

Last Updated: September 2023

Due for Review: September 2024

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Health and Safety Statement:

"Red Balloon Foundation [RBF] is committed to providing and maintaining safe and healthy working conditions, equipment and systems of work for all our staff and volunteers [team], including the provision of information, training and supervision that they need for this purpose. RBF is similarly committed to ensuring the health, safety and welfare of all those who come on to premises owned by RBF and/or participate in RBF activities in other places. This policy has been prepared in accordance with the provisions of the Health and Safety at Work Act 1974 and its subsequent revisions; all regulations it makes are under the authority of this law."

Policy

1. Overall responsibility for Health and Safety is that of the RBF Health & Safety Officer [HSO], who will be a member of staff nominated by the Board of Trustees [Board] and who will receive appropriate training to be able to fulfil the role. The HSO may delegate certain parts of their role to other team when the HSO cannot be personally present at a given activity.
2. It is therefore the responsibility of the HSO and/or those persons to whom they have delegated particular roles to ensure that:
 - 2.1 they are familiar with relevant statutory Health and Safety legislation (including but not limited to the Health and Safety at Work Act 1974);
 - 2.2 they are familiar with this policy;
 - 2.3 all other team are familiar with this policy and their responsibilities as laid out in it;
 - 2.4 there are safe systems of work in place;
 - 2.5 all premises used by RBF team are both clean and tidy;
 - 2.6 team use safety equipment and clothing appropriately whenever required;
 - 2.7 adequate access and egress to premises and sites used are maintained;
 - 2.8 adequate fire-fighting equipment is available and maintained;
 - 2.9 food hygiene regulations and procedures are observed;
 - 2.10 reports are made to the HSE Incident Contact Centre where serious infractions of this policy take place on 0845 300 9923;
 - 2.11 team members are adequately consulted where changes are made to their working arrangements which may affect matters of health and safety as covered in this policy.
3. It is the responsibility of all other team and volunteers to:
 - 3.1 co-operate in the implementation of Health and Safety policy;
 - 3.2 comply with safety rules, operating instructions and working procedures;
 - 3.3 use protective clothing and equipment whenever required;
 - 3.4 report any faults or defects in equipment to their line manager or the HSO;
 - 3.5 report all accidents, injuries, near misses and perceived safety hazards to their line manager or the HSO.

Procedures

1. Accidents, First Aid, Illnesses and Health Concerns:

- 1.1 A first aid kit will be given to the nominated first aider for all activities. Where premises are used, the lead team member should familiarise themselves with first aid supply availability on that site in addition to the RBF kit.
- 1.2 Trained and qualified first aiders will be present at every RBF activity delivered, holding paediatric first aid qualifications gained within the last three years wherever the majority of activity participants will be under 18.
- 1.3 Each team member's folder contains Extended End of Session Report [EEOSR] sheets which must be completed for all accidents, however minor, and submitted with their End of Session Report to the HSO.
- 1.4 Where necessary, it is the responsibility of the HSO to make a report to RBF's insurer and/or to the HSE.
- 1.5 All EEOSRs must be reviewed by the HSO within 48 hours of submission.
- 1.6 Any fatal accidents, major injuries or dangerous occurrences must be reported immediately to the relevant authorities in accordance with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR), and where they occur at an activity registered with OFSTED, then also directly to OFSTED. The LADO of the appropriate local authority should also be notified along with, in the case of a fatal accident, the Multi Agency Safeguarding Hub (MASH) or equivalent. In addition, in an OFSTED registered setting, OFSTED must be notified as soon as possible (within at least 14 days) if:
 - 1.6.1 there is a food poisoning incident affecting two or more children;
 - 1.6.2 any child has meningitis;
 - 1.6.3 there is an outbreak of any notifiable disease identified in the Public Health (Control of Diseases) Act 1984 (see section 1.10);
 - 1.6.4 a member of RBF team is off work for more than three days due to an accident within the setting;
 - 1.6.5 there are any material changes to the location, premises size, delivery hours, RBF's registration with the Charity Commission or nominated individual associated with the setting.
- 1.7 Measures for dealing with bodily fluids are dealt with in the RBF Safeguarding (Children) Policy.
- 1.8 Where a child attends a session and presents already with a visible injury/illness:
 - 1.8.1 If the illness presents with any of the symptoms of COVID19 (at the last time of update, these include a high temperature, new continuous cough or new loss of the sense of taste or smell) then the child should not be admitted to the session but the COVID19 containment procedure outlined in the risk assessment for the group should be followed immediately;
 - 1.8.2 For any other illness/injury, the RBF team member registering them (or, if they are not a first aider, then the first aider present) should complete an assessment to ensure they are safe to participate and complete a Pre-Existing Injury & Medication Authorisation Form [PEIMA] to be submitted along with the EOSR. If the child's parent/carer does not drop them to the session, they should be asked to countersign the PEIMA when they collect their child.
- 1.9 Where a child attends a session who is required to take medication during that session:
 - 1.9.1 their parent/carer must sign a PEIMA before the session;
 - 1.9.2 team will offer to safely store any medication which the child routinely carries themselves (e.g., asthma inhalers/auto adrenaline injectors);
 - 1.9.3 parent/carers should provide the medication in a clearly labelled container including the child's name, the type of medicine, instructions for administration and dosage;

- 1.9.4 one team member will take responsibility for the safe storage, administration, recording on the PEIMA and return of the medication at the end of the session, while a second will be present at the time of administration to ensure that the appropriate dosage is given;
 - 1.9.5 if the child refuse to take the medication they will not be forced to do so, but the child's parent/carer will be notified immediately and the incident recorded on the EOSR;
 - 1.9.6 at the end of the session where the medication is returned to the parent/carer, they will be asked to sign the PEIMA to confirm they are aware that the medication was administered;
 - 1.9.7 if the medication is in relation to a long-term illness, the PEIMA will be counted as valid for up to four weeks before it needs to be renewed and should be updated and resubmitted with the EOSR each time medication is administered, and, if the child's dosage, frequency of administration, etc., changes during the period, a new PEIMA should be completed;
 - 1.9.8 RBF undertakes to provide appropriate training for team where administration of medication is more complex (e.g., using adrenaline auto injectors, etc).
- 1.10 In the case where RBF is made aware that a child or adult attending one of our sessions has been diagnosed with an infectious disease, the HSO will put into a place an action plan based on the latest available information on the NHS website to avoid the further spread of the infection. Staff are also to be aware of signs of symptoms of common infectious diseases/symptoms (e.g., chickenpox, measles, mumps, rubella, meningitis, hepatitis, diarrhoea, vomiting and fevers) in order they can support parents/carers in identifying them. In order to mitigate the risk of disease spreading within our groups, we will:
- 1.10.1 display information about effective hand washing and hygiene and encourage children to wash their hands regularly;
 - 1.10.2 ensure team are briefed on minimising contact between our hands and mouth/nose and encourage child to do the same, covering nose and mouth when coughing or sneezing, using a tissue when possible, and disposing of the tissue promptly and carefully;
 - 1.10.3 instruct team to remain at home if they display relevant symptoms, or sending team home if they first display symptoms while at work and requiring them to stay off work for the length of time recommended on the NHS website and/or on the advice of their medical practitioner/fit note, being particularly mindful of additional risks for team who may be pregnant, and requiring them to complete a Sickness Monitoring Form before returning to work;
 - 1.10.4 instruct families to not send their children along to activities where they have been diagnosed with or suspected to have an infectious disease (or sending them home if they are already at an activity when the symptoms are observed, ensuring that the child is comfortable and calm while awaiting collection) and asking them to not to attend for the length of time recommended on the NHS website and/or that length of time recommended by their medication practitioner;
 - 1.10.5 notify families where there are suspected infectious disease cases within our activities ensuring that this is done in such a way as to not identify the child/children/team who are suspected/confirmed to have the condition;
 - 1.10.6 ensure that adequate supplies of cleaning materials are available within our sessions;
 - 1.10.7 dispose of waste promptly and hygienically;
 - 1.10.8 clean hard, frequent contact surfaces (e.g. door handles) with appropriate cleaning products regularly and have appropriate regular cleaning regimes in place for the cleaning of RBF's equipment (with a thorough deep clean at least once per term and spot cleans after each session);
 - 1.10.9 ensure that those organisations who make spaces available for RBF's use have appropriate cleaning and deep cleaning arrangements in place for all areas including toilets and that approved waste disposal facilities are in place for nappies/continence aids, sanitary products and sharps;
 - 1.10.10 provide tissues and suitable facilities for their disposal as well as relevant PPE supplies;
 - 1.10.11 require team members to implement good ventilation in spaces used, bearing in mind any additional risks relating to Safeguarding that this may pose;

- 1.10.12 consider stopping running various activities for an appropriate period of time where large numbers of team or participants become ill and notifying the relevant authorities when this is the case;
 - 1.10.13 notify the appropriate agencies where a case of a notifiable disease is confirmed (per Public Health (Infection Diseases) Regulations 1988), including, but not limited to, the relevant local authority, the UK Health Protection Agency and OFSTED;
 - 1.10.14 stop running any activity if advised to do so by a statutory agency in the interest of safeguarding the participants;
 - 1.10.15 create a full cleaning procedure and protocol where necessary to be included within the risk assessment for any given activity (particularly in relation to COVID19).
- 1.11 Where a team member needs to take medication, prescribed by a doctor or self-prescribed:
- 1.11.1 the medication must be kept in an area that is secure and away from children (preferably inside a locked container);
 - 1.11.2 the medication should not be taken in front of any activity participants;
 - 1.11.3 if there is a chance that the medication may have side effects such as drowsiness, memory lapses, etc., then the HSO must be notified and an assessment should take place before the team member is allowed to work in supervision of under 18's.

2. Fire Safety, Evacuations and Lockdown Scenarios:

- 2.1 This section of the procedures is in fulfilment of RBF's obligations under the Regulatory Reform (Fire Safety) Order 2005.
- 2.2 It is the responsibility of the HSO to ensure that an assessment of the fire risks in any premises used by RBF activities is to be undertaken as part of our risk assessment procedure (see clause 18). This assessment should include:
 - 2.2.1 a check that a fire can be detected in reasonable time and that people can be warned;
 - 2.2.2 a check that people who may be in the building can get out safely and have a place to assemble while waiting for assistance;
 - 2.2.3 a check that reasonable fire fighting equipment is available;
 - 2.2.4 a check that regular participants at RBF activities are aware of what to do in the event of fire;
 - 2.2.5 a check that all fire fighting equipment is regularly serviced;
 - 2.2.6 ensuring fire evacuation drills are carried out at all RBF activities at least once per academic term and keeping a register of when these are completed;
 - 2.2.7 working with the RBF SENDCO to produce Personal Emergency Evacuation Plans [PEEPS] wherever required and required evacuation equipment is available;
 - 2.2.8 ensuring that team members who will be delivering the activity are aware who is responsible for coordinating any evacuation, who should call emergency services, how to access any special equipment (e.g., evac chairs) and if there are particular isolation points/power supply cuts off they need to be aware of;
 - 2.2.9 ensuring that a building plan and/or "In the Event of Fire" sign is displayed/available to team members which shows (where applicable):
 - 2.2.9.1 escape routes;
 - 2.2.9.2 fire exits and refuges;
 - 2.2.9.3 call points/other method to raise the alarm;
 - 2.2.9.4 assembly and/or isolation points and fire fighting equipment;
 - 2.2.9.5 high risk areas;
 - 2.2.10 a plan to ensure that all new staff members receive a fire safety induction relevant to the particular activity, including (but not limited to):
 - 2.2.10.1 the risks from fire;

- 2.2.10.2 general precautions and specific requirements relating to the activity;
- 2.2.10.3 fire arrangements already in place including:
 - what to do if they discover a fire;
 - how to raise an alarm of fire;
 - what to do if they hear the fire alarm;
 - where fire extinguishers are located and how to use them (if it safe to do so);
 - escape routes from the building;
 - the whereabouts of the evacuation assembly point(s);
 - how to call the Fire and Rescue Service;
 - arrangements for the evacuation of people with special needs;
 - the dangers associated with obstruction of fire exits and wedging open of fire resisting doors;
- 2.2.10.4 emergency arrangements and plan;
- 2.2.10.5 names of any fire marshals/wardens who have been appointed;

and that is recorded on the RBF Single Central Record and is updated whenever significant changes are made to the activity/premises and/or biennially, whichever occurs first.

2.2.11 where required a specially trained fire marshal/warden is to be designated for the activity.

2.3 If a fire is discovered or other situation which requires evacuation is discovered (e.g., advice of bomb threat by local authority, burst pipes, etc), any team member is expected to following the specific Fire/Evacuation Procedure that has been produced for that activity, which should include some or all of the following:

- 2.3.1 immediately and calmly raise the alarm;
- 2.3.2 attack any fire if possible within their capacity using the provided appliances and close all doors and windows without taking any personal risk;
- 2.3.3 check the building for occupants and gather activity participants in a line quietly;
- 2.3.4 evacuate to the premises' designated assembly point, taking a register to ensure all activity participants and team members are accounted for and, where re-entry to the site is unlikely, telephone parents/carers to collect those under the age of 18;
- 2.3.5 telephone the emergency services where required and they are not already on scene and notify the RBF Duty Manager of the situation;
- 2.3.6 ensure emergency services have adequate access on to the site and notify them immediately if any person is missing once the register has been taken;
- 2.3.7 report the incident as quickly as possible to a member of the RBF Leadership Team.

2.4 If a team member is made aware of the threat of a potential terrorist or other criminal incident that requires a lockdown rather than an evacuation (e.g., report of an armed person on the premises), any team member is expected to:

- 2.4.1 gather activity participants together in a predetermined space away from doors/windows, closing and locking the same and drawing curtains/blinds where possible and switching off lights;
- 2.4.2 instructing activity participants to be as quiet as possible;
- 2.4.3 contacting emergency services on 999 as quickly as possible informing them of the group's exact location within the site and staying on the line to the operator as long as possible or until given different instructions;
- 2.4.4 remaining within the locked space until instructed either by the emergency call operator or a uniformed member of the emergency services/armed forces to leave the space, after which time following the procedure outlined in 2.3.5;
- 2.4.5 report the incident as quickly as possible to the RBF Duty Manager.

3. Electrical Safety:

- 3.1 A list of all of RBF's portable electrical appliances is maintained by the HSO.
- 3.2 Every term, plugs, cables and sockets will be inspected by a responsible person to ensure that there are no loose connections, worn flexes or trailing leads. Any necessary repairs will be reported to the HSO.
- 3.3 Every year all the portable electrical equipment will be tested by a competent contractor to ensure that all appliances are safe. Any unsafe equipment will be safely disposed of.
- 3.4 Every term a visual inspection will be carried out of the fixed electrical installation in any premises owned/leased/rented by RBF by a responsible person. Any defects will be reported to the HSO for action.
- 3.5 Every five years the fixed electrical installation in any premises owned/leased will be inspected and tested by a competent contractor. Any necessary remedial work will be carried out. The HSO will ensure that this is carried out by the landlord in premises rented by RBF.
- 3.6 It is the policy of RBF not to sell any second hand electrical goods unless they have been inspected and tested by a suitably qualified person and a register of such equipment is maintained.
- 3.7 All team are expected to:
 - 3.7.1 visually check all electrical equipment before use;
 - 3.7.2 report any faults immediately to the HSO;
 - 3.7.3 not attempt to use or repair any faulty equipment;
 - 3.7.4 not bring their own electrical equipment on to any premises used by RBF activities unless it has been portable appliance tested;
 - 3.7.5 switch off and disconnect any electrical equipment that is not in use for long periods;
 - 3.7.6 position flexible cables so they are not a trip hazard.

4. Gas/Radioactive Equipment Safety:

- 4.1 All gas/radioactive equipment used by RBF is to be regularly maintained and checked by a CORGI registered gas installer or otherwise qualified individual, with any necessary work required for safety implemented immediately.

5. Hazardous Substances

- 5.1 The HSO is responsible for maintaining a list of all hazardous substances used by RBF team which should be updated annually or where the HSO is aware that new hazardous substances are being used.
- 5.2 Where possible, use of hazardous substances is eliminated, but where this is not possible, the arrangements are:
 - 5.2.1 hazardous substances are those marked: 'Harmful, Irritant, Corrosive, Toxic, Very Toxic, Flammable, Highly Flammable, Extremely Flammable, Explosive, Oxidising, and/or Dangerous to the Environment';
 - 5.2.2 information provided by the manufacturers is to be used to determine the correct method of use for each substance, including deployment method, protective clothing required, method of storage and action to take in the event of an accident;
 - 5.2.3 a hazardous substance record is to be kept by the HSO detailing this information. The record is to be updated bi-monthly or when a new hazardous substance is purchased for use.
- 5.3 Chemicals should never be mixed.
- 5.4 Chemicals should never be stored in unmarked containers.

- 5.5 Team will be made aware that naturally occurring substances from plants can be equally as toxic as artificial chemicals; risk assessments will therefore consider the presence of potentially harmful plants within outdoor spaces used by RBF groups per the outline in Annex B of this Policy.
- 5.6 RBF is aware that there is a risk that Legionnaires Disease and other water born bacteria may be present within the various premises it uses. The HSO must therefore:
- 5.6.1 receive adequate and regular training around the risks of Legionnaires Disease;
 - 5.6.2 liaise with the identified Duty Holder of each premises used for regular activity delivery to ensure that adequate control measures have been put in place to manage Legionella risk and that these control measures have been prescribed by an appropriately qualified person;
 - 5.6.3 ensure that a water risk assessment drafted by suitably qualified person is in place for each premises and that the Duty Holder has an action plan in place to ensure that the actions recommended by the assessor are being completed in a timely manner and/or that there are appropriate mitigations in place that render the water supply safe while awaiting for those actions to be carried out;
 - 5.6.4 keep a record of when subsequent checks are recommended by the risk assessor and liaise with Duty Holders to ensure these checks have been completed;
 - 5.6.5 notify appropriate authorities, including the Health & Safety Executive, if they know or suspect an outbreak of Legionellosis may be associated with a premises where RBF operates activities.
- 5.7 RBF is aware that there is a risk that Asbestos Containing Materials [ACMs] may be present within the premises it uses which were constructed prior to 2000. The HSO must receive adequate and regular training around the risks in working in buildings where ACMs may be present and liaise with the identified Duty Holder of each premises used for regular activity delivery to ensure that adequate control measures and an asbestos management plan have been put in place to manage any ACMs present and that these control measures have be prescribed by an appropriately qualified person and are regularly reviewed in line with the recommendations of the qualified person.
- 5.7.1 RBF team members should make the HSO aware if any building works/maintenance is being carried out on premises used where ACMs have been identified in the Activity Risk Assessment so an additional assessment can be carried out to ensure that any additional control measures have been effectively implemented.
 - 5.7.2 The HSO must notify appropriate authorities, including the Health & Safety Executive, if they know or suspect that ACMs have been mishandled leading to a release of asbestos fibres.

6. Slips, Trips and Falls

- 6.1 In order to reduce as far as is reasonably practicable the risk of slips, trips and falls, an inspection will be made termly by the HSO of:
- 6.1.1 all floors and stairs in premises used by RBF;
 - 6.1.2 all paths and steps on the said site.
- 6.2 Any defects are to be reported and acted upon as soon as possible, and if necessary areas are to be isolated until remedial works can be carried out by RBF or the premises owner.

7. Lighting

- 7.1 In order to ensure that all premises used by RBF team are adequately lit, an inspection will be made termly by the HSO to ensure that all lights in the premises and it's exterior are working.
- 7.2 Any bulbs that require replacement are to be reported and acted on as soon as possible.

7.3 Where replacement of bulbs is the responsibility of RBF team, they should follow simple safety procedure to avoid injury.

8. Working at High Level:

- 8.1 In the normal operation of RBF no persons should be working at high level except where accessing certain resources/equipment stored above head height in RBF storage areas. In these cases, appropriate access equipment will be provided with written notices explaining how the access equipment is to be used safely in line with the risk assessment for that
- 8.2 On the rare occasion that non-routine high level work needs to be carried out (e.g., replacement of some exterior light bulbs, clearing gutters) appropriate training will be given and a system of recording will detail who is working where at any time.

9. Preparation of Food:

9.1 RBF undertakes to:

- 9.1.1 follow the appropriate regulations governing the preparation and storage of foodstuffs;
- 9.1.2 ensure that all food handlers receive adequate supervision, instruction and training (to at least Food Health & Hygiene Level 2 updated once every three years);
- 9.1.3 ensure that the appropriate assessment of risks is carried out for the foods to be prepared and stored including storage at correct temperatures;
- 9.1.4 check that before any preparation commences, all surfaces coming into contact with food must be washed down and disinfected.
- 9.1.5 only prepare foodstuffs in appropriate kitchen areas or temporary areas which have been appropriately sanitised before use.
- 9.1.6 provide healthy foods which are in line with stipulations by those bodies under who guidance RBF operates (such as OFSTED or a host school), but more generally to ensure that we are encouraging a diet which is in line with the best principles of balance and nutrition. We will therefore limit the amount of foods which are supplied which are high in sugar/fat, always provided 'healthy options' such as fruit and vegetables, but also recognise that especially in moments of celebration (such as a birthday/anniversary/etc) sharing together with a cake, etc., is an important part of building community and promoting emotional wellbeing.
- 9.1.7 register where required to do as a food business with the local authority and comply with any guidance issued by environmental health or other council officers.

9.2 In order to ensure that food preparation is carried out in a safe way and for the general health and hygiene of all team and activity participants, RBF undertakes to ensure as far as is possible that all buildings used for delivery of activities are free from pests by (or working with the relevant site managers to):

- 9.2.1 preventing access to the interior of the building for pests as far as is practicable;
- 9.2.2 placing all opened food in airtight and labelled containers;
- 9.2.3 cleaning any food preparation areas daily, keeping surfaces free of food debris and liquid spills;
- 9.2.4 ensuring that floors and surfaces are cleaned regularly (in food preparation areas daily) either by RBF or site premises staff;
- 9.2.5 being aware that some items used for craft activities may also constitute food for pests and so areas that these are used are to be cleaned in the same way as a food preparation area;
- 9.2.6 ensuring that all interior bins that might contain food/edible craft waste are emptied to an appropriate exterior bin at least once per day and that the exterior bin is collected regularly;
- 9.2.7 ensuring that appropriate pest control contracts are in place for premises that the team deliver activities in.

- 9.3 In the event that visual or other signs are observed that pests are present (for example, droppings, chew marks, nests. etc), team members must contact the HSO who will implement one or more of the following actions as necessary:
- 9.3.1 liaison with the site manager (where appropriate) to engage the services of the contracted pest control agency;
 - 9.3.2 suspension of RBF activities until the pest controllers have made their assessment where required;
 - 9.3.3 implementation of recommendations from pest controllers and suspensions of RBF activities while these are put in place (e.g., where particular pesticides/insecticides are used then the building will not be occupied for the period specified by the chemical manufacturer) and ensuring that areas treated with chemicals are thoroughly cleaned (in line with manufacturer's stipulations and engaging with professional contractors where required) before there are brought back into use;
 - 9.3.4 communicate with partner agencies, parents/carers and activity participants about the pest incident and the measures being implemented to address it.

10. Manual Handling:

- 10.1 The policy of RBF is to eliminate the need for manual handling as is reasonably practicable.
- 10.2 Where it is not possible to avoid the need to move loads, the HSO, or a person they nominate, will carry out risk assessments and make use of lifting aids, including trolleys and lifts, wherever possible.
- 10.3 The necessary training will be given to all those team who are required to undertake manual handling.
- 10.4 Only those persons who have received the appropriate training are authorised to undertake manual handling tasks.

11. VDU Equipment

- 11.1 The policy of RBF is to assess the risks to all habitual users of computer workstations and to reduce those risks to the lowest level possible.
- 11.2 The following factors are to be assessed:
 - 11.2.1 stability and legibility of the screen;
 - 11.2.2 contrast and brightness of the screen;
 - 11.2.3 tilt and swivel of the screen;
 - 11.2.4 suitability of keyboards, desks, chairs and other peripheral equipment;
 - 11.2.5 the work station environment;
 - 11.2.6 the user friendliness of the software;
 - 11.2.7 daily work routines will always involve periods away from the VDU equipment.

12. Buildings and Glazing:

- 12.1 The policy of RBF is to ensure that all premises used by RBF are safe and without risks to the health, safety and welfare of all who work in them and members of the public who use them. In order to achieve this, the buildings are inspected by the HSO termly.
- 12.2 Any defects are to be reported and acted on as soon as possible.
- 12.3 Where necessary, temporary measures are to be taken to ensure that there is no risk of accident or injury until permanent repairs can be effectively carried out.
- 12.4 Specific attention is paid to the glazing in any premises used to ensure that any glass in windows below waist height, in doors or beside doors below shoulder height is of a safety material or is otherwise protected against breakage.

13. Safeguarding:
- 13.1 RBF has a full Safeguarding Policy and Procedure.
 - 13.2 A statement reviewing RBF's procedures will be made at least annually at an appropriate meeting of RBF team.
 - 13.3 A permanent record is maintained of all accidents involving persons under the age of 18.
 - 13.4 Risk assessments will consider Safeguarding issues as the highest order of risk and put measures in place accordingly, considering the access which adults have to delivery spaces, how visitors to delivery spaces are identified and their presence records (usually via the EOSR) and the security of doors, windows, etc., within delivery spaces.
 - 13.5 When working with children it is possible that a variety of illegal/dangerous artefacts may be brought by service users into RBF activities, and where that happens RBF team should respond in the following ways in addition to completing EEOSR's and notifying both the Safeguarding and Health and Safety Officers. If RBF team of Families' Team member or higher seniority are present they should also contact parents/carers wherever possible.
 - 13.5.1 **Illegal Drugs:** children should be made aware that possession, consumption, supply or offer to supply of any illegal drugs will not be tolerated at or in the vicinity of any RBF activity, and, where it is suspected that this is taking place, that they must leave the activity and their actions may be reported to the police. Should a young person appear to have consumed illegal drugs before arriving at an activity, the senior team member present should make an assessment of risk before deciding whether that young person can join the activity. If they are refused entry, the senior team member should ensure that a responsible adult collects the child from the activity so that they are cared for while vulnerable (where necessary this adult may be a law enforcement officer/social team member).
 - 13.5.2 **Alcohol:** children should be asked to relinquish any alcohol they bring to an RBF activity and be asked to leave if they refuse. Should a child appear to have consumed alcohol before arriving at an activity, the senior team member present should make an assessment of risk before deciding whether that child can join the session or activity. If they are refused entry, the senior team member should ensure that a responsible adult collects the child from the activity so that they are cared for while vulnerable (where necessary this adult may be a law enforcement officer/social team member).
 - 13.5.3 **Tobacco/E-Cigarettes:** children should be informed that all RBF activities are strictly non-smoking but, where possible and where children are over the age of 16, they should be signposted to a safe smoking area.
 - 13.5.4 **Offensive Weapons:** children who are found to be carrying, or are suspected of carrying, offensive weapons (that is, as any article made or adapted for use to causing injury to another person) must be challenged by more than one team member with the goal being for them to leave the activity or for them to relinquish their weapon. Upon relinquishment the weapon should be locked away in a safe location until collected by the RBF Duty Manager who should be called to attend immediately. RBF team should exercise extreme caution in these situations safeguarding both themselves and the other children in their care before, during and after dealing with such an incident and if they feel in any danger should call 999 immediately.
 - 13.6 Where an adult who is not part of the RBF team visits a session:
 - 13.6.1 if they are not known to the RBF team members (e.g., they arrive and state they are from OFSTED, environment health, etc.) then team members must inspect their official ID and phone the organisation they are from to confirm their identity before allowing them into the space;
 - 13.6.2 this must be recorded on the EOSR including their time of arrival within the space, the reason for their visit and the time of their departure;
 - 13.6.3 they should be supervised by a team member throughout their visit;
 - 13.6.4 they should never left alone with children at any time;

- 13.6.5 for the duration of the time within the space, they should wear an RBF Visitor lanyard so they are clearly identified as an 'unsafe adult' to the children who are participating in the group;
- 13.6.6 should they refuse to leave at the end of their visit, the RBF Duty Manager should be called immediately who will then inform the police. Team members on site should remove children to another space away from the person if this occurs.

14. Contractors:

- 14.1 Anyone entering any premises used by RBF for the purposes of carrying out work, other than RBF team, will be regarded as a contractor. All contractors, including those who are self-employed, must:
 - 14.1.1 have their own Health and Safety policy (where required by law) and be able to provide a copy of the same;
 - 14.1.2 produce evidence that they have appropriate public and employers liability insurance in place;
 - 14.1.3 comply with all the requirements of this Health and Safety policy and co-operate with RBF team in providing a safe place of work and a safe system of operation;
 - 14.1.3 where plant and machinery is brought into premises used by RBF, they must be able to show where necessary that the equipment has been inspected and tested to ensure its safe operation;
 - 14.1.4 only use sub-contractors other than their own direct employees with the express permission of a director of RBF (although responsibility for those sub-contractors will remain with the contractors).
- 14.2 All contractors will be given detailed instructions regarding the areas where they are permitted to work and the extent of the work they are authorised to undertake.
- 14.3 If there is any possibility that contractors will be working on an area that contains ACMs as identified by the activity risk assessment, the HSO must be notified immediately and all service delivery must cease until the HSO is satisfied that appropriate control measures are in place to allow the works to be completed safely.

15. Workplace Violence:

- 15.1 RBF will not tolerate any violence or abusive behaviour towards its team under any circumstances and will always support its team when they report to their line-manager that they have suffered such an occurrence.
- 15.2 RBF will as far as it is practicable always deploy its team in all contexts in teams of at least two persons.
- 15.3 RBF will always provide its team with an emergency mobile phone whenever they are working on premises not owned by RBF and are unable to use their own equipment and ensure they have access to a landline or mobile phone when working on RBF premises.
- 15.4 If an RBF team member is faced with a situation where a person is being violent or abusive towards them they should:
 - 15.4.1 let the aggressor know that their behaviour is unacceptable;
 - 15.4.2 remove themselves from the situation as quickly as possible, taking steps to safeguard any children in their care at the time where possible;
 - 15.4.3 seek help by calling their line manager, or, in a situation where they are feeling physically threatened, calling the police on 999.
- 15.5 On receiving a report from a team member that they have been subject to violence or abuse, RBF line-managers must:

- 15.5.1 ensure any immediate medical treatment required is administered;
- 15.5.2 complete an EEOSR with the team member;
- 15.5.3 recover any CCTV footage that may be available relating to the incident and/or gather the names and contact details from any witnesses;
- 15.5.3 inform a representative of the Board about the incident and work with the Board to make a report to police in cases that involve physical attack or serious cases of threatening or verbal abuse;
- 15.5.4 provide on-going support to the team member who was subject to the violence or abuse, including but not limited to: appropriate additional training, access to counselling, allocation of extra leave time for recovery.

16. Lone Working/Home Visits

- 16.1 RBF defines a lone team member is as any member of staff working without direct supervision in a building or in the community, be they delivery, management or administrative team members. While RBF discourages the practice of lone working it accepts that it is a necessary part of RBF's operations.
- 16.2 Before lone working activities are undertaken an assessment must be undertaken as part of the overall activity risk assessment, including but not limited to:
 - 16.2.1 hazards within the area to be visited or workplace;
 - 16.2.2 available methods of communication;
 - 16.2.3 provision of equipment such as personal attack alarms;
 - 16.2.4 risks to men/women working alone;
 - 16.2.5 medical fitness of the person working alone;
 - 16.2.6 possibility of accidents (e.g. accessing ladders or steps);
 - 16.2.7 methods of raising the alarm in the event of no contact within an agreed time.
- 16.3 If an RBF team member feels that a home visit is necessary, they should first seek approval from the NSO and then ensure that:
 - 16.3.1 a complete risk assessment has been carried out in advance of the visit;
 - 16.3.2 the child's parent/carer is aware and supportive of the visit;
 - 16.3.2 that at least one other adult will be at the home at the time of the visit (and the team member should not enter the building until this has been confirmed) and is either present for or can overhear the content of the visit;
 - 16.3.3 the NSO or other member of the RBF Leadership Team is aware of when the visit is timed to begin and end and to report in to that team member within ten minutes of the scheduled end time;
 - 16.3.4 they are aware that all times that one of the most significant risks in conducting home visits is the potential for the situation to change quickly and with little warning or prediction, and to ensure that they are aware of their nearest exit at all times and are within easy reach of a mobile phone.
- 16.4 In the event of an RBF team member not reporting in at the appropriate time following a home visit, the staff member who was expecting them to report in should:
 - 16.4.1 make efforts to contact their colleague by phone and establish their whereabouts and wellbeing, calling both their colleague's number and the contact details held for the family who are hosting the visit for up to ten minutes as well as notifying an RBF Director;
 - 16.4.2 work with the Director to contact the police if twenty minutes after the scheduled visit end time have elapsed and no contact has been made.

17. Psychosocial

- 17.1 RBF undertakes to ensure that its team members are as protected from psychosocial harm as they are from physical harm as far as is possible.
- 17.2 RBF recognises that key causes of psychosocial harm are stress, fatigue, harassment/bullying, conflict and drug/alcohol use. It further employs the use of the following definitions to better define two of the causes as applied within a workplace:
 - 17.2 "harassment" is unwanted attention and inappropriate behaviour, e.g., inappropriately touching a person, making lewd comments and jokes, and sending inappropriate images/emails/messages/etc., and can constitute a criminal offence where it is related to a protected characteristic under the Equality Act (2010);
 - 17.2.2 "bullying" is where a person is being unfairly treated and isolated, e.g., frequent criticism which is not constructive, making jokes about a person and playing pranks on them, deliberately excluding a worker from participating, etc., and can constitute a criminal offence if related to a protected characteristic under the Equality Act (2010).
- 17.3 RBF will seek to minimise the occurrence and effects of psychosocial harm by:
 - 17.3.1 providing training on how to recognise and manage stress for all employed team members and volunteers who request access to it;
 - 17.3.2 working alongside team members to build their daily/weekly timetables as well as involving them in decisions about longer term plans and ensuring there is space for these to be reviewed during regular line management meetings;
 - 17.3.3 making senior staff members/trustees available on a regular basis for informal chats about the workplace, workload or other stressors that team members might be encountering;
 - 17.3.4 signposting to professional telephone/in person counselling services available to team members and supporting with associated costs of these where possible;
 - 17.3.4 creating the opportunity to discuss stressors that may be arising both in and outside of the workplace during line management meetings;
 - 17.3.5 creating a simple process for team members to request a change to their line manager and/or arbitration between them and their line manager should they feel their relationship with them is strained or has broken down;
 - 17.3.6 operating a zero tolerance approach to harassment, bullying and violence from service users and within the team, with this being reflected in RBF's Code of Conduct and enforceable via RBF's Disciplinary and Grievance Policies/Procedures;
 - 17.3.7 clearly stating RBF's position on the use of alcohol and illegal drugs in RBF's Code of Conduct and enforcing this position via RBF's Disciplinary and Grievance Policies/Procedures.
- 17.4 RBF notes that maintaining confidentiality is an important part of having a psychosocially healthy team and will ensure that issues raised in relation to this area are handled as sensitively as possible involving the smallest number of team members possible.

18. Risk Assessments

- 18.1 RBF undertakes to ensure that a risk assessment will be carried out for all activities carried out by or on behalf of RBF that carry a significant risk at regular intervals by the HSO in order to meet RBF's obligations under The Management of Health & Safety at Work Regulations 1999.
- 18.2 RBF risk assessments will:
 - 18.2.1 systematically examine each area of premises used by RBF activities and the activities themselves and note all hazards and risks, as well as any existing safety measures;

- 18.2.2 identify specific people who are at risk;
 - 18.2.3 note any additional safety measures that need to be put in place which will reduce those risks as far as possible;
 - 18.2.4 first consider all those areas detailed in this policy, and then go on to include other areas or specific activities that are considered to carry significant risk.
- 18.3 The responsibility for ensuring that appropriate risk assessments are carried out lies with the HSO.
- 18.4 All risk assessments are to be carried out using the standard RBF Risk Assessment matrix (see appendix below).
- 18.5 All risk assessments are to be reviewed annually or where UK government guidance relating to particular circumstances is released, more frequently as required.
- 18.6 All individual items on a risk assessment are to be allocated a risk rating by:
- 18.6.1 Assigning a number that represents the likelihood of the risk happening: 1 (seldom), 2 (frequently), 3 (certain or near certain).
 - 18.6.2 Assigning a number that represents the severity of injury that is likely to occur if the risk does happen: 1 (minor cuts and bruises), 2 (serious injury or incapacitation for 3 days or more), 3 (fatality or multiple persons seriously injured).
 - 18.6.3 Multiplying those two numbers together to produce a final risk rating.
- 18.6.4 Additional safety measures will therefore be prioritised according to risk rating as follows:
- 18.6.5 1-2: Low Priority;
 - 18.6.6 3-4: Medium Priority;
 - 18.6.7 6-9: High priority.
- Therefore:
- 18.6.8 a low priority risk may require no or minimal action;
 - 18.6.9 a medium priority risk may require some additional safety measures to be implemented;
 - 18.6.10 a high priority risk may require activities to be suspended/restricted until action has been taken.

Annex A: Sample Risk Assessment Matrix

Risk	Persons Affected	Rating	Measures in Place	Further Action
<i>Chairs could be moved by activity participants of the public and obscure gangways/fire exits</i>	<i>All premises users</i>	<i>1x1 = 1</i>	<i>RBF team tasked with checking that gangways and fire exits are clear</i>	<i>Remind activity participants to return chairs to their correct position after use</i>

All risk assessments should cover the following areas as appropriate to the activity being carried out:

- a) Physical Injuries/First Aid
- b) Fire Safety
- c) Electrical Hazards
- d) Use of Gas Appliances
- e) Use of Hazardous Substances
- f) Slips, Trips & Falls
- g) Premises Lighting
- h) Food Preparation
- i) Manual Handling Requirements
- j) Buildings Related Issues
- k) VDU Use
- l) Safeguarding Concerns (including relating to PREVENT duty)
- m) External Contractors
- n) Potential for Violence/Abuse from participants/members of the public
- o) Vehicle Movements
- p) Access for Emergency Services
- q) Any Intrinsic Hazards to the Activity (e.g., sports)
- r) Waste Disposal
- s) Weather Related Considerations
- t) Major incident response (e.g., acts of terrorism)
- u) Lone working
- v) Outdoor working (including locality risks associated with detached outreach work and presence of hazardous plant-life)
- w) Any additional risks or hazards

Annex B: Hazardous Plants

Any outdoor areas used by RBF sessions should be checked for the dangerous plants listed below (NB – this list is not fully comprehensive and refers primarily to plants found within the UK). Where a potentially dangerous plant exists and we are unable to remove it, its presence and potential mitigating factors should be recorded within the activity risk assessment, taking into account the age of the session participants, degree of supervision required, need to restrict access to affected areas and how persons with existing allergies may be adversely affected.

Common name	Latin name	Harmful E = Eaten T = Touch
Angels' Trumpets	(Brugmansia or Datura)	E
Autumn Crocus	(Colchicum Autumnale)	E
Black Bryony	(Tamus Communis)	E
Black Nightshade	(Solamum Nigrum)	E
Bulbs eg Daffodils & Hyacinths	(Narcissus) (Hyacinthus)	E / T
Castor Oil Plant	(Ricinus Communis)	E / T
Cherry Laurel	(Prunus Laurocerasus)	E
Cut flowers eg Daffodils, Monkshood, Mistletoe	(Narcissus) (Aconitum) (Viscum Album)	E / T
Deadly Nightshade	(Atropa Belladonna)	E
Foxglove	(Digitalis Purpurea)	E
Freemontodendron	(Fremontodendron)	T
German Primula	(Primula Obconica)	T
Giant Hogweed	(Heracleum Mantegazzianum)	T
Hemlock	(Conium Maculatum)	E
Hemlock Water Dropwort	(Oenanthe Crocata)	E
Horse Chestnut	(Aesculus Hippocastanum)	E
Ivy	(Hedera Helix)	E / T
Laburnum	(Laburnum Anagyroides)	E
Lantana	(Lantana)	E / T
Leopard Lily	(Dieffenbachia)	E / T
Leyland Cypress	(X Cupressocyparis)	T
Lily-of-the-Valley	(Convallaria Majalis)	E
Lords-and-Ladies	(Arum Maculatum)	E
Lupins	(Lupinus)	E
Mezereon	(Daphne Mezereum)	E / T
Mistletoe	(Viscum Album)	E
Monkshood	(Aconitum Napellus)	E / T
Oleander	(Nerium Oleander)	E
Pokeweed	(Phytolacca)	E / T
Rosy Periwinkle	(Catharanthus Roseus)	E
Rue	(Ruta Graveolens)	T
Snowberry	(Symphoricarpos Albus)	E
Spurge	(Euphorbia)	E / T
Umbrella Tree	(Schefflera)	T
Wild Privet	(Ligustrum Vulgare)	E
Woody Nightshade	(Solanum Dulcamara)	E
Yew	(Taxus Baccata)	E