

# HEALTH & SAFETY POLICY

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## HEALTH AND SAFETY: KEY INFORMATION

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### HEALTH AND SAFETY OFFICERS

Health & Safety Co-ordinator (Manager):	Shonge Holdgate
Deputy Health & Safety Co-ordinator :	Sarah Capps
Appointed Health and Safety Trustee:	Tim Fenton

### FIRST AIDERS

Paediatric First Aid:	Nora Bajaki-Sipos Sarah Capps Reka Simandi Hetta Durden
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Emergency First Aid at Work	Sarah Capps Shonge Holdgate
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FIRE WARDENS	Nora Bajaki-Sipos Sarah Capps Reka Simandi Hetta Durden Caroline Matanle
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### HEALTH & SAFETY TRAINING

The Health & Safety Co-ordinator is responsible for ensuring that refresher training is organised to maintain competence and that new persons are trained should responsible people leave.

### LOCATION OF FIRST AID KITS

Kitchen Drawer

### EMERGENCY CONTACT NUMBERS

NHS Direct	0845 4647 or 111 or 999 (for emergencies)
Sussex Police	0845 60 70 or 999 (for emergencies)
Front Door for Families	01273 290400



## HEALTH AND SAFETY POLICY

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### 1. STATEMENT OF INTENT

Whoopsadaisy's vision is for children with physical disabilities to live life as fully and independently as possible.

To achieve this, the health, safety, and welfare of all members of our community is paramount. The staff and Trustees of Whoopsadaisy strive to achieve the highest standards of health, safety, and welfare consistent with their responsibilities under the Health and Safety at Work etc. Act 1974 and other statutory and common law duties.

We believe that we should provide a caring, positive safe and stimulating environment that promotes the social, physical, and moral development of the individual child. A key part of our role is to provide 'an education for life', including supporting children to develop their capacity to assess potential risk.

The policy should be read in conjunction with related policies, procedures, and codes of practice, particularly those relating to Safeguarding and Child Protection.

### 2. AIMS OF THE POLICY

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1. To establish and maintain a safe and healthy learning environment.
2. To establish and maintain safe working procedures among staff, children, parents, and visitors.
3. To ensure adequate information, instruction, training, and supervision are provided to allow children and adults to be safe.
4. To provide a systematic framework for the management of risk.
5. To formulate effective emergency procedures for use in accident of fire.
6. To emphasise the need for good levels of communication between all members of the community in ensuring everyone's health and safety.
7. To support all members of the community in making informed and balanced assessments of potential risks.

### 3. ROLES AND RESPONSIBILITIES

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#### 3.1 TRUSTEES

1. Ensure health and safety management systems and policies are in place and effective.
2. Receive regular reports from the Manager.
3. Carry out spot checks at the premises from time to time.
4. Seek specialist advice when required.
5. Appoint a Health & Safety Trustee to receive relevant information, monitor the implementation of policies and procedures, and feedback health and safety issues to Trustees.

#### 3.2 HEALTH & SAFETY CO-ORDINATOR & DEPUTY

1. Co-operate with Trustees to enable health and safety policy and procedures to be implemented and complied with.
2. Communicate the policy and other appropriate information to all relevant people.
3. Ensure effective arrangements are in place to pro-actively manage health and safety by conducting and reviewing inspections and risk assessments and implementing required actions.
4. Report to Trustees on health and safety performance and any concerns/ issues which may need to be addressed by the allocation of funds.
5. Ensure that the premises and equipment are maintained in a safe and serviceable condition (delegated to other members of staff as appropriate).
6. Ensure all staff and volunteers are competent to carry out their roles and are provided with adequate information, instruction, and training.
7. Prepare and display an emergency evacuation procedure, arrange for, and record regular fire/emergency drills.

Whilst overall responsibility for health and safety lies with the Manager as Health & Safety Co-ordinator, oversight of health and safety during service provision is delegated to the nominated Health & Safety Conductor as Deputy.

### 3.3 ALL EMPLOYEES

Under the Health and Safety at Work Act 1974 all employees have general health and safety responsibilities. All employees are obliged to take care of their own health and safety whilst at work along with that of others who may be affected by their actions.

1. Ensure their own areas of responsibility (and related equipment and resources) are kept in a clean, safe, tidy, and orderly state, free from hazards and obstructions.
2. Ensure risk assessments are undertaken for activities for which they are responsible and that identified control measures are implemented.
3. Ensure appropriate procedures are brought to the attention of all staff, parents/carers, and volunteers for whom they are responsible.
4. Take appropriate action on issues referred to them, informing the Manager of any problems they are unable to resolve.
5. Report all defects in condition of premises or equipment and any health and safety concerns immediately to the Manager and other members of staff.

### 3.4 ALL EMPLOYEES, VOLUNTEERS, PARENTS/CARERS & VISITORS

In addition, all adults associated with Whoopsadaisy are obliged to:

1. Take reasonable care for the health and safety of themselves and others at all times and let another staff member know if they feel unable to do so.
2. Comply with the health and safety policy and procedures at all times.
3. Report all accidents and incidents in line with reporting procedures.
4. Co-operate with staff on all matters relating to health and safety.
5. Not intentionally interfere with or misuse any equipment or fittings provided in the interests of health, safety or welfare.
6. Ensure they only use equipment that they are competent to use and make use of all necessary control measures and personal protective equipment provided.

## 4. CONSULTATION, INFORMATION & TRAINING

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### 4.1 CONSULTATION

1. The Health & Safety Co-ordinator/Deputy will consider all incidents impacting on health and safety and determine whether the strategies used were appropriate and whether they can be improved.
2. Trustees meet quarterly and review health, safety and welfare issues affecting staff, families, or visitors at each meeting.
3. Action points from Trustees' meetings are brought back to staff by the Manager for implementation.
4. The Trustees provide access to competent H&S advice, as required by the Health and Safety at Work Act 1974, when required.

### 4.2 COMMUNICATION OF INFORMATION

1. The Health and Safety Law poster is displayed in the building.
2. This policy and related procedures are available on the website and in the office.
3. On completion or review, these policies and procedures are communicated to all staff and volunteers.
4. Relevant information is communicated with parents/carers on admission, via regular newsletters and informally through ongoing dialogue and communication.

### 4.3 TRAINING

1. All staff & volunteers will be provided with induction into the requirements of this policy, updates in response to significant change and training in specific skills needed for certain activities, (e.g., use of hazardous substances, work at height etc.).
2. Training records will be kept in the office.
3. The Health & Safety Co-Ordinator/Deputy is responsible for co-ordinating health and safety training needs and for including details in the training and development plan. This includes a system for ensuring that refresher training is undertaken within the prescribed time limits.
4. Each member of staff is also responsible for drawing the Manager's attention to their own personal needs for training and for not undertaking duties unless they are confident that they are competent to do so.

### 5. POLICY REVIEW

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This policy will be reviewed and updated **annually**, or more frequently if required.



## H&S APPENDIX 1: RISK ASSESSMENTS

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### 1.1 PREMISES RISK ASSESSMENTS

1. Whoopsadaisy conducts and documents risk assessments for all areas of the premises **annually** or following significant change.
2. Risk assessments are co-ordinated by the Manager and delegated to staff according to their area of responsibility.
3. Risk assessments are held centrally in the office and displayed on noticeboards where relevant.
4. Employees and volunteers are made aware of any changes to risk assessments relating to their work.

### 1.2 SERVICE DELIVERY RISK ASSESSMENTS

1. Whoopsadaisy conducts and documents risk assessments for our work with children, **annually** or following significant change in activities.
2. Risk assessments are co-ordinated by the Manager in consultation with Lead Conductor and Occupational Therapist.
3. Risk assessments are held centrally in the office and on OneDrive.
4. Employees and volunteers are made aware of any changes to risk assessments relating to their work.

### 1.3 INDIVIDUAL RISK ASSESSMENTS

1. Specific assessments relating to staff members or children are held on that individual's file and will be undertaken by their line manager (staff) or responsible Lead Conductor and Occupational Therapist (children).
2. It is the responsibility of all staff to inform their line manager of any medical conditions (including pregnancy) which may impact upon their work.
3. It is the responsibility of parents to inform Conductors/Occupational Therapists of any medical conditions which may impact on their child's time at Whoopsadaisy. Parents are made aware of this as part of Admissions Procedures.
4. Risk assessments are reviewed on a regular basis.

### 1.4 EVENTS, VISITS AND CONTRACTORS

1. The Manager and Lead Conductor is responsible for ensuring risk assessments are undertaken for all events organised by Whoopsadaisy.
2. Each trip or external visit has a designated Trip Leader who is responsible for planning the trip and ensuring risk assessments are in place.
3. Contractors using Whoopsadaisy premises are responsible for carrying out appropriate risk assessments of activities and their own equipment.

## H&S APPENDIX 2: FIRE & EMERGENCY PROCEDURES

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### 2.1 FIRE RISK ASSESSMENTS

The Fire Precautions (Workplace) Regulations 1997 require that organisations undertake Fire Risk Assessments. The Manager is responsible for ensuring fire risk assessments are undertaken, implemented and **reviewed every two years** or following significant change. They are kept in the office and on OneDrive.

Fire Risk Assessments are based on five steps:

1. Identification of potential fire hazards.
2. Assessment of risks in relation to the location of individuals and to their activities.
3. Evaluation of the risks identified together with any appropriate changes to existing fire precautions or to the ways in which risks are controlled.
4. The recording of findings and the details of any actions taken.
5. Review of the risk assessment procedure itself and its revision if this is found necessary.

### 2.2 FIRE PREVENTION

Whoopsadaisy recognises its responsibility to prevent the risks presented by fire and ensures all staff take the following steps to prevent it:

1. No smoking (including vaping/e-cigarettes, etc.) on premises.
2. No overloading of plugs or other electrical equipment.
3. Switch off electrical equipment after use.
4. Keep fire escape routes, exit doors, and work areas clear.
5. Maintain good housekeeping and remove combustible materials quickly.
6. Keep fire extinguishers clear of obstructions.
7. Ensure nearest Fire Exit and evacuation procedure is known.
8. Minimise the use and maintain records of all flammable substances and chemicals on site.

### 2.3 EMERGENCY PROCEDURES

1. Fire and emergency evacuation procedures are displayed on the premises.
2. Evacuation procedures are also made available to all contractors, and to parents, staff, and volunteers. Emergency exits, assembly points etc. are clearly identified by safety signs and notices.
3. The Assembly Point in the event of an emergency evacuation is **next to the Rotunda Café**.

### 2.4 FIRE EVACUATION PROCEDURE

1. Raise the alarm by calling 'Fire!'
2. If possible and safe to do so shut windows.
3. Tackle a small fire only if you have been trained to do so and will not put yourself and others at risk.
4. Quickly escort children and any visitors to the assembly point via the nearest fire exit.
5. Close doors but do not lock them.
6. If it is considered safe to do so, the Fire Warden or another delegated person will 'sweep' the area to ensure no one is left behind and bring a mobile phone and the Medical Information folder with them.
7. Ensure children remain calm while the Fire Warden checks all are present.
8. Do not allow anyone to re-enter the building until the Fire Warden decides it is safe to do so (at the advice of the Fire Response Team).

## 2.5 FIRE DRILLS

Fire drills will be undertaken termly, documented and revised if necessary.

## 2.6 INSPECTION & MAINTENANCE OF EMERGENCY EQUIPMENT

A maintenance service of fire-fighting equipment is carried out as part of our Fire Risk Assessment procedure.



## H&S APPENDIX 3: FIRST AID & ACCIDENT PROCEDURES

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### 3.1 FIRST AID

1. Whoopsadaisy takes all reasonable steps to prevent accidents from occurring. In the event of any accident the first concern will be the care of any persons affected and making the premises and/or equipment safe.
2. Whoopsadaisy has assessed the need for first aid provision and identified staff to provide first aid. Details of First Aiders, location of First Aid Kits and emergency contact numbers are listed at the start of the Health & Safety Policy (Key Information).
3. The Health and Safety coordinators are responsible for checking **termly** that the contents of first aid boxes are replenished as necessary.
4. Whenever a group of children is taken off the premises, a portable first aid kit and mobile phone is taken.

### 3.2 EMERGENCY TRANSPORT TO HOSPITAL

Where a first aider considers it is necessary for the sick or injured person to be sent to hospital an ambulance will normally be called. Staff should not transport a sick or injured child in their own vehicle.

Parents/carers not onsite will be notified immediately of all major injuries to children, but do not need to be present or to have provided permission for an ambulance to be called or a child to be taken to hospital. Whilst waiting for the ambulance, parents should be contacted, and arrangements made to meet them at Whoopsadaisy or at the hospital as appropriate.

If an ambulance needs to be called, staff should outline:

1. The full condition and how it occurred.
2. Details of the child's date of birth, address and parents' names.
3. Any known medical conditions.

No child will be allowed to travel to hospital unaccompanied, or in the sole company of a driving adult. An accompanying adult will be designated in situations where the parents/carers cannot be contacted in time.

Staff should be aware that other children in the group may be affected by the incident and may need reassurance.

Where there is any doubt about the appropriate course of action, the first aider will consult with the Health Service helpline (NHS Direct 0845 4647) and, in the case of a child, with the parents/carers.

### 3.3 ACCIDENT REPORTING PROCEDURES

An Accident Book, kept in the office, is used to record all injuries. More significant incidents (as detailed below) are also reported to Trustees:

1. Major injuries.
2. Accidents where significant first aid treatment has been provided.
3. Accidents which result in the injured person being taken from the scene of the accident directly to hospital.
4. Accidents arising from premises/equipment defects.

Parents/carers are notified immediately of all major injuries to children; and notified of all minor injuries on collection of their child.

The Manager investigates accidents and takes remedial steps to avoid similar instances recurring. Faulty equipment, systems of work etc. are attended to as soon as possible.

### 3.4 REPORTING TO THE HEALTH AND SAFETY EXECUTIVE (HSE)

Incidents involving a fatality or major injury will be reported immediately to the Health and Safety Executive.

Incidents resulting in the following outcomes are reported to the HSE via their online reporting system within 15 days of the incident occurring: <http://www.hse.gov.uk/riddor/>. Any incident notified to the HSE will also be reported to Trustees.

1. A child or other non-employee being taken to hospital for treatment where the accident occurred due to the condition of premises/equipment, the way equipment/substances were used or due to a lack of supervision/ organisation etc.
2. Employee absence or inability to carry out their normal duties as the result of a work-related accident, for periods of 7 days or more (including weekends and holidays).

## H&S APPENDIX 4: CHILDREN WITH MEDICAL CONDITIONS & PERSONAL CARE PLANS

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### 4.1 INTRODUCTION

Children with medical conditions have the same rights as other children. We acknowledge that this may mean making special arrangements for particular children so they can access our services.

However, Whoopsadaisy will reluctantly refuse admission to a child where we don't feel able to make appropriate provision to fulfil our duty of care, or where we feel there may be a risk posed to others or to the health of the child concerned.

### 4.2 RESPONSIBILITIES

The primary responsibility for a child's health lies with the parent. Parents are responsible for:

1. Supplying Whoopsadaisy with all relevant information to ensure proficient care can be provided.
2. Remaining onsite (or in the Rotunda Café and accessible by phone) if their child has a medical condition which may require emergency attention (including e.g., epilepsy, seizures, anaphylaxis, diabetes and severe asthma).
3. Administering **all** medication and all nutrition via PEG or nasogastric feeding tubes (including visiting the premises if needed to ensure timely administration e.g., at lunchtime).
4. Supporting their child in learning to self-administer emergency medicine (e.g., inhalers) where developmentally appropriate and in agreement with staff.

The Lead Conductor and Occupational Therapist for each child is responsible for:

1. Seeking advice and guidance from a range of sources, including health professionals and the child's GP, in addition to that provided by parents.
2. Ensuring all relevant staff and volunteers know about and are, if necessary, trained to provide any additional support that children with medical conditions (long or short term) may need.
3. Discussing any concern or matter relating to the support of children with medical conditions with the Manager.

### 4.3 ADMINISTRATION OF MEDICINES

All medication must be administered to children by their parents/ carers.

### 4.4 SELF-ADMINISTRATION OF EMERGENCY MEDICATION

Where children need to have immediate access to emergency medication which is self-administered (e.g., asthma inhalers), it is the parents' responsibility to ensure they are competent to do so. Children will only be allowed to self-administer emergency medication with the agreement of Whoopsadaisy staff. If staff are under any doubt as to their ability, parents will be required to stay onsite (or in the Rotunda café and accessible by phone) for the duration of the session.

Self-administered medicine will be kept in the child's bag and clearly labelled. Children have access to their inhaler at all times but must inform a member of staff that they are taking a dose.

Parents will be informed on collection if their child has self-administered emergency medication.

All Conductors and Occupational Therapist have been appropriately trained to administer emergency paediatric first aid if necessary. If an ambulance needs to be called, staff should follow First Aid & Accident Procedures.

#### 4.5 SICKNESS AND CONTAGIOUS DISEASES

Children should not attend Whoopsadaisy if they are unwell. Staff have the right to decide not to allow a child to attend if they feel it is in the best interest of the child or other children present. Parents are made aware that, while we follow good health & hygiene practices as outlined in this policy, we cannot guarantee that our premises will be free from the bacteria and viruses that cause infection.

Children with contagious illnesses including sickness & diarrhoea should not attend sessions until they have been clear of symptoms for 48 hours. If a child develops symptoms during a session they will be asked to leave and all equipment and resources that may have come into contact with the child will be cleaned, to reduce the spread of infection.

For general guidance on infection control in childcare settings see:

[https://www.publichealth.hscni.net/sites/default/files/Guidance\\_on\\_infection\\_control\\_in%20schools\\_poster.pdf](https://www.publichealth.hscni.net/sites/default/files/Guidance_on_infection_control_in%20schools_poster.pdf)

Some children attending Whoopsadaisy have medical conditions that make them vulnerable to infections that would rarely be serious to other children. Parents are required to inform staff in advance if their child is suffering from any condition that may be contagious. Parents are also required to inform staff if they administered Calpol or medications in the night/morning. Staff will use their professional judgement and may ask that child to stay at home.

#### 4.6 Individual Health Care Plan

Individual Health Care Plans (IHCPs) will be written for all children/young people and will include medical conditions, intimate care guidelines and personal evacuation procedures where required. IHCPs will be reviewed regularly by the Lead Conductor. IHCPs will include the views and wishes of the parent and, if possible, the child/young person in addition to the advice of relevant medical professionals.

## H&S APPENDIX 5: ENSURING HEALTH & SAFETY IN THE PROGRAMME

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### 5.1 CHILDREN'S RECORDS

All parents/ carers of children attending Whoopsadaisy complete a IHCP Form that include details of medical conditions and emergency contacts.

Registers of attendance are maintained for each session.

All information provided is treated with utmost confidentiality and in accordance with our Data Protection Policy.

### 5.2 EQUIPMENT & RESOURCES

The Deputy Health & Safety Co-Ordinator is responsible for ensuring all new equipment meets health and safety standards before it is purchased and ensuring that staff and volunteers are given adequate training to use equipment.

Equipment and resources are checked for safety before each use. Any equipment considered unsafe will be clearly marked and taken out of service by storing in a secure location pending repair/disposal.

All toys and equipment used are cleaned frequently or if required.

Any routine maintenance of equipment is carried out on a termly basis, or more frequently if required.

Copies of inspection and test certificates for equipment and services installed at the premises are kept in the office.

### 5.3 FOOD HANDLING

Food plays an important part in the social life of the community. Children are asked to bring their own meals according to dietary needs and preference.

Where Whoopsadaisy does provide simple snacks, we recognise the importance of good hygiene practices in controlling harmful bacteria and ensuring food safety. We follow guidance provided by the Food Standards Agency to ensure good hygiene practices (including cleaning and avoiding cross-contamination): <http://www.food.gov.uk/business-industry/caterers/food-hygiene>

Information about children with allergies is requested on admission (IHCP). Allergy information is kept with children's files and displayed in the kitchen. As far as possible, Whoopsadaisy avoids the use of children's known allergens.

### 5.4 PERSONAL HYGIENE

Helping children in this area is an important part of what we offer. Children are encouraged to take responsibility for their personal health and hygiene by e.g., washing hands after going to the toilet and using tissues and disposing of them appropriately. We support children (and their parents) to learn with the aim of creating the possibility for independence and personal dignity.

## 5.5 TOILETING

Portable toileting equipment is individual to each child. Parents/carers take responsibility for hygiene routines following toilet activities, including hygiene routines for this equipment. Parents are given instruction on how to accomplish these tasks safely if required.

Where an incident of incontinence occurs, the parent, staff member or volunteer will immediately clean the area using disinfectant at an appropriate dilution and/or antiseptic wipes. The child/young person will be cared according to their IHCP.



## H&S APPENDIX 6: MISSING CHILD & LATE COLLECTION

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### 6.1 MISSING CHILD

Whoopsadaisy provides generous staffing ratios to ensure that every child is supervised the whole time that they are in our care.

In the extremely unlikely event that a child is suspected as missing, staff will follow these steps:

1. Make a note of the time the child was first noticed as absent (this information could be essential for a police search).
2. Ensure all other children are safe and occupied. Arrange for another member of staff to do so if necessary.
3. Ask all adults and children calmly if they can tell you when they last remember seeing the child. All other conversations to be held discretely to prevent undue distress.
4. One adult to search everywhere within and immediately outside the premises, carefully checking all spaces, cupboards, and toilets etc. where a child might hide.
5. The Lead Conductor for the session to co-ordinate a search involving all employees and volunteers who are not required to maintain the safety of the group.
6. If the child is not found within 10 minutes, Lead Conductor and if not present Occupational Therapist will contact parents and inform the police. If the parent is present, they decide when to call the police.

Once the police have become involved:

1. A staff member will find the child's personal files and a photograph of the child.
2. The Designated Safeguarding Lead (or Deputy DSL) will contact the Local Children Safeguarding Board to inform them of the situation.
3. The Lead Conductor and if not present the Occupational Therapist will write a full incident report of all activities taken up to the stage at which the child went missing and was found.
4. All staff will cooperate fully with any police or safeguarding investigations.
5. The Manager will inform the Chair of Trustees.
6. Any media queries should be referred to the Trustees.

Throughout this time, the safety and wellbeing of all affected children will be considered paramount, including attending to the concerns of other children present.

Following the incident, the Lead Conductor at the time and the Manager will meet with the child and parents to discuss the incident and carry out a full investigation to ensure lessons are learnt and policies reviewed where necessary.

### 6.2 LATE COLLECTION OF CHILDREN

In the unlikely event of a child not being collected at the expected time and no contact being made with the parents, the following procedure will apply:

1. Two members of staff will remain on the premises with the child at all times.
2. Parents will be telephoned on all available contact numbers.
3. If the parents are not contactable the emergency contact person will be contacted and asked to collect the child.
4. If no contact has been made with either the parents or the emergency contact person within **one hour** of the time at which the child was due to be collected the staff will contact Front Door for Families (Safeguarding hub) for advice on **01273 290400**.



## H&S APPENDIX 7: PREMISES

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### 7.1 ELECTRICAL SAFETY

All staff conduct a visual inspection of plugs, cables, and electrical equipment prior to use. Defective equipment will be clearly marked and taken out of service by storing in a secure location pending repair/disposal. Repairs to electrical equipment are only undertaken by trained and competent people.

All portable items of electrical equipment are subject to formal inspection and testing (Portable Appliance Testing 'PAT') annually. Personal items of equipment (electrical or mechanical) should not be used on premises without prior authorisation and must be subjected to the same tests.

A fixed electrical installation test (fixed wire test) will be conducted by on a 5-year cycle.

### 7.2 FLAMMABLE AND HAZARDOUS SUBSTANCES

Every attempt will be made to avoid, or choose the least harmful of, substances which fall under the "Control of Substances Hazardous to Health Regulations 2002" (COSHH Regulations). The Deputy Health & Safety Officer is responsible for identifying and risk assessing all hazardous substances in line with COSHH (The Control of Substances Hazardous to Health) Regulations 2002. This includes:

1. Maintaining an inventory of all identified hazardous substances on the premises.
2. Ensuring all chemicals are appropriately and securely stored, clearly labelled in their original packaging, out of the reach of children.
3. Ensuring all actions identified in Risk Assessments are implemented.
4. Ensuring all employees, volunteers, parents, and visitors are informed about hazardous substances relevant to their work.

Suitable personal protective equipment (PPE) is made available for use, where this is identified as appropriate.

### 7.3 BUILDING CONTRACTORS

To ensure building works do not endanger children, their parents/carers, or staff, Whoopsadaisy will ensure works take place outside of session times whenever possible. All contractors must report to staff. They will be issued with guidance on fire procedures and any hazards onsite which may affect them.

All contractors are required to:

1. Provide risk assessments specific to the site and works to be undertaken, prior to works commencing.
2. Ensure all works are undertaken applicable statutory approvals (such as planning permission and building regulations) have been attained.
3. Liaise closely with relevant staff to ensure safe systems of work, segregation of working areas from staff and service users, emergency procedures and security measures, both prior to commencement and regularly updated during the course of the works.
4. Work in a safe manner, not endangering staff, children, the public or themselves.
5. Adequately control physical/chemical hazards to prevent risks such as trailing leads, solvent fumes, absence of lighting etc.
6. Maintain the site in a tidy condition, with adequate protection of floors/walls/surfaces etc. and avoiding obstructing the means of escape.
7. Ensure all equipment/tools/materials (including ladders) are supervised at all times or unplugged and stored safely away.
8. Report any accidents or near misses to the Manager.
9. Report any possible disruption to Whoopsadaisy's services to the Manager as soon as this comes to light.

## H&S APPENDIX 8: PERSONAL HEALTH & SAFETY FOR STAFF

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### 8.1 STRESS AND WELLBEING

Whoopsadaisy are committed to promoting high levels of health and wellbeing and recognise the importance of identifying and reducing workplace stressors through risk assessment, in line with HSE management standards.

Systems are in place for responding to individual concerns and monitoring staff workloads e.g.:

1. Induction procedures
2. Mentoring of new staff members
3. Regular informal check-ins with staff and the cultivation of positive, open working relationships
4. Monthly Management Team Meetings, with minutes reported to Trustees
5. Termly Professional Development meetings
6. Quarterly Trustee meetings with a staffing update from the Manager

### 8.2 VIOLENT OR THREATENING BEHAVIOUR

Whoopsadaisy believes that staff should not be expected to put themselves in danger and will not tolerate violent or threatening behaviour to its staff.

Staff should report any such incidents to the Manager. Whoopsadaisy will work in partnership with the police where inappropriate behaviour/individual conduct compromises our aims in providing an environment in which children, their families and our staff feel safe.

### 8.3 LONE WORKING

Please refer to Whoopsadaisy's Lone Working Policy

Staff are encouraged not to work alone at Whoopsadaisy premises. Where this cannot be avoided, staff should take steps to ensure their personal safety including e.g., locking the door from inside and notifying a colleague that they are there and when they leave.

Children, parents/carers, and other visitors must not be admitted into the premises unless at least two members of staff are present.

Where staff are required to work alone offsite (e.g., home or community visits) they should take steps to ensure their safety including ensuring they have a mobile phone or other means to summon help in an emergency and notifying a colleague of arrangements.

Work involving potentially significant risks (for example work at height) must not be undertaken whilst working alone.

### 8.4 LIFTING AND HANDLING

Staff are encouraged to consider their own personal safety when lifting and handling children or equipment. All staff should ensure they do not lift children or heavy items or equipment unless they are confident, they can do so safely.

Regular manual handling operations are considered as part of regular Risk Assessment procedures.

## 8.5 WORK AT HEIGHT

Working at height (including accessing storage or putting up displays) can present a significant risk and is included in Risk Assessments. When working at height appropriate stepladders must be used. Staff must not climb onto chairs etc.

Guidance is available for all staff who use ladders/stepladders at: <http://www.hse.gov.uk/pubns/indg401.pdf>.

## 8.6 DISPLAY SCREEN EQUIPMENT (DSE)

DSE refers to the whole workstation, job process and work environment as well as to the display screen, keyboard, and other accessories. DSE users are employees who habitually use DSE as a significant part of their normal work (i.e., continuously for periods of an hour or more on most days worked).

Whoopsadaisy recognises that a poorly equipped or arranged workstation is a major contributing factor in the development of avoidable work-related pain, discomfort and stress (including e.g., eyestrain, headaches, fatigue and upper limb disorders).

Whoopsadaisy adheres to Health and Safety (Display Screen Equipment) Regulations 1992. These include:

1. Risk assessments for all DSE workstations.
2. Ensuring workstations are able to be appropriately adjusted.
3. Encouraging regular DSE to incorporate short, regular breaks away from the workstation.

All staff can access information and guidance around the safe use of DSE here:

<http://www.hse.gov.uk/pubns/indg36.pdf>

## 8.7 TAKING MEDICATION OR OTHER SUBSTANCES

Employees and volunteers must not be under the influence of any substance which may affect their ability to care for children, without seeking medical advice. Whoopsadaisy will ensure that staff will only work directly with children if medical advice confirms that the medication is unlikely to impair that staff member's ability to look after children properly.

Staff medication on the premises is securely stored out of reach of children at all times.

## 8.8 PRESENTEEISM (ATTENDING WORK WHEN UNWELL)

For general guidance on infection control in childcare settings see:

[https://www.publichealth.hscni.net/sites/default/files/Guidance\\_on\\_infection\\_control\\_in%20schools\\_poster.pdf](https://www.publichealth.hscni.net/sites/default/files/Guidance_on_infection_control_in%20schools_poster.pdf)

As a general rule, staff (including volunteers) should not attend Whoopsadaisy if they are unwell. Some children attending Whoopsadaisy have medical conditions that make them vulnerable to infections that would rarely be serious in other children. Staff (including volunteers) are required to inform their supervisor 24 hours in advance if they are suffering from any condition that may be contagious. The supervisor will use their professional judgement and may ask that you stay at home.

It may, in certain circumstances, be possible for staff to work at home with the agreement of their manager if they are well enough to work but not well enough to attend the premises.