



## **Health and Safety Policy**

This policy was updated: **August 2019**

This policy will be reviewed: **August 2020**

Statutory policy? **Yes**

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## **Introduction**

Health and safety is a highly regulated area and should be a priority for everyone such as; employees, learners and visitors. Not following the rules can amount to a criminal offence, with the potential for substantial fines for the company, and fines and/or imprisonment for individual Directors and employees.

Nulogic's approach to health and safety is rigorous. It's important that both internal and external risks are identified and actively managed. We have put our policy together to ensure we have the correct procedures in place to safeguard everyone and to make sure everyone is safe whilst attending our provision.

## **Legal Requirements**

A duty of care to the learner will always exist within the responsibilities of the provision. The primary responsibility for a learner's health and safety will always exist within the responsibility of the provision.

Health and safety legislation is complex and subject to continual review and updating. The Local Authority (LA) Children and Young People's service also has a dedicated health and safety team.

Knowledge of health and safety hazards associated within particular industries lies within those industries and therefore risk assessments, specific to the activities to be undertaken by the learner on a placement/programme, must be conducted by a competent person within the provision.

A risk assessment of facilities, equipment and processes must be carried out and be available to the Local Authority, the provision, parents and guardians before the placement/programme begins and must be revised annually.

Where the LA commissions programmes on behalf of the provision, the LA has the responsibility to check, before the programme commences, that

- (i) a risk assessment has been completed on the placement/programme
- (ii) a risk assessment has been completed for any individual learner with specific behaviour or specific needs

It is the LAs policy that all work experience placements have health and safety checks undertaken by a competent person, before any placements are made.

All members of staff appointed by Nulogic will have an enhanced DBS (Disclosure and Barring Service) check and should have completed basic safeguarding young people training before teaching begins.

Nulogic have public liability insurance which covers up to £10,000,000.

## **Learner Safety at the Provision**

Health and safety plays a major part in our provision. We have devised induction booklets for all of our young people. This induction is delivered on the first day of the course and the content covers a wide range of instructions/policies.

These include:

- E-safety and Acceptable use of IT
- Fire drills and practises
- Emergency evacuations procedures
- First Aid (Aiders & location of First Aid Box)
- Information on appropriate clothing and equipment
- Instruction in safe working practices
- Risk assessments connected with relevant activities being undertaken
- Reporting procedures for near miss incidents, assaults and accidents
- Welfare provision

Reminding learners of the day to day expectations and ensuring the safety of each other is being implemented whilst undertaking activities on the course.

Learners should always remain at their designated venue during the structured day. Except if authorisation has been admitted by the provision or parents/guardians.

### **During Lesson Time**

- Attendance is documented on the Collaborate Learning Manager (CLM)/Excel Spreadsheet and is mandatory to be completed inside the first 20 minutes of the start of the lesson. Therefore, it is the provision's responsibility to check the CLM/Spreadsheet.
- Break and lunchtime at each centre is an allocated area for learners to socialise at break and lunchtimes. Appropriate preparations are put in place for Free provision meals.
- Operation of equipment - Learners will be given regulation on the protected use of work equipment and managed by a competent staff member consistently.

### **Accidents, Incidents & Near Miss**

As a delivery provider, we have the correct policies in place to record accidents, incidents or near misses that occur throughout our provision. If one of the circumstances occur on our grounds and under our management, it is our responsibility to report the situation to the HSE as this falls under the principles of RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations.) This report should also be provided to the LA and Provision.

All accidents, incidents and near misses' must be evidenced and then forwarded to the LA and to the provision within 24hours.

### **Leaving the Delivery Provider's Site**

Learners under 16 must not leave the site without consent from parents/guardians. If a learner leaves the site, a behaviour meeting is arranged, and the LA Educational Visits Guidance systems must be adhered to. In a crisis e.g. learner illness, the provision must be reached before the learner leaves our provision. In the event that staff are missing, learners can't be sent home and courses of action for cover must be made.

## References

### 1. Ofsted

The Office for Standards in Education, Children's Services and Skills  
Briefing for section 5 inspection - Inspecting safeguarding (Ofsted 2013)

[www.gov.uk/government/publications/inspecting-safeguarding-in-early-years-education-and-skills-from-september-2015](http://www.gov.uk/government/publications/inspecting-safeguarding-in-early-years-education-and-skills-from-september-2015)

### 2. DfE (Department of Education)

Working Together to Safeguard Children (DfE 2015)  
Safeguarding Children and Safer Recruitment in Education (DfE 2013)  
Keeping Children Safe in Education (DfE 2015)

[www.gov.uk](http://www.gov.uk)

### 3. DBS workforce guidance (2010)

[www.gov.uk/government/publications/dbs-workforce-guidance](http://www.gov.uk/government/publications/dbs-workforce-guidance)

### 4. DfE

Managing medicines in provisions (2013)  
Supporting learners at provision with medical conditions (DfE Sept 2014)

[www.gov.uk](http://www.gov.uk)

### 6. HSE

Health and Safety Executive  
Young people at work (2013)  
[www.hse.gov.uk/youngpeople](http://www.hse.gov.uk/youngpeople)

## **Mental Health**

### **Lead Members of Staff**

Whilst all staff have a responsibility to promote the mental health of students. Staff with a specific, relevant remit include:

- Bradley Reece-Jones - Designated Safeguarding Officer
- Ellie Jones - Lead First Aider

Any member of staff who is concerned about the mental health or wellbeing of a student should speak to the DSL in the first instance. If there is a fear that the student is in danger of immediate harm, then the normal child protection procedures should be followed with an immediate referral to the school's designated child protection office or the head teacher. If the student presents a medical emergency then the normal procedures for medical emergencies should be followed, including alerting the first aid staff and contacting the emergency services if necessary.

### **Individual Care Plans**

It is recommended to ask the school for an individual care plan for the learner before starting the provision with a causing concern or who receive a diagnosis pertaining to their mental health. This should be drawn up involving the pupil, the parents and relevant health professionals. This can include:

- Details of a pupil's condition
- Special requirements and precautions
- Medication and any side effects
- What to do, and who to contact in an emergency
- The role the Nulogic can play

### **Teaching about Mental Health**

The skills, knowledge and understanding needed by our students to keep themselves and others physically and mentally healthy and safe are included as part of their induction.

### **Signposting**

We will ensure that staff, students and parents/carers are aware of sources of support within school and in the local community. We have all the relevant information on our noticeboard located in the classroom to what support is available within our provision and local community.

Whenever we highlight sources of support, we will increase the chance of student help-seeking by ensuring students understand:

- What help is available
- Who it is aimed at

- How to access it
- Why to access it
- What is likely to happen next

### **Warning Signs**

Nulogic staff may become aware of warning signs which indicate a student is experiencing mental health or emotional wellbeing issues. These warning signs should **always** be taken seriously and staff observing any of these warning signs should communicate their concerns with the DSL.

Possible warning signs include:

- Physical signs of harm that are repeated or appear non-accidental
- Changes in eating / sleeping habits
- Increased isolation from friends or family, becoming socially withdrawn
- Changes in activity and mood
- Lowering of academic achievement
- Talking or joking about self-harm or suicide
- Abusing drugs or alcohol
- Expressing feelings of failure, uselessness or loss of hope
- Changes in clothing – e.g. long sleeves in warm weather
- Secretive behaviour
- Skipping PE or getting changed secretly
- Lateness to or absence from school
- Repeated physical pain or nausea with no evident cause
- An increase in lateness or absenteeism

### **Managing disclosures**

A student may choose to disclose concerns about themselves or a friend to any member of staff so all staff need to know how to respond appropriately to a disclosure.

If a student chooses to disclose concerns about their own mental health or that of a friend to a member of staff, the member of staff's response should always be calm, supportive and non-judgmental. Staff should listen, rather than advise and our first thoughts should be of the student's emotional and physical safety rather than of exploring 'Why?' the relevant training will be put in place to ensure staff follow the correct procedures.

All disclosures should be recorded in writing and held on the student's confidential file. This written record should include:

- Date



- The name of the member of staff to whom the disclosure was made
- Main points from the conversation
- Agreed next steps

This information should be shared with the DSL who will provide the information to the lead mental health lead in the student's school. The records will be recorded appropriately and then the relevant support and advice about next steps.

### **Confidentiality**

We should be honest with regards to the issue of confidentiality. If it is necessary for us to pass our concerns about a student on, then we should discuss with the student:

- Who we are going to talk to
- What we are going to tell them
- Why we need to tell them

We should never share information about a student without first telling them. Ideally, we would receive their consent. However, there are certain situations when information must always be shared with another member of staff and / or a parent. A child is defined in law (Children Act 1989) as a person who is up to the age of 18 years. Therefore, the term 'child' is used throughout the policy and procedure and this includes young people. The fact that a child has reached 16 years of age, is living independently or is in further education, is a member of the armed forces, is in hospital or in custody, does not change his or her status or entitlement to protection under the Children Act 1989

It is always advisable to share disclosures with a colleague, usually the schools mental health lead will support the safeguard and emotional wellbeing as we are no longer solely responsible for the student, it ensures continuity of care in our absence and it provides an extra source of ideas and support. We should explain this to the learner and discuss with them who it would be most appropriate and helpful to share this information with.

## Appendix A: Journey Risk Assessment

Assessment completed by:					
Name:		Date:		Signature:	
Company		Activity		Review Date:	

Hazard	Persons Exposed and How	Current Controls	Risk Level H/M/L	What further action is needed to reduce the risk

## Appendix B: Individual Learning Plan

<b>1. Student name:</b>	<b>3. Date of birth:</b>
<b>2. Year level:</b>	<b>4. Date:</b>
<b>5. Learning improvement goals:</b> 6. Priority areas for improvement. 7. Consider: <ul style="list-style-type: none"><li>• engagement</li><li>• attendance</li><li>• behaviour</li></ul> <b>8.</b>	<b>9. Learning outcomes:</b> 10. List relevant learning outcomes linked to the learning improvement goals. 11. Consider: <ul style="list-style-type: none"><li>• engagement</li><li>• attendance</li><li>• behaviour</li></ul> <b>12.</b>
<b>13. School and classroom strategies revised pedagogy:</b> 14. Consider: <ul style="list-style-type: none"><li>• revised pedagogy</li><li>• classroom learning interventions</li><li>• small group/individual support</li><li>• behaviour expectations</li></ul> <b>15.</b>	<b>16. Parents/carers – expectations/support:</b> Identify in partnership: <ul style="list-style-type: none"><li>• expectations of parents/carers</li><li>• level of support that can be provided by parents/carers</li><li>• how the school can support parents/carers</li></ul> <b>17.</b>
<b>Processes for collection of data:</b> Identify: <ul style="list-style-type: none"><li>• data collection methods</li><li>• how progress will be measured</li></ul> <b>Timeline for review and revision of plan:</b> <b>18.</b> Individual Learning Plans should us measured and modified regularly.	
<b>Tutor comments:</b>	

## Appendix C

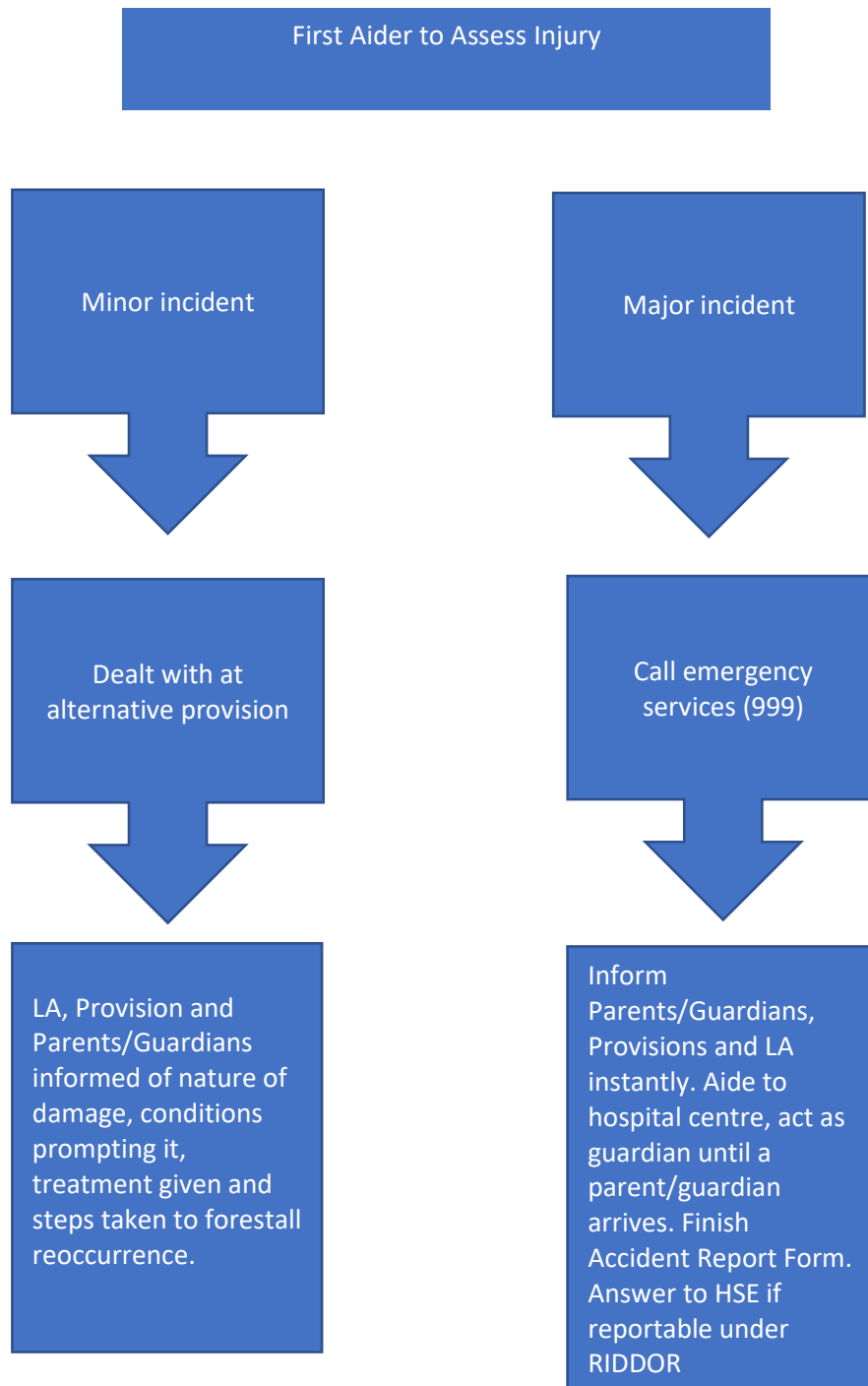
### Accident, Incident or Near Miss Reporting and Procedures

#### Nulogic's Responsibility:

- Nulogic have a policy for the reporting and recording of accidents
- All our accidents, incidents, near misses or dangerous occurrences reportable under RIDDOR must be reported to the HSE
- All accidents, incidents, near misses or dangerous occurrences should be reported to the LA and the Provision
- Nulogic have a qualified First Aider on site when learners are on site
- All learners are informed about accident, incident, near miss or dangerous occurrence procedures during their induction, and reminded at the start of each term
- Emergency contact numbers are all displayed on our noticeboard should learners need to seek further advice.

## Appendix D

The correct procedures to follow if an incident occurs:



## Appendix F Incident Form

This document is here to guide you through the process and enables you to catch the important information required. This incident should then be put into our management systems.

### Incident Report Form

Name of Student(s) Involved:	
Date:	
Time:	
Venue:	
Staff Present:	

*Description of Incident:*

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*Details of Injuries (if applicable):*

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*Outcome of Incident:*

- Provision and parents/guardians been contacted
- Injury/injuries been treated
- Safeguarding Officer been informed

Staff Signature

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***\*\*All incidents need to be reported within 12 hours of event occurring. Line managers and Safeguarding Officers will need to be contacted. \*\****

## Appendix F Near Miss Form

This form may be used by any member of staff, learner, visitor or member of the public to bring to the attention of Nulogic, any matter or suggestion which is believed might influence the health and safety of any person who might be affected by work being undertaken at or on behalf of Nulogic. This form must not be used for reporting accidents where either people or buildings were injured or damaged.

**Date of incident:**

**Time of incident:**

**Location** (Please be as accurate as possible):

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**Name of person reporting:**

(Leave blank if you prefer but adding contact details will give us the opportunity to feed back where possible).

Title:	
Forename(s):	
Surname:	
Address:	
Post Code:	



**Description of incident:**

Please use this space to record the near-miss or incident, or to make a comment or suggestions for improvement.

Why do you consider the near miss dangerous?

What immediate action have you taken following the near miss to prevent a similar occurrence?

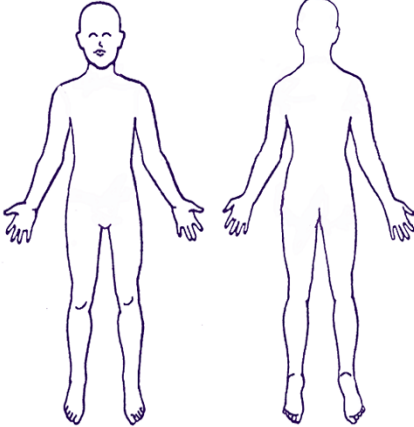
***\*\*All incidents need to be reported within 12 hours of event occurring. Line managers and Safeguarding Officers will need to be contacted. \*\****

Form received by:

Date:

Action taken:

## Appendix G – First Aid Form

Name of treating person:	Location:	Date:	Time:
<input type="checkbox"/> Consent to treatment	<input type="checkbox"/> Refusal of treatment	Casualty Signature:	
<b>History of accident or illness: (what happened?)</b>			
<b>First aid assessment: (What is the injury/illness?)</b>			
Time it occurred:			
<b>Assessment Injuries/Symptoms &amp; Signs</b> Abrasion    Discolouration    Pain Bleeding    Fracture (?)    Sprain Burn        Laceration        Swelling Contusion Tenderness			
<b>Allergies/ Medications/Past Medical History:</b>			
<b>Treatment:</b>			
First Aider (Print Name):		Date:	
Signature:		Time:	

## Appendix H

### Medical Needs and Medicines

The following extract from **DCSF Circular 14/96** may be helpful when considering arrangements for collaborative placements/programmes.

#### The Legal Framework

1. The Education Act 1993 and the Medicines Act 1968 are relevant to provisions in dealing with learners' medical needs. The following paragraphs outline the provisions of these Acts that are relevant to the health and safety of learners.
2. Most provisions will at some time have learners on roll with medical needs. The responsibility of the provision is to make sure that safety measures cover the needs of all learners at the provision. This may mean making special arrangements for particular learners.
3. In some cases, learners with medical needs may be more at risk than their classmates. The provision may need to take additional steps to safeguard the health and safety of such learners. In a few cases individual procedures may be needed. The provision is responsible for making sure that all relevant staff know about and are, if necessary, trained to provide any additional support these learners need. The LA and the Provider must be informed about the additional needs, and an appropriate risk assessment on the learner completed.
4. The Medicines Act 1968 places restrictions on dealings with medicinal products, including their administration. In the case of prescription-only medicines, anyone administering such a medicinal product by injection must be an appropriate practitioner (e.g. a doctor) or else must act in accordance with the practitioner's directions. There are exceptions for the administration of certain prescription-only medicines by injection in emergencies (in order to save life).
5. Subject to the point in paragraph 6, there is no legal or contractual duty on provision staff to administer medicine or supervise a learner taking it. This is a voluntary role. Support staff may have specific duties to provide medical assistance as part of their contract. However, swift action would need to be taken by a member of staff to assist any learner in an emergency. Provisions and Providers should ensure that their insurance policies provide appropriate cover for staff willing to support learners with medical needs.
6. Teachers/trainers and other staff in charge of learners have a common law duty to act as any reasonably prudent parent would to make sure that learners are healthy and safe on provision premises and this might, in exceptional circumstances, extend to administering medicine and/or taking action in an emergency. This duty also extends to teachers leading activities taking place off the provision site, such as educational visits, provision outings or field trips. Section 3(5) of the Children Act 1989 provides scope for teachers/trainers to do what is reasonable for the purpose of safeguarding or promoting children's welfare. This can give protection to teachers/trainers acting reasonably in emergency situations such as on a provision trip.
7. Parents are responsible for their child's medication. The Academy Manager is normally responsible for deciding whether the provision can assist a learner who needs medication.

Such decisions should, as far as practicable, encourage regular attendance and full participation in provision life.

8. Young people with medical needs have the same rights of admission to provision as other young people and cannot generally be excluded from provision for medical reasons.
9. Many learners with long-term medical conditions will not require medication during provision hours. When they do, many will be able to administer it themselves. Provision policies should encourage this approach.
10. Provision staff should not, as a general rule, administer medication without first receiving appropriate information and/or training. The local NHS Trust or HA can advise the provision who the main health contact will be who can then advise on and, in some cases provide, the necessary support. In many areas, this will be a provision nurse provided through the Provision Health Service.
11. In many areas, the NHS Trust will provide a Provision Health Service that can advise on health issues to learners, parents, teachers, education welfare officers and local authorities. The main contact for provisions is likely to be the member of staff who is first aid qualified.

#### **Drawing up an Individual Health Care Plan**

12. Other learners have medical conditions that, if not properly managed, could limit their access to education. Such learners are regarded as having **medical needs**. Most learners with medical needs are able to attend provision regularly and, with some support from the provision, can take part in most normal provision activities. However, provision staff may need to take extra care in supervising some activities to make sure that these learners, and others, are not put at risk. In some cases, provisions will find it helpful to draw up individual procedures, in the form of a health care plan, to ensure the safety of such learners.

#### **Providers must be informed about any learner with a Health Care plan**

#### **Dealing with Medicines Safely**

13. The safety of staff and learners must be considered at all times. Particular attention must be paid to the safe storage, handling, and disposal of medicines. Training for staff should include guidance in safety procedures.
14. Some medication must be readily available in an emergency and should not be locked away. Relevant staff and the learner concerned should know where the medication is kept.

## APPENDIX I: Reporting Incidents Flowchart

### Reporting procedures for Off-Site Incidents

#### Off-Site Incidents

Incident on grounds – Staff member to report the incident to Lead Tutor and to notify their line manager				
Academy Manager		Lead Tutor		Unmanaged Site
Site manager to carry out investigation and take appropriate corrective action. Inform Line manager of outcome.	Line manager to record incident on the management system. Record the date and have a back to work date on the form.	Site manager to record incident using their manager systems. Line manager and site manager liaise if incident report becomes reportable (7 days absence)	Line manager to record incident on the management system. Record the date and have a back to work date on the form.	Site manager to record incident using their manager systems. Line manager and site manager liaise if incident report becomes reportable (7 days absence)
Line manager to monitor incidents for trends Investigate or be prepared to be involved in an investigation with site manager.				



Incidents occurring whilst travelling to or from work		
Fleet Vehicle/ Hire Car	Own Vehicle	Public Transport or On Foot
Site manager to record vehicle damage on motor incident form and forward to line manager. Site manager to record incidents involving injuries to employees of passengers on our management systems	Site manager to record incidents involving injuries to staff or passengers on our management systems.	Report incidents to driver, bus/taxi/train/airline operating company as appropriate. Notify line manager – line manager to report incidents on management system.
If on foot or vehicle incident caused by defect on highway/pavement etc. consider raising the issue with internal services or external agencies		