

Health and Safety Policy

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1. Health and Safety Statement of Intent

This policy sets out LifeLine Community Projects (hereafter referred to as LifeLine Projects) commitment to provide and maintain safe working conditions for our staff and beneficiaries who access and use our services. The policy details how we manage health and safety so that we comply with our legal obligations under the regulatory 1974, the Management of Health and Safety at Work Regulations 1999, other associated regulations, codes of practice and safety guidance provided by the Health and Safety Executive (HSE). We also aim to comply with the health and safety requirements set by the Department of Education in the services we deliver to children and young people who access our nurseries and education services.

Health and safety is everyone's responsibility at LifeLine Projects. It is our aim to prevent accidents and cases of work-related ill health, as well as to provide adequate control of health and safety risks arising from work activities. We will achieve this by undertaking relevant risk assessments and ensuring action required to remove/control risks is carried out. We will check that the implemented actions have removed/reduced the risks and will report the findings of the risk assessments to all relevant staff. We will review assessments annually, or when the work activity changes, whichever is soonest. The individuals identified in this policy have been allocated specific responsibilities.

We will provide adequate and appropriate welfare facilities for staff while they are at work. Welfare facilities are those that are necessary for the well-being of staff, such as washing and toilet facilities, a reasonable temperature, adequate space, ventilation, seating, lighting and also somewhere clean to eat and drink during breaks.

We will reasonably comply with all of the specific regulations to maintain the welfare of our staff and other stakeholders who access our services. If a member of staff has any concerns that LifeLine Projects is not achieving its aims in these areas they must raise the issue with their line manager.

Day-to-day responsibility for ensuring this policy is put into practice	LifeLine House	Samantha Hayden
	Little Learners Nurseries	Nursery Managers
Health and safety law poster is displayed:	LifeLine House	Kitchen on first floor
	Little Learners St. Nicholas	Staff room notice board
	Little Learners Ambleside	In the office
First-aid box	LifeLine House	Kitchen on first floor
	Little Learners Elm Park	Downstairs hallway and kitchen
	Little Learners Ambleside	One by the front door and one in the kitchen
Health and safety officer	Julia Ward	
Accident recording – Little Learners	Accidents and incidents are recorded in accident books retained at each nursery. These are scanned and filed on the 'S' drive	
Accident recording – rest of organisation	Accidents and incidents are recorded using the incident button on SharePoint	

Signed	Nathan Singleton, Chief Executive Officer
Date	12th June 2024

2. Risk Assessment

LifeLine has a duty to protect the health, safety and welfare of employees and other people who might be affected by organisational activities. LifeLine will do whatever is reasonably practicable to achieve this. This means making sure that employees and others are protected from anything that may cause harm, effectively controlling any risks to injury or health that could arise in the workplace. LifeLine has a duty under health and safety law to assess risks in the workplace.

LifeLine uses risk assessment to ensure hazards within the workplace are identified and suitable controls applied to reduce the identified risks. The health and safety risk assessment scoring process forms part of LifeLine Projects Risk Management Policy– see Annex A for Risk Assessment Scoring guidance.

The risk assessment process covers residual risks up to 10. Residual risks levels between 12 and 18 will be covered by the safe system of work (SSW). SMT reviews risks levels of 20 and above.

Risks assessments are completed using a simple five-step process that can be completed by any suitably trained member of staff (or an appropriate third party). The five-step risk assessment process is:

1. Identify the hazards.
2. Identify people at risk.
3. Evaluate, remove or reduce the risk.
4. Record, plan, inform, instruct and train.
5. Review.

Our working environments are generally low risk e.g. office, school and early years nursery provision. However, even in low risk environments there are some tasks which are a higher risk e.g. manual handling and working with hazardous materials. It is our responsibility to risk assess these activities. Likewise, it is the responsibility of individual staff to take care of their own health and safety and follow any controls that have been applied to minimise identified risks. We follow the Health and Safety Executive's guidance when completing risk assessments - <http://www.hse.gov.uk/pubns/indg163.pdf>

Completed risk assessments for building and general activities are published on SharePoint and are available to all staff. Risk assessments containing personal information is filed in confidential staff files in accordance with the requirements of LifeLine's Data Protection policy.

3. Health and Safety Management System

3.1 Alcohol and substances

Staff members must not be under the influence of alcohol or any other substance which may affect their ability to undertake their duties and responsibilities. Staff should be aware of the lasting effects of alcohol and drugs and ensure that any consumption of substances does not impair their ability to discharge their duties. The following applies to all staff:

- a) Staff are not permitted to be under the influence of alcohol, or any other substance which may affect their ability to fulfil their duties.
- b) If staff are seen to be under the influence alcohol or any other substance they will be escorted off the premises immediately.
- c) If a staff member is taking medication which may affect their ability to fulfil their role, they should seek medical advice.
- d) Staff must inform their manager if they are taking medication that may affect their ability to work safely. Managers may seek occupational health advice where appropriate."
- e) Staff will only be allowed to work directly with children and young people if medical advice confirms that the medication is unlikely to impair that staff member's ability to look after children and young people properly.
- f) If medication seems to be impairing the ability of staff to look after children and young people, medical advice will be sought from a medical professional by the manager or deputy manager.
- g) Staff medication on the premises must be securely stored, and out of reach of children and young people, at all times.
- h) Staff medication is not allowed in the children's room at Little Learners nurseries.
- i) Staff who do not adhere to this will be in breach of the staff code of conduct and will be subject to disciplinary proceedings.

3.1 Control of contractors

LifeLine Projects and the contractors we use have responsibilities under health and safety law. Everyone needs to take the right precautions to reduce the risks of workplace dangers to staff, users of our services and the public.

3.1.1 What is a contractor?

A contractor is any individual or company employed to carry out specific tasks. Examples of contract workers could be:

- Window cleaners
- Electricians
- Cleaners
- Maintenance
- Builders.

3.1.2 How we manage contractors

We will assess contractors before any work is undertaken to ensure:

- They can do the job/task safely.
- They are suitably qualified and supply any additional paperwork requested e.g. risk assessments, safe systems of work, method statements or permits to work.
- Where a contractor is required to work in a confined space a suitable and sufficient risk assessment must be supplied by the contractor and must include an emergency plan.
- For all new contractors, and all new jobs, safety procedures will be agreed between LifeLine Projects and the contractor before the job starts.
- We will inform contractors of any hazards on the premises that might affect them, and any controls that they should follow.
- We will consider contractors in emergency procedures and inform them of these procedures e.g. fire evacuation.
- Controls will be put in place before work starts, for any new hazards that are introduced as a part of the work being carried out.
- Contractors will not be allowed to use LifeLine equipment or machinery.
- Contractors will be supervised by the manager on site at a level that is consistent with the level of risk created by the work being carried out.
- Where a contractor needs to carry out works in a public area/place we will ensure there is sufficient segregation from the contractor and the public.

Where relevant, we will provide our staff with information about work undertaken by contractors and, if identified, any risks identified and any training required.

3.1.3 Contractor procedures

- New contractors will be asked to provide a copy of their public liability insurance certificate and, where it applies, a copy of their Employer's Liability insurance certificate.
- The limit of indemnity provided by contractor insurance will be checked to ensure the cover is proportionate to the works and associated risks they are undertaking. Guidance on the level of cover will be sought where required.
- Contractors will be asked to provide copies of their renewal certificates annually.
- Other relevant checks will be made as required and may include professional accreditations or qualifications of the contractor and their workforce
- A record of checks made will be maintained in a folder on the 'S' drive.
- Local managers are responsible for supervising contractors working on site.
- Contractors will be asked periodically to confirm that the equipment they use on LifeLine premises is maintained.
- The relevant manager will approve new contractors.
- Where relevant, LifeLine will ask contractors to provide a copy of their hot work permit and fire arrangements and precautions for all operations which involve the application of heat.

3.2 Control of Substances Hazardous to Health (COSHH)

LifeLine Projects business operations are classified as B1 business (office) and D1 (non-residential institutions). These categories are inherently low risk working environments i.e. not requiring the use of equipment, chemicals or industrial processes likely to cause injury.

To comply with the requirements of COSHH regulations, and provide a safe and healthy working environment for staff, we complete risks assessments for risks associated with possible exposure and use of hazardous substances within the workplace. This includes:

- The identification of all substances used.
- The identification of specific risks to health associated with those substances.
- Determining exposure risks (inhalation, ingestion, or skin contact).
- Applying necessary control measures.
- Monitoring the implementation of safe practices, and control measures.
- Providing staff with access to relevant information, instruction and training in the safe use/handling of named hazardous substances at work.
- Supplying PPE free of charge to staff as required.

A separate COSHH risk assessment will be completed for any substance classified as hazardous (i.e. labelled with a CLP pictogram) before it is used.

3.3 Display Screen Equipment

LifeLine Projects is responsible for protecting staff from the health risks of working with display screen equipment (DSE), such as PCs, laptops, tablets and smartphones.

The Health and Safety (Display Screen Equipment) Regulations 1992 apply to staff who use DSE daily, for an hour or more at a time. These staff are described as DSE users. The regulations don't apply to staff who use DSE infrequently or only use it for a short time.

The regulations apply if users are, for example:

- at a fixed workstation
- mobile staff
- home staff
- hot-desking (staff should carry out a basic risk assessment if they change desks regularly).

To protect staff, LifeLine Projects will:

- Ask staff to complete a DSE workstation assessment every two years, or more frequently if a need is identified.
- Reduce risks, including making sure staff take breaks from DSE work, or do something different.
- Provide an eye test if a member of staff requests one.
- Provide training and information.

Incorrect use of DSE, or poorly designed workstations or work environments can lead to pain in necks, shoulders, backs, arms, wrists and hands as well as fatigue and eye strain. The causes may not always be obvious. DSE work does not cause permanent damage to eyes. But long spells of DSE work can lead to:

- tired eyes
- discomfort
- temporary short-sightedness
- headaches.

DSE work is visually demanding, so it can make someone aware of eyesight problems they have not noticed before (including changes in eyesight that happen with age).

Staff can help their eyes by:

- Checking the screen is well positioned and properly adjusted.
- Making sure lighting conditions are suitable.

- Taking regular breaks from screen work.

3.3.1 Eyesight Test Procedure

If a member of staff requests an eye test, LifeLine is entitled to specify the specific optometrist to use for the test. Staff are permitted one eye test claim per year by following the procedure below:

- a) Staff must request their entitlement for a reimbursable eye test from HR.
- b) Staff will make an appointment with an optician.
- c) A receipt for the cost of the test must be obtained.
- d) The staff member's line manager will authorise the expenses claim that will be paid in the usual way.

If a member of staff is prescribed glasses by an optician specifically for DSE use (this must be stated on the prescription), LifeLine will cover the cost of the lenses and basic frames to an agreed limit on a case by case basis.

LifeLine is not responsible for the cost of glasses for a general corrective prescription.

3.4 Driving a Mini-bus for Business Purposes

Under UK law minibuses are only considered to be vehicles with 9 to 16 seats. Smaller vehicles like 8 seater cars aren't considered minibuses, and under most situations are legal to drive on standard car licences.

Drivers must hold a category D1 licence to drive a minibus

Driving licences awarded on and after 1 January 1997 do not automatically have the D1 entitlement, which is the full minibus licence. Drivers may still be able to drive anything from a 9-seater minibus up to a 16-seater without the D1 entitlement as long as the driver meets the following conditions:

- 21 or older
- had a driving licence for at least 2 years
- meets the ['Group 2' medical standards](#) if you're over 70 - check with your GP if you're not sure you meet the standards
- the minibus is being driven on a voluntary basis and the minibus is used for social purposes by a non-commercial body
- the maximum weight of the minibus is not more than 3.5 tonnes - or 4.25 tonnes including specialist equipment for disabled passengers, for example a wheelchair ramp
- the minibus is not towing a trailer.

Staff must provide a copy of their driving licence before driving a minibus on behalf of LifeLine Projects.

It is the responsibility of the individual driver to comply with Road Traffic Acts and to ensure:

- The vehicle is roadworthy before driving on the public highway and there are no defects e.g. blown bulbs, horn not working. Defects such as these make the vehicle illegal to drive on the road. If the driver is in any doubt of the state of repair of the vehicle it must not be taken onto the road.
- The vehicle is not overloaded.
- Seatbelts are worn at all times.
- Passengers remain seated at all times.
- The entry and exit doors to be used are identified.
- The minibus is stopped when passengers create distractions and the journey not restarted until passengers have settled.
- The minibus is parked with the side doors to the kerb. Where this is not possible, passengers should remain seated until the driver is able to supervise them from the road.
- Speed limitations of a D1 minibus are complied with.

All staff who drive a minibus that carry children or young people must comply with pre-employment and DBS checks (see Safeguarding and Child Protection policy for further details).

A risk assessment must be completed for minibus trips.

3.5 Privately Owned Vehicles Used for Work Purposes

LifeLine Projects has responsibility under health and safety legislation to ensure, so far as reasonably practicable, the health and safety of staff and others who may be affected by work activities. This includes the activity of staff driving their own cars on public roads if the car is being used for work purposes. It is not practical or necessary to individually risk assess each individual driver to determine driving standards as staff are not employed specifically to drive for their job role.

Staff who use their own private vehicle for business use will be asked to confirm they have a valid driving licence and they are driving a safe vehicle:

Procedure:

Employees are responsible for providing LifeLine with their driving licence information, as follows:

- a) Licence information can be obtained on the following link: <https://www.gov.uk/view-driving-licence>
- b) The driver will need to enter their licence number, national insurance number and postcode.
- c) The check provides the following information:
 - the personal details of the driver i.e. name, address, date of birth, driving licence status
 - Vehicles the driver is permitted to drive
 - Penalties and disqualifications
 - The option to obtain a check code. This page also gives the option to print the licence information. Print the page and give to Carey Luke, HR Assistant.

Staff will be asked to sign a declaration that confirms the vehicle they drive is:

- Taxed, MOT'd (if over 3 years old) and serviced in line with manufacturers recommendations
- Their vehicle has business use insurance cover.

3.5.1 Staff Responsibilities

Staff must make sure they are properly licensed and insured to drive for work, their car is safe to drive, they are fit to drive, plan journeys safely and comply with road traffic laws when driving.

Staff must immediately inform their line manager if they are disqualified or receive driving license endorsements at anytime during their employment.

Staff need to accept that if they drive their own vehicle for work, LifeLine Projects has the same legal duty to ensure it is safe and legal. Staff who use their own vehicle for business use are responsible for ensuring their motor insurance policy includes business use cover.

LifeLine Projects is not responsible for any fines resulting from road traffic or parking offences incurred by staff who use their own car for work purposes.

3.6 Staff aged between 16 and 18

Under health and safety law, every employer must ensure, so far as reasonably practicable, the health and safety of all their staff, irrespective of age. As part of this, there are certain considerations that need to be made for young people.

A young person is anyone aged under 18, and child is anyone who has not yet reached the official minimum school leaving age (MSLA). Pupils will reach the MSLA in the school year in which they turn 16.

As an employer, we have a responsibility to ensure that young people employed are not exposed to risk due to the young persons lack of experience, being unaware of existing or potential risks and/or lack of maturity.

In most cases, young people will not be at any greater risk than adults and it is likely there will already be control measures in place. However, when employing a young person, we will review our risk assessments to ensure that we consider risks around the layout of the workplace, equipment used and any particular risks arising from processes and work.

Control measures will be put in place to manage any risks identified.

3.7 Fire Safety

Under the Regulatory Reform (Fire Safety) Order 2005, LifeLine Projects is responsible for ensuring premises reach the required standards and provide staff with adequate fire safety training.

In practice, this includes:

- Induction training to cover general fire awareness.
- Periodic refresher training, or extra training where the level of fire risk increases as a result of changes in our operations.
- Training to support people in meeting their fire safety duties – for example, keeping our 'responsible people' up to date.
- Training to build appropriate skills such as fire risk assessment, fire warden or using fire extinguishers.

3.7.1 Fire Risk Assessments

Fire risk assessments are carried out at Lifeline Projects by appropriately trained staff, or a competent third party. The following is taken into account when completing fire risk assessments:

- Identify the fire hazards.
- Consider who may be especially at risk.
- Eliminate or reduce the risk of fire as far as is reasonably practical.
- Provide general fire precautions to deal with any risk.
- Take additional measures to ensure fire safety where flammable or explosive materials are used or stored.
- Create a plan to deal with any emergency and where necessary record any findings.
- Maintain general fire precautions and facilities provided for use by firefighters e.g. fire extinguishers.
- Review findings of the risk assessment and update regularly.

To comply with the fire safety regulations, we take the following actions:

- a) We provide appropriate firefighting equipment at each site/workplace and appropriately trained staff in the use of firefighting equipment, based on the fire risk assessment.
- b) We ensure fire safety provision is adequate and appropriate during working hours. The planned leave of appointed persons is managed and arrangements for cover put in place. Managers with responsibility for site health and safety must consider what cover is needed for unplanned and exceptional absences e.g. sick or compassionate leave.
- c) There is a minimum of one fire marshal for each working area/floor on each site during working hours.
- d) Fire marshals support managers by conducting regular fire drills and tests and by assisting with evacuation procedures.
- e) Fire marshals are required to complete and pass the certificated iHasco Fire Marshal Training course. Fire marshals will be deemed a designated competent person on completion of this course.
- f) Staff must make themselves familiar with, and adhere to, the fire safety procedures where they work. They must notify any hazards or defects to their line manager.
- g) Staff will be required to attend fire awareness refresher training when it is deemed necessary.
- h) Planned fire evacuation drills are conducted at least once a year at LifeLine House and more frequently at Little Learners nurseries. Each drill is logged in the fire log book.
- i) Fire alarm systems and emergency lighting is tested weekly. Tests are logged in the fire logbook.

3.7.2 Evacuation Procedures

If a member of staff discovers a fire the procedure is as follows:

Fire – Staff on Site	
1.	Sound the fire alarm e.g. set off the fire alarm to evacuate the building.

2.	- Follow site specific fire evacuation and assembly procedures. - Fire wardens must ensure the evacuation is completed and check whether the call to the fire service has been made.
3.	Call 999. Report the incident, give address etc.
4.	Staff must follow instructions from a fire warden, members of the emergency services or the Emergency Response Team lead if applicable.
5.	Staff must not to re-enter the building until authorised to do so by the emergency services.

3.7.3 Emergency Evacuation

If an incident occurs when it is necessary to evacuate a building/site for purposes of a major incident e.g. gas leak or bomb threat, the procedure is as follows:

3.7.4 Telephone Bomb Threat – Staff on Site

1.	If appropriate, evacuate to a safe place, not necessarily the fire assembly point. Avoid car parks, areas with large glass windows, waste bins etc.
2.	Ensure that all staff and beneficiaries are safe.
3.	Note down as much relevant information as possible from the person who received the message, parcel etc.
4.	Report any concerns to the Police by dialling 999.
5.	Follow Police guidance carefully.
6.	Do not return to the building until the Police/bomb disposal have declared the area safe.

3.7.5 Loss of Gas Supply/Gas Leak

1.	Ensure that all staff are safe.
2.	Check equipment is correctly shut down.
3.	Investigate the reason for the loss of supply, e.g. contact gas supplier and check site for damage.
4.	Isolate any areas where leaks are suspected.
5.	In the event of a suspected gas leak the site must be evacuated and British Gas contacted on 0800 111 999
6.	Prevent any automatic starting of equipment in isolated areas e.g. heating systems etc.
7.	Follow guidance from gas supplier.
8.	If necessary, arrange a visit to repair the problem.

If the site does not conduct a roll call, the fire marshal(s) must confirm their section/sweep is complete and clear with the lead fire marshal who will then communicate this to the emergency services.

Staff employed at Little Learners nurseries must follow the emergency evacuation procedures detailed in the individual nursery Emergency Evacuation plan.

3.8 First Aid

First aid is defined as 'the immediate treatment necessary for the purpose of preserving life and minimising the consequences of injury or illness until expert medical assistance can be obtained'. Under the Health and Safety (First-Aid) Regulations 1981 an employer must provide adequate and appropriate first-aid equipment, facilities and personnel to ensure staff receive immediate attention if they are injured or taken ill at work.

First aid includes the initial treatment of minor injuries that do not need treatment by a medical practitioner, or the provision of first aid to anyone injured or suddenly taken ill before expert help from a doctor or nurse is available, or before the ambulance service arrives. First aid provision is based on the outcome of the site risk assessments.

3.8.1 First Aid Training

We provide adequate and appropriate provision of trained staff who can administer first aid to staff, visitors and beneficiaries if they are injured or become ill. We provide Emergency First Aid at Work training for staff at LifeLine House and our Youth Development Workers and pediatric first aid training to all staff who work in our Little Learners nurseries. First aid training is updated every three years.

Additional training, or training at a higher level, may be provided if the first aid risk assessment identifies the need.

First aid risk assessments are completed by staff trained in first aid. We ensure that first aid provision is adequate and appropriate during all working hours. Any planned annual or maternity leave of trained staff will be covered. Managers consider what cover is needed for unplanned and exceptional absences e.g. sick leave or annual leave.

3.8.2 First Aid Kit Equipment

We provide first aid kits as follows:

- BS-8599 standard first aid kits at each site. A nominated member of staff is responsible for keeping the kits stocked at each site.
- Deluxe first aid kits are provided to every Youth Development Worker who deliver positive activities to young people in community setting. The kits are mobile and the list of contents can be seen on this link: <https://www.amazon.co.uk/SuccorWare-Mini-First-Aid-Kit/dp/B07THZ9BV5>. Youth Development Workers are responsible for keeping the kits stocked.

Where we deliver services at premises that do not belong to LifeLine Projects, for example where we rent rooms, we will complete a risk assessment to determine what first aid cover is needed. Where possible we will use the first aid facilities e.g. first aiders and first aid kits, available at the site. If none are available, we will provide our own facilities.

3.9 Home Visits

There are a number of situations where staff may have to make a home visit to a beneficiary. Visiting people in their own homes is usually a pleasant experience but it is important to remember there is a risk going alone into a beneficiary's home. It is therefore necessary for staff to take personal safety precautions.

3.9.1 Home visits procedure

- a) Staff are not permitted to visit a beneficiary who is known to be a high risk. This could be a person with mental health issues, or someone with a history of violence (this also applies to a spouse or partner).
- b) All home visits are to be scheduled in advance. The staff members line manager must be informed of the details of the visit i.e. the time, address, name of beneficiary visited, expected duration of the visit and how the journey will be made e.g. by car/public transport.
- c) All staff are expected to study the surroundings and to be aware of potential dangers e.g. additional people in a different part of the building or if there is a dog at the property.
- d) Staff are to trust their feelings; if something feels wrong or the situation does not feel safe, staff must not continue with the home visit.
- e) If driving, check the parking situation in advance if possible; try to park in a busy, well-lit area, especially if leaving after dark.
- f) When visiting a young person, staff may only enter the house in the presence of the young person's parent/guardian and/or with another member of staff.
- g) All staff are to check in on arrival by telephoning, on arrival, an appropriate person back at the office. The call must be made in front of the beneficiary, saying 'I've just arrived at ABC address and I'm with Mr. D now'. I'll be leaving in an hour and I will call you then.' This lets the beneficiary know that your arrival has been logged with a third party.
- h) If the beneficiary begins to act aggressively, calm the situation, keep your distance and never turn your back or put a hand on someone in an agitated state of mind. If a discussion becomes difficult or challenging, avoid an aggressive stance such as crossed arms or hands on hips, wagging or pointing a finger as this will only aggravate a situation.
- i) If a member of staff feels threatened, intimidated or at risk, they must leave as soon as possible. Have an excuse ready e.g. that you need to get something from your car.

It is essential that all staff feel safe and secure at work so they can undertake their duties free from fear and in the full knowledge that there are strong management procedures in place to ensure that effective action can be taken should they find themselves in a difficult situation and need help.

3.10 Legionella

Duties under the Health and Safety at Work Act extend to risks from legionella bacteria that may arise from work activities. The COSHH Regulations 2002 provide a framework of actions designed to control the risk from a range of hazardous substances, including biological agents.

Legionnaires' disease is caught by breathing in tiny droplets of water containing bacteria that cause the infection.

It's usually caught in places like hotels, hospitals or offices where the bacteria have got into the water supply. It's very rare to catch it at home. It can be caught from things like:

- air conditioning systems
- spa pools and hot tubs
- showers, taps and toilets.

LifeLine Projects premises pose a very low risk of inhalation of water droplets.

One LifeLine site has a shower. The shower is used on a regular basis.

3.11 Lone and Remote Working

The description of lone and remote working is used to describe a wide variety of staff in different working conditions, for example staff:

- Based in an isolated area within premises e.g. reception, kitchen.
- Based in third party premises or a partner's premises e.g. based in a school or an outreach centre.
- Making home visits to beneficiaries.
- Working from home.
- Working within the community e.g. peripatetic duties such as mentoring or training.
- Working outside of normal business working hours e.g. cleaners.

3.11.1 Lone Working Risk Assessments

Line managers must discuss lone working with each individual member of staff it applies to so that risks can be identified. Examples of risks include:

- Access and egress to sites/rooms/houses etc.
- Duration of work while alone.
- Emergency procedures, e.g. access to first-aid provision.
- Methods of working.
- Travel arrangements.
- The use of equipment that could pose a risk of harm.
- The type of beneficiaries being engaged e.g. high-risk individuals with mental health issues or a history of violence.
- Exposure to harmful substances.

This conversation will form the basis of the written risk assessment.

The risk assessment must:

- a) Identify ways to reduce the need to work alone and attempt to limit lone working wherever possible e.g. staggered start times, pool working times.
- b) Put in place appropriate emergency arrangements for staff working alone e.g. using set check in times, call in agreements when moving between sites etc.
- c) Agree with a member of staff the timeframe at which they will be considered 'overdue' if they miss a call in.
- d) Agree the point when the member of staff is considered 'missing' and the Police are called.
- e) Communicate these measures and their importance to all staff.

- f) Monitor staff to ensure compliance with agreed precautions.
- g) Ensure that the necessary records are kept and are accessible e.g. copies of lone working risk assessments and procedures to be followed by lone workers.
- h) Carry out a safety training needs analysis of lone workers as and when required.

Risk assessments are reviewed annually, or more frequently where circumstances change.

Staff identified as lone workers will ensure that they comply with any agreed precautionary measures identified in the risk assessment, including agreed call in times, duress procedures, the use of safety words and the compliance with any personal safety restrictions identified.

3.12 Manual Handling

The Manual Handling Operations Regulations define manual handling as 'any transporting or supporting of a load (including the lifting, putting down, pushing, pulling, carrying or moving thereof) by hand or by bodily force'. Any activity that requires an individual to lift, move, or support a load, will be classified as a manual handling task. Poor manual handling is the second most common cause of workplace reportable injury/incidents; therefore, anyone involved in the moving and or handling of goods and people could be at risk.

LifeLine Projects has adopted the following hierarchy of control measures to prevent staff being exposed to these risks:

- a) Avoid hazardous manual handling operations so far as is reasonably practicable.
- b) Risk assess any hazardous manual handling operation that cannot be avoided.
- c) Reduce the risk of injury so far as is reasonably practicable.

Manual handling risk assessments are completed and include guidance provided in the HSE's guidance 'Risk at Work – Manual Handling' <http://www.hse.gov.uk/toolbox/manual.htm>.

Guidance on manual handling techniques is provided to staff and, where a need is identified, manual handling training is provided. All staff employed at Little Learners nurseries are required to complete accredited manual handling training.

3.13 New or Expectant Mother

A new or expectant mother is a woman who is pregnant, has given birth within the last six months or is breastfeeding.

Our workplace risk assessments already consider any risks to female staff of childbearing age and, in particular, risks to new and expectant mothers. Risks include those associated with working conditions or the use of physical, chemical or biological agents. Any risks identified will be included and managed as part of the general workplace risk assessment.

Staff are required to inform HR that they are pregnant no later than 15 weeks before the expected week of confinement.

We will conduct an individual risk assessment once we are informed, in writing, that an employee is pregnant. The risk assessment will be updated to cover, where it applies, the period 6 months after giving birth and staff who are breastfeeding. The risk assessment will be completed by the staff member's line manager, or a person who understands the risks associated with pregnancy.

If risks are identified we will inform the staff member and take appropriate, sensible action to reduce, remove or control them. Possible risks we will consider during risk assessment include:

- additional needs
- personal risk factors
- physical environment
- movement and posture
- manual handling
- shocks and vibrations
- noise
- radiation
- infectious diseases

- chemical agents such as toxic chemicals, drugs, pesticides and carbon monoxide.

Working conditions:

- facilities (including rest rooms)
- mental and physical fatigue, working hours
- stress (including post-natal depression)
- passive smoking
- temperature
- working with visual display units (VDUs)
- working alone
- working at height
- travelling
- violence
- personal protective equipment.

3.13.1 How We Manage Significant Risks

If a significant health and safety risk is identified for a new or expectant mother, which goes beyond the normal level of risk found outside the workplace, we will take the following actions:

Action 1	Temporarily adjust working conditions and/or working hours; or if that is not possible.
Action 2	Offer suitable alternative work (at the same rate of pay) if available; or if that is not possible
Action 3	Suspend the member of staff from work on paid leave for as long as necessary to protect her health and safety, and that of her child (the Employment Rights Act 1996 provides that, where appropriate, suitable alternative work should be offered (on the same terms and conditions) before any suspension from work).

3.14 Outings, Trips, or Other Off-Site Activities

Children and young people who attend Little Learners nurseries and LifeLine's mentoring services, enhance their learning experience by taking part in outings, trips and other off-site activities.

We follow the requirements stated in the Early Year Foundation Stage for staff to children ratio in our nurseries.

In our Young People's services, the agreed staff ratio is 1:15. We will always have a minimum of two staff in attendance at positive activity sessions.

Managers of nurseries and education and mentoring services are responsible for ensuring an adequate risk assessment is in place before the trip or activity takes place.

The degree of detail and complexity within a risk assessment will depend on the nature of the trip or activity, duration, group, venue and location. Adult to child ratio's will be taken into consideration as will the children's age, sensibility and how the venue will be reached. For many trips/activities, consideration of these areas will be sufficient to ensure a well-planned and safe trip/activity. For more complex trips/activities such as residential trips, or those involving potentially hazardous activities such as rock climbing or water sports, a risk assessment must show in detail that the broader risks have been understood and suitable control measures have been implemented to reduce the assessed risks. This may involve discussing risk assessments with the activity provider and obtaining a copy of their risk assessment(s), or seeking advice from a competent person.

LifeLine Projects considers risk assessment an on-going process that should be added to if necessary, throughout the duration of the trip/activity. In the case of a major trip e.g. an exchange visit, a tour abroad or an extended residential trip, parents should be invited to a meeting at which arrangements can be discussed in detail and provide an opportunity for parents to ask questions.

Copies of risks assessments must be retained by the relevant manager, added to the relevant SharePoint page and made available to parents if requested.

Managers must also ensure the following actions are taken:

- Signed parental permission is obtained before the trip or activity takes place.

- Named children are assigned to individual staff to ensure that each child is well supervised so that no child goes astray, and that there is no unauthorised access to children.
- Staff take a work mobile phone on trips, as well as medication for individual children where required, and a first aid kit. The amount of supplies needed will be based on the location, venue, the number of children and length of the trip/activity.
- Staff take a list of children's names, together with parent contact numbers and an accident book.
- Little Learners staff must be familiar with the Missing Child policy and procedures.
- On youth trips/activities, staff are responsible for making young people, and where relevant parents, aware of the health and safety arrangements for the activity/trip they are participating on. This can be done verbally or in writing at the planning stage, or at the beginning of an activity or trip.
- Where applicable, records are kept of vehicles used to transport children, including named drivers, appropriate insurance cover and DBS checks.
- A minimum of two staff must accompany children on trips.
- Risk assessments for venues used on a regular basis are regularly reviewed.

3.15 Personal Protective Equipment

LifeLine Projects will issue PPE to staff free of charge where risk assessment identifies a need e.g. staff at our Little Learners nurseries are provided with gloves and aprons for use when changing children's nappies.

3.16 Slips, Trips and Falls

Slips, trips and falls account for over 70% of accidents within the workplace. The common causes are highlighted below:

- Spillages, both liquid and solid.
- Wet floors from cleaning (timing and pattern of cleaning).
- Loose mats, worn carpets.
- External weather conditions such as ice, snow and rain.
- Sloping surfaces, stairs and steps.
- Trailing cables.
- Lighting (low, poor or none).
- Low wall and floor fixtures.
- Lack of storage – leading to items being stored on the floor.
- Carrying of loads.
- Unsuitable footwear.

Risk assessments are completed for slips, trips and falls.

Smoking

Smoking, vaping or the use of e-cigarettes is not allowed in or on LifeLine, including Little Learners premises.

3.17 Violent Behaviour

The Health and Safety Executive defines violence against staff as 'any incident in which an employee is abused, threatened or assaulted in circumstances relating to their work'.

Violence is further defined as 'behaviour that produces damaging or hurtful effects, physically or emotionally, on other people'. The violence may be intentional or not; it may result from serious threats, abuse or assault; it may relate to sexual, racial harassment or other discriminatory behaviour".

Violence includes:

- Physical assault.
- Harassment, verbal aggression or abuse, face to face or by telephone/email.
- Threats of violence and threats of death towards staff or their families.
- Attacks by animals incited by their owners or keepers.

LifeLine projects has a zero-tolerance policy regarding all forms of violence against staff and beneficiaries and any behaviour falling within the above definitions is wholly unacceptable. All practical steps will be taken to minimise the risk of violence within our workplaces, but where it does occur, staff will be helped to deal with the consequences.

Provided that staff carry out their duties in the correct manner, no incidence of violence in which they are involved will be taken as an adverse reflection on their performance.

The risk of disruptive or violent behaviour will be risk assessed in the context of the site and the service being provided. If a contract has a higher risk of disruptive or violent behaviour due to the type of service being delivered, or because of risks associated with the beneficiaries, we will provide specific training so that staff can deflect or diffuse disruptive behaviour which may become violent if handled incorrectly. Where a project does not have a foreseeable likelihood of disruptive or violent behaviour occurring specialist training will not be provided but the following coping strategies need to be applied.

3.17.1 Guidance for Staff in Dealing with Disruptive or Violent Behaviour

- When faced with disruptive or violent behaviour it is important to keep remain calm.
- Always talk calmly and sensibly, talking more quietly if the person raises his/her voice.
- Use words and phrases the person can understand, summarise often.
- Adopt an open posture e.g. don't fold arms, look interested and make some eye contact, but avoid staring.
- Agree, without commitment, to reconsider the person's point of view.
- Choose words and phrases carefully. Say 'you are upset' rather than 'angry', say 'please' rather than making a demand.
- Do not argue back, raise your voice or use insulting language.
- Do not point or wag your finger or make any physical contact.
- Do not corner yourself with phrases like 'I'll give you just five minutes to leave'.
- If you feel the situation is losing control and the risk of harm cannot be managed, call 999.
- Physical restraint be avoided and only used as a last resort if there is imminent danger of serious harm.

Incidents of violent or disruptive behaviour must be recorded on SharePoint using the incident button on the front page. Staff will follow our safeguarding procedures when they have concerns that violent or disruptive behaviour may be a sign of abuse or harm.

3.18 Visitors and Contractors

LifeLine Projects is required to have suitable health and safety provision in place to ensure the health, safety and welfare of contractors, and visitors to a site. We have sufficient procedures in place so that visitors and contractors working on site will be protected by LifeLine Projects health and safety processes. Checks include:

- Ensuring all visitors sign in and out of our premises.
- Checking visitor ID
- Not granting access to visitors who cannot verify their identify.
- Accompanying all visitors who need access to secure areas in a building.
- Never leaving visitors unsupervised near children.

LifeLine Projects does not provide a health and safety induction to site visitors. However, visitors to our premises will always remain the responsibility of the member of staff they are visiting. For example, if a need arises to evacuate a building, the visitor would follow the lead of the member of staff they are visiting when evacuating the building.

LifeLine Projects will not partner with, or sub-contract to, an organisation which does not have comparable standards of health and safety provision in place to protect the workforce.

Visitors, and contractors who complete work on premises that work with children and young people must comply with LifeLine Projects safeguarding and child protection requirements for DBS checks – see Safeguarding and Child Protection Policy.

3.19 Work Equipment

LifeLine Projects will ensure that all work equipment in use meets the requirements of the Provision and Use of Work Equipment Regulations 1998 (PUWER), as detailed below:

- Work equipment is suitable by design, construction or adaptation, for the actual work it is provided to do.
- Equipment is maintained so that its performance does not deteriorate to the extent that staff are put at risk.
- Inspection, that does not normally include checks made as part of maintenance activity, take place.
- The use of any work equipment that pose a risk to the operator is restricted to staff who are trained in its use.

- Adequate training will be provided, and varied depending on the job or activity, work equipment and existing level of competence.
- Suitable and sufficient lighting, which takes account of the operations to be carried out, is provided at any place where a person uses work equipment.
- Equipment for use in the workplace has been made to the requirements of legislation, including health and safety legislation, and any other relevant directives.
- Measures are put in place to reduce the risk of injury to people coming into contact with very hot or cold work equipment.

External contractors/specialists will be sourced to complete testing and monitoring where required e.g. gas, asbestos and electrical.

3.20 Asbestos

As an employer responsible for premises, LifeLine Projects must comply with the Control of Asbestos Regulations 2012. The regulations place legal duties on LifeLine Projects as a landlord and employer to manage asbestos on the premises. These regulations require us to:

- Take reasonable steps to find out if there are materials containing asbestos and if so, the amount, where it is and what condition it is in.
- Presume materials contain asbestos unless there is strong evidence that they do not.
- Make, and keep up-to-date, a record of the location and condition of the materials containing asbestos, or materials which are presumed to contain asbestos.
- Assess the risk of anyone being exposed to fibres from the materials identified.
- Prepare a plan that sets out in detail how the risks from these materials will be managed.
- Take the necessary steps to put the plan into action.
- Periodically review and monitor the plan and the arrangements to act on it so that the plan remains relevant and up-to-date.
- Provide information on the location and condition of the materials to anyone who is liable to work on or disturb them.
- If the need arises to remove asbestos e.g. due to building work, renovation or damage. Specific requirements need to be taken to ensure the safety of the occupants of the building and the individuals conducting the work.

LifeLine Projects employs external contractors to conduct asbestos surveys. We retain copy of surveys completed and follow any advice and recommendations given in those surveys.

3.21 Electrical Safety

As an employer responsible for premises, LifeLine Projects must comply with The Electricity at Work Regulations 1989. The regulations impose a legal requirement to inspect and test all types of electrical equipment in all work situations. The regulation also details how to prevent the dangers of electric shock through maintenance and regular inspection of electrical wiring.

Fixed wire installation testing involves the testing of electrical services and systems that conduct electricity around a building. It covers all of the hard wiring in a building and includes items such as main panels, distribution boards, lighting and socket outlets.

There is no set frequency for the testing of fixed wire installations. Most companies recommend that fixed wire installation is tested every five years, or on a change of occupancy. The actual frequency is also based on risk assessment.

Portable appliance testing (PAT) is completed by trainer personnel annually.

3.22 Gas Safety

As an employer responsible for premises, LifeLine Projects must comply with the Gas Safety (Installation and Use) Regulations 1998. LifeLine Projects is responsible for all gas installations and pipework within the whole building (not just occupied sections). These regulations require us to ensure:

- A gas safety check is completed every year on each gas appliance/flue.
- Inspection is completed by a suitably qualified and registered gas engineer.
- A gas safety certificate is obtained and retained for a minimum of 2 years.

3.23 Lifting operations and lifting equipment

The Lifting Operations and Lifting Regulations 1998 (LOLER) place duties on organisations who own, operate or have control over lifting equipment. A lifting operation is defined as 'an operation concerned with the lifting or lowering of a load'. A 'load' is the item or items being lifted, which includes a person or people.

LifeLine will make sure lifting equipment for use at work is safe and will manage and control the risks of using lifting equipment to avoid any injury or damage. Any operation involving lifting will be properly planned by a competent person, appropriately supervised and carried out in a safe manner. We will also ensure all equipment used for lifting is fit for purpose, appropriate for the task, suitably marked and, serviced in line with statutory frequencies.

3.24 Safe System of Work (SSW)

A safe system of work is required when a task at work, or within a work role, includes hazards which cannot be eliminated and a degree of residual risk remains after controls have been applied to minimise the likelihood of an occurrence, or actions have been taken to lessen the consequence of the hazard.

At LifeLine Projects, a simple safe system of work procedure (outlined below) will be applied when a task has a high level of residual risk. Examples of when the SSW procedure should be used include:

- When working at height e.g. two metres or above (most LifeLine staff are not permitted to work above two metres but it is expected that maintenance staff may on occasion work above this height).
- Working in confined spaces.
- Access to the high voltage electricity supply of a building.
- Use of chemicals which presents a hazard to health.
- Contractors working on site.

3.24.1 SSW Procedure

The SSW procedure will apply to any task/activity that has a residual risk of between 12 and 18 following the application of controls to minimise the likelihood or consequence of the risk. The specific task must be SSW assessed by using the approach, as detailed below:

What	The task/activity must be fully planned. This ensures a logical job sequence and will highlight any specific high-risk activities within the task.
Who	• A named, competent staff member is to be nominated as being responsible for the SSW task. • The nominated person will confirm the necessary precautions have been taken before the task is started and will check on completion of the task that any precautions taken have been removed e.g. access barriers.
When	The timing of the task will need to be considered to minimise risk to others e.g. working on a ladder in front of the main entrance door may need to be performed out of business hours.
How	1. The task cannot begin until the necessary controls identified in the risk assessment are in place, and additional safe systems have also been considered. 2. Consideration of the risks of the task must be prepared for e.g. access to firefighting equipment in the case of hot work. 3. Any possible side effects of the task are to be considered e.g. there is a greater risk of harm if the fire alarm is isolated and there are people in the building during the period the alarm is switched off.

3.25 Personal Emergency Evacuation Plan (PEEP)

LifeLine will implement effective arrangements for emergency evacuation for any staff members who need assistance when leaving the building in an emergency. Each person's disability and needs are different and therefore each person requiring a plan needs one specific to their own requirements. For example, a PEEP may be required for staff with:

- Mobility impairment
- Sight impairment
- Hearing impairment
- Cognitive impairment
- A medical condition or injury which might cause them to need assistance to evacuate safely.

The PEEP planning and implementation process will include the member of staff concerned, their line manager and include the following areas. The identification of:

- Specific evacuation routes where appropriate.
- Refuge areas and specific evacuation procedures.
- Specialist equipment such an evac-chair that is needed.
- Staff responsibilities.
- Staff training requirements.
- Any building adaptations that are required.

4. Accident investigation and reporting

4.1 Accident investigation

There are hazards in all workplaces; risk control measures are put in place to reduce the risks to an acceptable level to prevent accidents and cases of ill health. The fact that an accident has occurred suggests that the existing risk control measures were inadequate, or not all risks were identified.

Having been notified of an accident, or near miss, and been given basic information on what happened, the relevant line manager must decide whether it should be investigated and if so, in what depth. It is the potential consequences and the likelihood of the accident or near miss recurring that should determine the level of investigation, not simply the injury or ill health suffered on this occasion.

In general, accidents and near misses should be investigated and analysed as soon as possible. This is not simply good practice; it is common sense – memory is best and motivation greatest immediately after an adverse event. The accident investigation must include:

- Signed and dated statements from the people involved, including witnesses
- Photographs or CCTV evidence
- Sketches and drawings that show measurements where applicable
- Information relating to weights and distances, particularly if it involved manual handling
- Details of machinery or equipment involved
- Risk assessments
- Training records
- PPE records
- Any other relevant information, such as health surveillance records.

Full guidance on how to investigate accidents can be found in the HSE publication 'Investigating Accidents and Incidents' on this link <http://www.hse.gov.uk/pubns/hsg245.pdf>

4.2 Accident reporting

All accident/incidents and near misses must be recorded even if there is no injury or apparent ill-health. The reporting process is as follows:

Who has been involved in accident/incident?	Outcome of accident/incident	Who records accident/incident?
Children at Little Learners nurseries	Any	• Practitioner who saw/dealt with the accident. • The accident must be recorded in the accident book and include the completion of a body map for each accident. • The accident must also be recorded on SharePoint by the manager or nominated member of staff. • Serious accidents must be notified to the CEO e.g. those involving a hospital visit. • Some accidents may need to be reported to Ofsted – see Little Learners Children's Health policy.
Contractors	Any	• Contractors are responsible for notifying LifeLine Projects of all accident/incidents which occur involving their staff or sub-contractors whilst they are working on behalf of LifeLine Projects or at any of our premises. • The manager who contracted the work is responsible for making the report on SharePoint.
Staff	No apparent injury and no first aid required	• Inform line manager. • The staff member must record their own accident using the incident reporting form on SharePoint.
Staff	Minor injury <u>and</u> first aid provided by first aider	• Staff administering first aid must complete the incident report on SharePoint.

4.3 Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR)

The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR), requires the reporting of certain incidents to the enforcing authority. The regulations place a legal duty on employers and people in control of premises to report work-related deaths, major injuries or over-three-day injuries, work related diseases, and dangerous occurrences (near miss accidents).

The information enables the HSE and local authorities to identify where and how risks arise, and to investigate serious accidents. They can provide advice on how to reduce injury, and ill health in the workplace.

4.3.1 What to Report

All deaths of workers and non-workers, with the exception of suicides, must be reported if they arise from a work-related accident, including an act of physical violence to a worker.

4.3.2 Specified Injuries to Workers

Specified injuries that must be reported are:

- a) Fractures, other than to fingers, thumbs and toes.
- b) Amputations.
- c) Any injury likely to lead to permanent loss of sight or reduction in sight.
- d) Any crush injury to the head or torso causing damage to the brain or internal organs.
- e) Serious burns (including scalding) that cover more than 10% of the body or causes significant damage to the eyes, respiratory system or other vital organs.
- f) Any scalping requiring hospital treatment.
- g) Any loss of consciousness caused by head injury or asphyxia.
- h) Any other injury arising from working in an enclosed space which leads to hypothermia or heat-induced illness or requires resuscitation or admittance to hospital for more than 24 hours.

4.3.3 Over-Seven-Day Incapacitation of a Worker

Accidents must be reported where they result in a member of staff, or self-employed person being away from work, or unable to perform their normal work duties, for more than seven consecutive days as the result of their injury. This seven-day period does not include the day of the accident, but does include weekends and rest days. The report must be made within 15 days of the accident.

4.3.4 Non-Fatal Accidents to Non-Workers (e.g. members of the public)

Accidents to members of the public or others who are not at work must be reported if they result in an injury and the person is taken directly from the scene of the accident to hospital for treatment of that injury. Examinations and diagnostic tests do not constitute 'treatment' in such circumstances.

There is no need to report incidents where people are taken to hospital purely as a precaution when no injury is apparent.

4.3.5 Occupational Diseases

Employers and self-employed people must report diagnoses of certain occupational diseases, where these are likely to have been caused or made worse by their work. Occupational diseases include:

- Carpal tunnel syndrome
- Severe cramp of the hand or forearm
- Occupational dermatitis
- Hand-arm vibration syndrome
- Occupational asthma
- Tendonitis or tenosynovitis of the hand or forearm
- Any occupational cancer
- Any disease attributed to an occupational exposure to a biological agent.

4.3.6 Dangerous Occurrences

Dangerous occurrences are certain, specified near-miss events. There are 27 categories of dangerous occurrences. It is unlikely that any of the categories will apply to LifeLine Projects. Further guidance is provided on the link below: <http://www.hse.gov.uk/riddor/dangerous-occurrences.htm>

4.3.7 When and How to Report

- A report must be received by the enforcing authority within 10 days of incidents resulting in the death of any person, accidents resulting in specified injuries to workers, non-fatal accidents requiring hospital treatment to non-workers and dangerous occurrences.
- For accidents resulting in the over-seven-day incapacitation of a worker, the responsible member of staff must notify the enforcing authority within 15 days of the incident, using the appropriate online form.
- Cases of occupational disease must be made soon as the responsible person receives a diagnosis.
- All incidents can be reported online but a telephone service is also provided for reporting fatal/specified and major incidents only - call the Incident Contact Centre on 0345 300 9923 (opening hours Monday to Friday 8.30 am to 5 pm).
- The following link is to the Health and Safety Executive's on-line reporting portal. The relevant report form needs to be selected and completed - <http://www.hse.gov.uk/riddor/report.htm#online>.

4.3.8 Who Reports

The relevant line manager is responsible for reporting accidents/incidents notifiable under RIDDOR. The relevant director must also be informed that a report has been made.

4.3.9 Insurance company notification

RIDDOR reportable accidents, or if there is any reason to believe a claim may be forthcoming, must be notified to LifeLine Projects insurance company.

Managers are responsible for informing their line manager by email about RIDDOR reported accidents.

The Head of Support Services will make arrangements for the insurance company to be notified.

5. Staff Consultation

At LifeLine Projects we ensure:

- Staff are aware that they can raise any health and safety concerns they have with their manager.
- All managers consult their team regularly on safety issues at team meetings.

6. Staff Training and Development

The Health and Safety at Work Act requires employers to provide whatever information, instruction, training and supervision necessary to ensure, so far as is reasonably practicable, the health and safety at work of its staff.

At LifeLine Projects we provide health and safety training to new staff as part of the induction process. The training has three specific purposes:

- To ensure staff know how to work safely and without risk to their health.
- To develop a positive health and safety culture, where safe and healthy working becomes second nature.
- To meet the legal duty to inform and protect the health and safety of staff.

In addition to the above, we expect our staff to:

- Attend health and safety training updates as required.
- Apply health and safety training in their day-to-day work.
- Follow our health and safety standards.
- Co-operate with us in all matters relating to health and safety.
- Tell us about any risks or concerns they may have about safety in the workplace.

Managers who have specific health and safety responsibilities in their job description will be provided an adequate level of training to enable them to become competent in the area of their responsibility.

Managers have responsibility for identifying health and safety training requirements for the staff they line manage. The level of training required will be determined by conducting a skills audit/gap analysis. If training is required for a member of staff to meet minimum levels of competency, training will be provided to ensure the level of competency is achieved.

7. Concerns about health and safety practice (Whistleblowing)

LifeLine Projects seeks to cultivate an ethos where all staff feel confident, competent, comfortable and supported to draw health and safety issues to the attention of their manager.

All staff and volunteers should feel able to raise concerns about poor or unsafe practice and potential failures in LifeLine Projects health and safety policy and procedures and know that such concerns will be taken seriously by the senior management team.

However, where a member of staff feels unable to raise an issue through normal routes, or feels that their genuine concerns are not being addressed, they can report a health and safety concern using LifeLine Projects Whistleblowing policy (available to all staff on SharePoint).

General guidance about whistleblowing can also be found at: <https://www.gov.uk/whistleblowing>

8. Responsibilities

8.1 Chief Executive Officer

The Chief Executive Officer has overall responsibility and is accountable in law for the formulation and implementation of health and safety at LifeLine Projects, and in particular for ensuring:

- All necessary arrangements are in place for managing health and safety effectively within the requirements of UK law.
- There are named senior managers who are accountable for specific areas of health and safety compliance.
- Health and safety is considered in the planning and implementation of business strategy.
- There are sufficient resources for meeting the objectives of the health and safety provision.
- Arrangements are in place for health and safety consultation with staff and decisions in relation to health and safety is communicated to them.
- Arrangements are in place to monitor and review health and safety performance across LifeLine Projects and ensuring that the necessary amendments are made to relevant policies, procedures and processes.
- The health and safety policy is reviewed on an annual basis.

8.2 SMT

SMT IS responsible for:

- Ensuring operational management maintain an effective health and safety management system.
- Focussing on any identified risks, incidents or events which have the potential to compromise the economic viability of the organisation or the achievement of strategic objectives.
- Reviewing and approving the effectiveness of internal policy, procedures and applied controls.
- Identifying, assessing and treating hazards and known risks across their area of responsibility.
- Ensuring staff are clear about their responsibilities for health and safety management and the implementation of this policy, including responsibilities within job descriptions.
- Ensuring staff are adequately skilled and attend any required training or refresher events.
- Co-ordinating the completion of risk registers which include relevant health and safety risks and issues within their directorate.
- Supporting the Chief Executive Officer in the process of investigating any identified risk/incident and to recommend and implement remedial action.

8.3 Managers

Managers are responsible for day to day health and safety operations within their area of authority/department and in particular:

- Monitoring and reviewing the implementation of the health and safety policy within their team.
- Ensuring that responsibilities for health and safety are clearly allocated, and that the correct level of competence and training is identified for each of their staff.
- Ensuring staff within their team comply with relevant health and safety legislation and follow approved procedures and systems of work.
- Ensuring risk assessments are completed, up to date for all significant site or work activities and any controls are actioned, implemented and communicated to their team.
- Ensuring arrangements for fire, first aid and accident prevention are sufficient and meet the requirements of the health and safety policy.
- Ensuring compliance with policies, procedures and safe working practices.
- Ensuring appropriate procedures are in place for the use of work equipment and its maintenance.
- Ensuring personal protective equipment, if provided, is worn and maintained.
- Ensuring that the arrangements for communication, cooperation and consultation are maintained.
- Monitoring health and safety standards on site at regular intervals and ensuring remedial action is implemented.
- Ensuring that staff receive adequate training, information, instruction and supervision to discharge to their specific health and safety responsibilities within their team.
- Ensuring that health and safety records and documentation is completed and systematically stored.
- Implementing the recommendations made by external auditors, enforcement officers and other relevant parties, within the timescales allocated.

8.4 All Staff

Staff must:

- Comply with the induction, training, and instructions provided to them.
- Not attempt to carry out hazardous work or use hazardous machinery unless they have reviewed the relevant risk assessment and have been trained and authorised to do so.
- Carry out their work safely and without undue risk to themselves, colleagues and others who may be affected by their actions and not intentionally interfere, misuse or ignore arrangements, controls and items provided for health and safety purposes.
- Visually check work equipment before use and not use equipment which they know to be faulty.
- Ensure that any damaged equipment is reported immediately to their manager/supervisor and removed from service until it is repaired.
- Not bring any personal equipment for use at work without first obtaining permission from their line manager.
- Conduct themselves in a responsible manner while on company business, be alert for hazards and refrain from any form of horseplay.
- Comply with the arrangements for emergencies and fire.
- Use the personal protective equipment, clothing or safeguards provided and ensure that personal protective equipment is stored correctly and kept in good condition.
- Co-operate with management, colleagues and advisors in promoting safe working practices.
- Keep their work areas tidy and clear of hazards.
- Report accidents, incidents and hazards they observe to their line manager and on SharePoint.

8.5 Fire Marshals

Fire marshals are responsible for assisting in meeting the objectives of the health and safety policy, and in particular:

- Being familiar with LifeLine Projects emergency procedures.
- Taking appropriate and effective action if a fire occurs.
- Identifying hazards in the workplace and recording and reporting their observations.
- Ensuring escape routes and doors are kept clear and are available for use.
- Ensuring fire doors are kept closed.
- Checking suitable and sufficient fire safety notices are displayed.
- Ensuring their knowledge and competence is kept up to date.

If a fire alarm sounds or a fire has been discovered, fire marshals must:

- Ensure that the alarm has been raised.
- Collect the signing-in book.
- Evacuate people from the building as per the site-specific instructions, checking that any staff or visitors with disabilities are assisted as planned.
- Ensure the fire service has been called.
- Go to the designated assembly point.
- Conduct a roll call (if required).
- Ensure all persons have been accounted for and remain at the assembly point until instructed otherwise.
- Report to SMT and the lead officer of the emergency services to confirm all persons are accounted for and report any persons missing.

Fire marshals must never put themselves at risk while undertaking their role.

8.6 First Aiders

First aiders are responsible for assisting in meeting the objectives of the health and safety policy, and in particular:

- Being familiar with the emergency procedures and ensuring suitable and sufficient first aid notices are displayed.
- Maintaining their qualification status as an approved first aider.
- Attending appropriate additional courses to maintain their expertise as required remain up to date on the latest treatments.
- Being aware of the various hazards likely to be the cause of injury and the appropriate first-aid treatment necessary.
- Taking charge when someone is injured or is taken ill and providing treatment or advice within the limits of their training and experience and ensuring the professional services have been contacted if necessary or requested.
- Checking that appropriate and sufficient first-aid boxes are situated about the premises and they are properly stocked and maintained.
- Ensuring details of accidents are recorded on SharePoint.
- Ensuring the relevant manager is advised of all accident and incidents so that the appropriate investigations can be completed.

9. Implementation and monitoring

9.1 Implementation

Once approved, this policy will be available on SharePoint and the previous versions of the policy and associated documents removed. LifeLine Projects maintains an electronic archive of all policy documents.

9.2 Process for Monitoring Implementation and Effectiveness

For this policy, the following monitoring processes are in place.

Standard	Monitoring process
Any risk assessments with a residual score of 20 and over (when controls are applied) reviewed at scorecard meetings.	Risks identified in individual scorecards for contracts and services.
Incidents reported on SharePoint.	Incidents reviewed periodically and significant risks/issues reported to SMT by the Quality Manager.

9. References

[Using Contractors](#)
[Managing for Health and Safety](#)
[Health and Safety Executive](#)
[Health and Safety at Work Act 1974](#)
[The Management of Health and Safety at Work Regulations \(1999\)](#)

[Provision and Use of Work Equipment Regulations 1998](#)
[The Health and Safety \(Display Screen Regulations\) 1992](#)
[The Health and Safety \(Consultation with Employees\) Regulations 1996](#)
[Manual Handling Operations 1992](#)
[The Regulatory Reform \(Fire Safety\) Order 2005](#)
[The Health and Safety Information for Employees Regulations 1989](#)
[The Health and Safety \(First-Aid\) Regulations 1981](#)
[The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013](#)
[The Control of Substances Hazardous to Health Regulations 2002](#)
[The Workplace \(Health, Safety and Welfare\) Regulations 1992](#)

10. Related Documents

Emergency Evacuation Plans
 Risk Management Policy
 Safeguarding and Child Protection
 Safeguarding and Adults at Risk
 Site and activity risk assessments
 Whistleblowing Policy.

Little Learners: Children's health, Health and safety, Intruder, Lone working and Sleep policies.

11. Definitions

The following are a list and description of the meaning of key terms used in this policy.

Term	Description of Term
Accident	An undesired event resulting in death, injury, damage to health, damage to property or other form of loss.
Appointed person	A person who has been nominated to take charge in the event of an accident or illness (and support designated first aiders if present) and has been trained in basic lifesaving first aid techniques.
Beneficiary	A person who receives a service provided by LifeLine Projects.
Competent person	A person who is appropriately trained, qualified, experienced and skilled to undertake specific health and safety duties without risk to their own safety or that of others.
Compliance	The act or process of fulfilling requirements.
Control of Substances Hazardous to Health (COSHH)	Regulations promoting safe working with potentially hazardous chemicals.
DSE	Display Screen Equipment.
Hazard	Anything which has the potential to cause harm.
Health And Safety Executive (HSE)	The Health and Safety Executive (HSE) is a UK government agency responsible for the encouragement, regulation and enforcement of workplace health, safety and welfare,
Incident (or near miss)	A generic term for those events that do not cause harm but which might have done so under different circumstances.
Manual handling operations	Tasks that require a person to exert force in order to lift, lower, push, pull, move, carry, hold or restrain an object.
Near miss	See 'incident'.
Policy	A statement of an organisational strategy for achieving a safe and healthy working environment and the responsibility, organisation and arrangements for pursuing and implementing the strategy.
Risk	A quantifiable expression of the likelihood of injury or harm resulting from a hazard.
Risk assessment	A formal estimation of the likelihood that persons may suffer injury or adverse health effects as a result of identified hazards.
Risk management	The introduction of change or control measures with the intention of eliminating or bringing the level of risk associated with a hazard within acceptable limits.

13. Version Control Sheet

Version	Date	Author(s)	Status	Comment
Issue 06	May 2013	Dave Gibbons	Redundant	Policy reviewed
Issue 06	Nov 2014	Dave Gibbons	current	Policy updated with new CEO's name added
Issue 07	Nov 2015	Dave Gibbons	Approved	Full Policy review
Issue 08	15/06/17	Julia Ward	Approved	General review
Issue 09	29/06/20	Julia Ward	Approved	General update ANSVAR Insurance requirements included
Issue 10	01/01/2023	Julia Ward	Approved	General review and update
Issue 11	12/06/2024	Julia Ward	Approved	General review and update
Issue 12	07/04/2026	Julia Ward	Awaiting approval	General review and update

Appendix A - Blank Risk Assessment Document and Risk Assessment Scoring Guidance

Risk Assessment Title	
Date of Risk Assessment	
Risk Assessment Completed by	
Assessment Review Date: (annually, or sooner if required)	

Introduction to the risk assessment...

Detail here about what the risk assessment covers i.e. the situation being risk assessed.

Situation being assessed				Location(s) covered				Date			
Risk assessor				Persons covered							
List the hazards below Remember to talk to those actually involved in the situation		(a) Uncontrolled Risk		<u>Existing</u> Measures being taken to control the risk		<u>Additional</u> control measures - Ideally eliminate or if not possible reduce and control the risk - Is Personal Protective Equipment required as a last resort?		(b) Controlled Risk		By who? By when?	
		√ Category						√ Category			
		E	M	M/M	I			E	M	M/M	I

Add more lines if required

Risk Assessment Scoring Process

The following tables should be used to guide the risk scoring process. Identify separate risk levels for uncontrolled risk (column a) and controlled risks (column b).

(a) Identify the impact of each risk based on the score descriptors below:

Descriptor	Score	Impact on service and reputation
Insignificant	1	No impact on service No impact on reputation Complaint unlikely Litigation risk remote
Minor	2	Slight impact on service Slight impact on reputation Complaint possible Litigation possible
Moderate	3	Some service disruption Potential for adverse publicity – avoidable with careful handling Complaint probable Litigation probable
Major	4	Service disrupted Adverse publicity not avoidable (local media) Complaint probable Litigation probable
Extreme	5	Service interrupted for significant time Major adverse publicity not avoidable (national media) Major litigation expected Resignation of senior management and board Loss of beneficiary confidence

(b) Identify the likelihood of each risk occurring based on the score descriptors below:

Descriptor	Score	Example
Remote	1	May only occur in exceptional circumstances
Unlikely	2	Expected to occur in a few circumstances
Possible	3	Expected to occur in some circumstances
Probable	4	Expected to occur in many circumstances
Highly probable	5	Expected to occur frequently and in most circumstances

(c) Risk score (calculated as impact x likelihood)

Use the Risk Scoring matrix below to calculate the risk score and level of risk.

Impact	Extreme	5	10	15	20	25	30
	Major	4	8	12	16	20	24
	Moderate	3	6	9	12	15	18
	Minor	2	4	6	8	10	12
	Insignificant	1	2	3	4	5	6
			1	2	3	4	5
			Remote	Unlikely	Possible	Probable	Highly probable
Likelihood							

(d) Action to be taken following identification of risk score

Insignificant: 2 - 5	Minor: 6 - 10	Major 12 - 18	Extreme: 20- 30
Risks subject to aggregate review. Use for trend analysis.	Reduce as part of directorate long term goals.	A prioritised action plan to monitor and review practice aiming to reduce the identified risk, include timescales agreed by the Management Team	Risks rated 20 or more are reported to the Senior Management Team who will raise to trustees where appropriate. Monitor and review quarterly.