head or torso, causing damage to the brain or internal organs
- Any burn injury (including scalding) which covers more than 10 percent of the whole body’s surface area or causes significant damage to the eyes, respiratory system or other vital organs
- Any degree of scalping requiring hospital treatment
- Any loss of consciousness caused by head injury or asphyxia
- Any other injury arising from working in an enclosed space which leads to hypothermia or heat-induced illness, or that requires resuscitation or admittance to hospital for more than 24 hours

Additional reportable occurrences include the following:

- The collapse, overturning or failure of any load-bearing part of any lifting equipment
- The explosion, collapse or bursting of any closed vessel or pipe work
- Electrical short circuit or overload resulting in a fire or explosion
- Unintentional explosion, misfire or failure of demolition to cause the intended collapse, projection of material beyond a site boundary, or injury caused by an explosion
- Any accidental release of a biological agent likely to cause severe human illness
- Any collapse or partial collapse of scaffolding over five metres in height
- When a dangerous substance being conveyed by road is involved in a fire or is released
- The unintended collapse of any building or structure under construction, alteration or demolition, including walls or floors
- Any explosion or fire resulting in the suspension of normal work for over 24 hours
- Any sudden, uncontrolled release in a building of: 200kg or more of flammable liquid, 10kg or more of flammable liquid above its boiling point, 10kg or more of flammable gas, or 500kg or more of these substances if the release is in the open air
- Accidental release of any substances which may damage health
- Serious gas incidents
- Poisonings
- Skin diseases including, but not limited to: occupational dermatitis, skin cancer, chrome ulcer, oil folliculitis/acne
- Lung diseases including, but not limited to: occupational asthma, farmer's lung, asbestosis, mesothelioma
- Infections including, but not limited to: leptospirosis, hepatitis, anthrax, legionellosis, tetanus
- Other conditions such as occupational cancer, certain musculoskeletal disorders, decompression illness and hand-arm vibration syndrome

Accident Investigation

Accident information will be analysed by The Director of Operations every month. The length of time dedicated to further investigation will vary on the findings from the analysis. After any further investigation takes place, a risk assessment will be carried out, or the existing assessment amended, to avoid reoccurrence of the accident. Hospitalisations will be investigated by the Director of Operations.

Reporting Hazards

Staff, service users, contractors and visitors have a legal duty to report any condition or practice they deem to be a hazard. In the main, reporting should be conducted verbally to the Director of Operations or Office Manager as soon as possible.

Bomb Threat Procedure

All staff members are to fully understand and effectively implement the charity's Bomb Threat Policy. This is set out fully in the Emergency Plan.

Evacuation

The Evacuation Procedures are set out in The Emergency Plan.

Visitors to Charity Sites

Visitors to charity must check in at reception or to the Office Manager. Visitors must be issued with an identification badge and lanyard as below:

- Red Lanyard: Visitor has not provided evidence of a DBS Check and must be escorted at all times
- Green Lanyard: Visitor has provided evidence of a DBS Check and does not need to be escorted at all times

Lanyards must be worn at all times whilst on site. Where staff see a person without their ID and they do not recognise them, they must challenge them and ask to see their visitor pass. If this cannot be produced, they should be escorted/reported to the Person in Charge/Office Manager. If they become aggressive or refuse to leave, the police must be called.

Personal Protective Equipment (PPE)

The charity provides staff and service users who are exposed to a hazard at our sites, which cannot be controlled by other means, with PPE. PPE means all equipment worn, or held, by staff or service users which is designed to protect them from specified hazards. All staff and service users will be provided with protective eyewear where required. Visitors will also be supplied with PPE when appropriate.

Staff and service users will use the PPE provided, and care for it according to the instructions and training given. They will also report any loss or defects to their manager/family support worker. The PPE will fit the wearer properly. Where more than one item of PPE must be worn, they should be compatible and remain effective.

PPE will not be worn if the hazard is caused by wearing it that is greater than the hazard it is intended to protect the wearer from. Clothing which is not specifically designed to preserve the health and safety of the wearer does not constitute as PPE.

Risk assessments are carried out by the Director of Operations to determine the suitable PPE to be used for each hazard. Staff and service users can expect that any equipment they use is suitable for its intended use and is properly maintained. Staff will receive health and safety training in order to ensure they know how to properly use, maintain and store PPE, and how to detect and report faults.

Equipment manuals are readily available and warning signs are clearly displayed in areas, and on equipment, where PPE is mandatory.

Hazardous Materials

We will act in accordance with COSHH regulation at all times. No chemicals or other hazardous materials will be used without the permission of the Chief Executive Officer. The Charity will only purchase hazardous materials from a reputable source, making sure that the relevant material safety data sheet (MSDS) is provided by the retailer on delivery. The charity will only order supplies of hazardous materials when existing stocks are no longer adequate, and in quantities that are no larger than necessary.

Site Staff will ensure that the relevant control measures and appropriate guidelines are put in place to manage the risks identified in risk assessments. Control measures will be checked and reviewed during site inspections termly and the Health and Safety Audit every two years. All equipment, materials and chemicals will be held in appropriate containers and areas conforming to health and safety regulations.

Hazardous substances will be labelled with the correct hazard sign and contents label. Storage life will be considered by every user. Low toxic products will be stored securely and only used under supervision in a well-ventilated area. Dust and fumes will be safely controlled by local exhaust ventilation regulations.

Where a substance has a workplace exposure limit, control measures will ensure that exposure is below the limit. The Site Staff will keep an up-to-date inventory of all the hazardous chemicals and materials held in the charity. Unwanted or surplus chemicals and materials, including those that have become unsafe, will be disposed of by a registered waste carrier, in accordance with charity procedures.

Legionella Management

By understanding the water systems, equipment associated with the systems (e.g. pumps), and heat exchangers etc. the charity will ensure that any associated risks from exposure to legionella are identified, assessed and managed in accordance with HSE guidance.

Medicine and Drugs

The Charity's Supporting Service Users with Medical Conditions Policy will be read, understood and adhered to by all staff.

Smoking

Smoking is prohibited by law inside any of the charity's buildings. Each site will have a designated smoking area to be used by staff and visitors.

Housekeeping and Cleanliness

Managers are responsible for ensuring their teams clean areas after use. The person in charge is responsible for hoovering the floors and emptying bins at the end of every day. The Office Manager is responsible for ensuring that the site is at a safe temperature for staff and service users to work in. Rooms will be kept at a minimum of 16° with a constant supply of fresh air.

Infection Control

We actively prevent the spread of infection through the following measures:

- Maintaining high standards of personal hygiene and practice
- Maintaining a clean environment
- Implementing a policy of no attendance to session until 24 hours after sickness and diarrhoea
- Following the UK Health Security Agency's guidelines about infectious diseases

We employ good hygiene practice in the following ways:

- Displaying posters throughout our sites, encouraging all service users, staff members and visitors to wash their hands after using the toilet, before eating or handling food, after touching animals and following any other actions that increase the risk of the spread of infection, such as coughing or sneezing
- Ensuring there is sufficient liquid soap, warm water and paper towels available for everyone to wash their hands throughout our sites
- Providing PPE where necessary
- Immediately cleaning any spillages of bodily fluids with a combination of detergent and disinfectant, and always wearing PPE. Mops will not be used to clean up body fluid spillages; instead, paper towels will be used and discarded properly, following the procedures for clinical waste
- Washing all laundry in a separate dedicated facility and washing any soiled linens separately
- Hygienically bagging any service user's soiled clothing to go home and never rinsing it by hand
- Storing all clinical waste in clinical waste bags and in a secure, dedicated area, before it is removed by a registered waste contractor
- Providing a secure sharps bin, out of reach of service users, for the disposal of sharps
- Discouraging service users, staff members and visitors from touching any stray animals that may come onto the site

Staff and service users displaying signs of infection, such as rashes, vomiting, diarrhoea, etc., will be sent home and recommended to see a doctor. We encourage parents to have their children immunised. All cuts and abrasions should be covered with an appropriate dressing.

Slips and Trips

In line with HSE guidance, control measures are in place to effectively control slip and trip risks. The charity utilises the following procedure:

- Identify the hazards – risk factors considered include:
 - Environmental (floor, steps, slopes, etc.)
 - Contamination (water, food, litter, etc.)
 - Organisational (task, safety, culture, etc.)
 - Footwear (footwear worn for evening events may not be in line with the Charity's Dress and Appearance Policy)
 - Individual factors (rain, supervision, pedestrian behaviour, etc.)
- Decide who might be harmed and how

- Consider the risks and decide if existing precautions are sufficient, or if further measures need to be introduced
- Record the findings
- Review the assessment regularly and revise if necessary

Security and Theft

Policy and procedures to reduce security risks are addressed in the Security Policy. Money will be held in a safe and banked regularly to ensure large amounts are not held on-site and that the amount held is in line with the insurance policy limit. Money will be counted in an appropriate location, such as the Rochester hub, and staff should not be placed at risk of robbery.

Staff and service users are responsible for their personal belongings and the charity accepts no responsibility for loss or damage. Thefts may be reported to the police and staff members are expected to assist police with their investigation.

All members of staff are expected to take reasonable measures to ensure the security of charity equipment being used. Missing or believed stolen equipment will be reported immediately to a senior staff member.

Stress Management

Staff will be aware of the symptoms of stress, including sleeping problems, dietary problems, mood swings, feeling lethargic, fatigue, emotional problems, chest pains and elevated heart rate, lack of focus, inability to concentrate and increased sweating. Staff members who suffer from any of these symptoms are advised to consult their GP as soon as possible.

Staff can also receive support from their Line Manager and the Human Resources Department.

Display Equipment

Regular display screen assessments will be carried out by the Director of Operations for staff who regularly use laptops or desktops computers.

Lone Working

Some staff may need to work alone, for example if they are working from home or are attending a home visit. Every effort will be made to ensure that a colleague who is lone working is kept safe. Managers will ensure that any lone working tasks are risk assessed with appropriate control measures are implemented.

First, lone workers must ensure that any lone working activity is recorded in their Outlook Calendar with the work address listed as the location. This is used by any colleague who may acts as the Primary Point of Contact.

For every lone worker, another colleague will be appointed as their Primary Point of Contact (PPOC). The PPOC is responsible for making contact with the lone worker to ensure their safety. The Lone Worker must contact the PPOC at these times:

1. Before leaving home,
2. Upon arriving at the work location (Provide an ETA for the end of the work),
 - a. If the work is going to take longer then expected, the PPOC must be informed,
3. Upon leaving the work location,

4. Upon returning home.

For contacts 1 and 4; these must be telephone, all other can be by text message or email. The worker must inform the PPOC that they are safe and their next steps.

In the event that a Lone Worker needs assistance, they could call or text the PPOC without delay. If they need to do so covertly, they should use the phrase “Please cancel my appointment with Jess”. The PPOC must use the workers calendar or Halaxy to determine their location and form an appropriate response; usually notifying the Emergency Services. The DSL must be informed if a colleague uses the safe phrase.

If the PPOC does not hear from the worker at the expected time, they must first contact them by txt message to check their status. If after 5 minutes they do not receive a response, they must call them. If they do not answer, leave a voicemail and wait 5 minutes for them to return the call. If after 5 minutes, they do not call back try again and wait 3 minutes. Finally, if there is no contact after this stage, alert the Emergency Services and request that a welfare check is carried out at the work location.