



HEALTH AND SAFETY POLICY

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Article 6 (life, survival and development). Every child has the right to life. Governments must do all they can to ensure that children survive and develop to their full potential.



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1. Introduction

This Health and Safety Policy is in pursuance of the Wandsworth Council Policy and the Health and Safety at Work etc. Act 1974 and subordinate legislation including the Environment Protection Act 1990, the Environment Act 1995, the Regulatory Reform (Fire Safety) Order 2005 and other relevant legislation.

The document acknowledges the School's legal responsibilities and outlines the objectives of the School for the health and safety of its staff, pupils and visitors.

Health and Safety is a responsibility for all of us and all staff must ensure that their areas of responsibility are checked frequently to ensure no health and safety hazards are present. All staff need to take reasonable care of their own Health and Safety and that of any other persons who may be affected by their acts or omissions at work. The document is issued to all school staff who are to read, understand and comply with its requirements.

All employees have a duty to themselves, to their colleagues and to visitors and contractors to work safely and in a manner which prevents pollution and minimises the use of resources.

2. Responsibilities

2.1 The Governing Body

The Governing Body has overall responsibility for ensuring compliance with this Health and Safety Policy document. In particular the Governing Body is responsible for:

- ensuring a health and safety policy is in place;
- monitoring the application of the health and safety policy including consideration of inspection reports;

- prioritising actions where resources are required;
- ensuring actions are taken;
- including health and safety on governor's meeting agenda;
- producing an annual report on health and safety;
- ratifying the local health and safety policy.

2.2 The Head Teacher

It is the responsibility of the Headteacher (Tara Bell) to ensure compliance with the policy statement and that all staff endeavour to ensure the safety of others; be they staff, pupils, parents or visitors.

Specifically, he/she will be responsible for:

- ensuring that the Health and Safety Policy is prepared and, together with the Governing Body, is regularly reviewed;
- ensuring that an emergency evacuation procedure is in place and is regularly tested;
- day-to-day management of all health and safety matters in the school in accordance with the health and safety policy;
- passing on information received on health and safety matters to appropriate people;
- chairing the school health and safety committee;
- liaising with governors and Wandsworth Council Health and Safety Team on policy issues and any problems in implementing the health and safety policy;
- co-operating with and providing necessary facilities for trades union safety representatives.

2.3 Senior Leadership Team

The Senior Leadership Team is responsible for:

- day-to-day management of health and safety in accordance with the health and safety policy and the direction of the Headteacher;
- exercising effective supervision over those for whom they are responsible;
- being aware of safe working practices and setting a good example personally;
- carrying out regular inspections and making reports to the Headteacher;
- ensuring remedial action is taken where appropriate;
- passing on information received on health and safety matters to appropriate people;
- acting on reports from the Headteacher or subordinate staff.

2.4 Employees

All staff are responsible for:

- taking care of themselves and others who may be affected by their acts or omissions;
- co-operating with the Headteacher and Wandsworth Council to ensure that statutory requirements are met;
- not interfering with or misusing anything provided in the interest of health, safety or welfare;

- checking classrooms and work areas are safe and that fire exits are unlocked and unobstructed;
- checking equipment is safe before use;
- ensuring they are aware of safe procedures and that these are followed;
- ensuring protective equipment is used when needed;
- participating in inspections as appropriate;
- bringing problems to the attention of the relevant manager;
- reporting any accident involving children in classroom areas for which they have responsibility.
- **Personal safety:** All staff are to be aware of the contents of Chapter 25 of the Council Health and Safety Handbook (Workplace Violence). This is available on Info for Schools website. All instances of violence/ aggression and verbal abuse must be reported and arrangements in place to adequately control the risks.

2.5 Wandsworth Council Health and Safety Team

The Health and Safety Team will:

- give advice and assistance to the Headteacher in the discharge of their responsibilities in relation to health and safety;
- give advice to all staff in respect of health and safety by establishing and maintaining the Health and Safety Handbook and associated Codes of Safe Working Practice;
- be the nominated Competent Person in respect of Health and Safety legislation;
- carry out regular audits of all health and safety management systems, policies and procedures;
- receive regular reports of any accidents, injuries or near misses that occur, investigate such accidents reporting those that fall within RIDDOR to the Health and Safety Executive, analysing trends and proposing remedial actions to prevent reoccurrence;
- maintain adequate and up to date information of relevant law and safety management practice;
- coordinate liaison with the relative statutory body (Health and Safety Executive, London Fire and emergency Planning Authority, etc.) during any investigations or inspections relating to Council operations; and
- attend meetings of relevant health and safety committees, acting as professional advisor where requested.

More guidance can be found on chapter 22 and Chapter 13 of the Council health and Safety Handbook, available on the Info for Schools website.

3. Awareness

All staff need to be aware of the health status of the children and young people we work with. In order to achieve this, nominated staff should attend daily morning

handovers with the wards (where this forms part of their role). All staff should attend the morning briefing meetings and read the log for any days they do not work.

Staff also liaise closely with home schools, parents/carers and other agencies involved to ensure we have a full picture of each pupil.

4. Communication

4.1 Multidisciplinary Team Meetings

Within our hospital sites, a member staff will attend weekly multi-disciplinary team meetings (ward rounds/clinical meetings). *During COVID-19, this may happen remotely.* Updated information regarding patients should be shared with the rest of the team as appropriate. A copy of the notes will be password protected and stored on Schoolpod.

4.2 Reporting

Hospital Ward Managers should be informed of any issue related to Health and Safety on the wards we work and an *Adverse Incident Report Form* should be completed. At the same time, the Line Manager or Headteacher should be informed of any accident, assault or dangerous occurrence - and it should be recorded in the accident/incident book. The Headteacher will send a copy to Wandsworth Children and Young People's Services Department or fill in the appropriate local authority form.

4.3 Confidentiality

Parental permission, or permission from the young person themselves if they are over 16 and judged to have capacity, is required before information relating to children and young people is shared with schools and other agencies. It may be necessary to inform Education Welfare and/or Safeguarding Officers of the whereabouts of a child regardless of their consent, but minimal information will be shared in these cases.

Confidentiality relating to medical history should be maintained at all times.

The right of the young people to have their admission kept confidential should be a consideration when allowing external visitors or students/trainees seeking work placements and when putting any images of young people online (even with consent).

4.4 Concerns

Should a staff member identify hazards then they are then required to ensure that the risk of injury is eliminated or reduced to an acceptable level. If the staff member cannot resolve the issue because it is beyond their remit, affects other areas of the hospital or environment, or requires financial support, then the Headteacher should be advised of the hazard/issue and it needs to be recorded on the Risk Register.

Health and Safety/safeguarding will be a regular item on daily meetings and whole service meetings.

5. Practice

5.1 First Aid

In hospitals, emergency procedures should be known and followed, and staff can defer to the medical team. In the community, staff should call 999 or the parent/carer depending on level of emergency.

In hospitals, in the event of the need for first aid treatment, a nurse or doctor should be called. In the home, a parent/carer should be present at all times and they should be called.

First aid boxes are kept for use on trips or on-site activities (such as Forest Schools) and are clearly identified. The contents will be verified on no less than a monthly basis by a nominated first aider and replenished as and when required.

The service will have trained Forest Schools First Aiders, however, a nurse or HCA is still always present during Forest Schools Activities and maintains overall medical responsibility.

5.2.1 Accident reporting

A record will be kept of every occasion when any member of staff, pupil or other person receives first aid treatment whether on school premises or as part of a school-related activity.

The Procedures in Chapter 2 (Accident and Incident Reporting) of Wandsworth Council Health and Safety Handbook are to be followed. In summary these are:

- All accidents and cases of physical or verbal abuse, no matter how minor, that occur to members of staff, are to be reported using the Wandsworth Council accident reporting proforma, TC1297A. These are kept in the school office. A copy of the completed form is to be sent to the Council Health and Safety Team.
- Accidents to pupils and visitors must be reported in the same way as those to employees. However, only those accidents which are as a result of the school's undertaking (i.e. as a result of the conditions of the premises, equipment or plant or lack of supervision) and require the injured person to be taken directly from the school to hospital by whatever means (car, taxi, ambulance) need to be recorded and reported using Council proforma, TC1297B. Those accidents to pupils arising out of activities not connected with the school's undertaking (e.g. activities in the playground such as collisions, slips and trips, etc.) still need to be recorded in the Accident Log Book.

- Major accidents, i.e. any fatality, major injury, reportable disease or dangerous occurrence, must be reported immediately by telephone to the Council Health and Safety Team to enable a report to be submitted to the Health and Safety Executive in compliance with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013.

5.2.2 Accidents involving blood: In hospitals, nursing staff should be alerted immediately. In the home, the parent/carer needs to be alerted immediately and a decision made as to whether the session can continue.

5.3 Infectious Diseases

Advice should be sought from health colleagues before working with children and young people in hospitals and appropriate precautions should be taken. Hand washing and aprons are mandatory.

Resources need to be wipe clean and sanitised after each use.

Staff with infectious diseases (if at work) should not work with children at risk of infection.

Where staff have experienced vomiting and diarrhoea believed to be from a potentially infection illness, they should adhere to a 48 hour no vomiting policy and return to work only when the vomiting and diarrhoea has passed. The wards are also asked to apply this guidance to students when they are unwell.

5.4 COVID-19

During **COVID-19**, staff are to follow the regularly updated risk assessment for this specific time (see Appendix D). During spikes in the virus, staff will need to be particularly vigilant and minimise contact with equipment, resources etc. there are also additional cleaning protocols.

In light of the setting, with both schools based inside of hospitals, NHS and SWLSTG Trust guidance supersedes government guidance, where NHS/SWLSTG guidance is more cautious.

5.5 Medication

Staff do not issue medication to pupils. In all cases medicines will be given by a member of the medical team or parent/carer.

Children who suffer from asthma or require an EpiPen need to have access to their medication at all times. For this reason, their medication is held by their accompanying nurse, unless the ward has risk assessed the distance between the location of the medicine and the classroom/place of educational activity to be safe.

5.6.1 Control of substances Hazardous to Health

In hospitals, advice should be sought from hospital health and safety colleagues. Any materials used within practical subjects such as Science are carefully risk assessed and used in accordance with the guidance from associations such as CLEAPSS.

5.6.2 Safe Handling and Use of Substances: The head teacher or delegated responsible person e.g. Science Teacher will identify all substances which need an assessment under the Control of Substances Hazardous to Health (COSHH) Regulations 2002.

All new substances will be verified that these can be used safely before they are purchased and where possible the hierarchy of controls will be followed so non-hazardous or less hazardous substances will replace hazardous substances in use.

Any chemicals or substance used on the school must be approved by the headteacher and stored as per manufacture guidance and on no account, staff can bring substances to the school without the consent of the headteacher or delegated responsible person.

Information on site to be kept will include Safety Data Sheets provided by suppliers, an Inventory of hazardous substances, and suitable and sufficient risk assessments.

Staff, where deemed necessary will be informed about the COSHH assessments and control measures, including safe handling, required protective equipment and storage.

Responsible staff will attend COSHH training and refresher as required and when deemed necessary.

COSHH assessments in place will be reviewed on an annual basis or when the work activity changes, whichever is the soonest.

5.6.3 Solvent abuse: Children should not be allowed to use corrections fluids, Copydex and other solvent based products. They must be used only by an adult and stored with care.

5.7.1 Equipment and Electrical Safety

Staff should check equipment for damage or hazards that could potentially harm a pupil or staff member.

All portable electrical equipment in use will be maintained to a satisfactory standard to minimize risk to staff and subjected to a programme of combined inspection and testing as per guidelines.

A record will be kept of the test and a tagging system will be used on all portable electrical equipment. The regularity of checks will be determined by risk assessment.

Maintenance, repair, installation and disconnection work associated with permanently installed or portable electrical equipment will only to be carried out by a competent person.

All staff will be trained in general health and safety awareness on induction, which will include electrical safety.

All staff members must visually check all appliances prior to each use. If staff members are in any doubt as to whether the appliance is faulty or not, they should not use it. Staff are also responsible for ensuring that they use and handle electrical equipment sensibly and safely.

If there is a fault with any electrical equipment, the staff member who notices the defect should write in the "snagging book" which is in the SLT office. If the appliance is dangerous then the appliance should be taken out of use immediately and marked so that other staff do not attempt to use it.

Staff should not use their own electrical appliances unless they have been authorized to be used in the school building in line with the school policy and have been checked as above.

5.7.2 Photocopying machine: Instructions as to how toner is to be replaced in the machine are to be followed exactly. The machine should be switched off each evening.

5.8.1 Information Technology equipment

The headteacher will ensure that suitable arrangements are in place for the use of Information Technology equipment.

Equipment will be installed safely, with due consideration given to ventilation for server rooms and computer suites and to any foreseeable hazards e.g. fire, trip and falls, etc.

5.8.2 Computers - No adult or child should work with a computer for more than 20 minutes without a short break. The school office has appropriate lighting for employees to work with computers and individual assessments will be carried out when required.

(5.8.3) Arrangements for the safe use of **Display Screen Equipment (DSE)** follows local authority guidance and associated individual assessments will be carried out in accordance with the Health and Safety (DSE) Regulations 1992 (as amended in 2002). Any employee who is required to use a DSE must undertake a self-assessment of their working environment/ ergonomic assessment. The assessment will be reviewed at regular intervals and held centrally.

5.9 Fire and Emergency procedures

The head teacher and governing body is responsible for ensuring the fire risk assessment is undertaken, controls are implemented and that it is reviewed annually. *This is undertaken by the Hospital's Fire Officer.*

All staff must be made aware upon start of employment about fire emergency procedures; where the nearest firefighting appliances are and the alarm sounding points around the school.

All members of staff are responsible for ensuring that fire exits, signs and escape routes are kept clear at all times. The hospital sites hold responsibility for the regular testing of firefighting equipment and fire alarms.

Fire drills will take place termly and specific arrangements made for anyone with special needs. A record of each practice evaluation shall be maintained. Full evacuation instructions are held in school and reviewed after each drill.

Emergency exits, assembly points and assembly point instructions are clearly identified by safety signs and notices.

Every employee must ensure that:

- they know what to do in the case of fire;
- they are familiar with the sound/flash of the alarm;
- all classrooms and other areas are vacated immediately on hearing the fire alarm;
- they always check for any potential fire hazard at the end of the day.

Further, every employee must:

- NEVER ignore a fire alarm or disregard any notice on fire prevention.
- NEVER smoke in the school buildings.
- NEVER be untidy and leave waste materials laying around.
- NEVER leave obstructions in passages or stairways.
- NEVER leave any temporary heating appliances burning when unattended.
- NEVER move or interfere with firefighting appliances.
- NEVER leave electrical appliances plugged in when not in use.
- NEVER leave furniture etc. by fire exits or placed directly in front of electrical heaters.

The latest protocol for evacuating the young people is kept on the *Safeguarding information* section of the Daily Log.

5.10 Smoking

Smoking is not allowed in school buildings or on hospital sites. Cigarettes, E-Cigarettes, matches and lighter should not be left where the children can have access to them. If teachers light candles for any reason (e.g. religious services, scientific experiments, etc.) they should not be left unattended and kept well away from combustible materials.

Staff and pupils are entitled to work in a smoke-free environment when working in pupil homes or alternative settings.

5.11 New and pregnant mothers

On being informed that a member of staff is pregnant, a risk assessment will be carried out by the Headteacher/Deputy Headteacher and duties may need to be altered or adapted accordingly. This is revised regularly throughout the pregnancy.

5.12 Supervision

Children and young people should be supervised at all times by an appropriate staff member. Pupils are not to be left alone under any circumstances and staff should never be left alone with individual pupils. There should be an appropriate staff to pupil ratio in classroom/areas at all times.

- Staff working in hospital cubicles must leave the door and/or blinds open.
- A parent/carer needs to be present in the home during all home tuition sessions.
- In local libraries/home school/ alternative venues, sessions should be conducted in an open space in clear view of other responsible adults.

5.13 Lone working

A specific risk assessment will need to be carried out in order to establish specific hazards and control measures required to reduce the risk and safe working procedures developed.

Lone working may occur in the case of a member of staff working early in the morning or late in the evening.

5.14 Support

Working with young people with medical needs/mental health or teenage pregnancy is a challenging role. All members of staff will have the opportunity to receive support or counselling during the course of their work. This may be arranged through supervision from line managers, the Employee Assistance Programme and/or Occupational Health.

5.15 Clear Passageway

Passageways in classrooms and corridors should be kept clear at all times.

5.16 Manual Handling

We should not lift and carry items that are not in our capacity to do so.

The Manual Handling Regulations establish a clear hierarchy of measures for dealing with risk from manual handling, these are:

- Avoid hazardous manual handling operations so far as is reasonably practicable;
- Assess any hazardous manual handling operations that cannot be avoided; and
- Reduce the risk of injury so far as is reasonably practicable.

All staff involved in the lifting, pushing, pulling or carrying of equipment or pupils must receive training prior to being asked to carry out such duties.

Movement of heavy materials and equipment should only be undertaken by trained staff and, wherever possible, should be undertaken using some mechanical assistance e.g. a trolley. Procedures should be developed and recorded for the movement of items that frequently require such movement.

If an individual feels that to lift an item could result in injury or exacerbate an existing condition, they should ask for assistance.

All manual handling operations must be risk assessed (see Council Health and Safety Handbook Chapter 15) and remedial actions implemented in order to eliminate or reduce risk.

5.17 Working at Height

The Work at Height Regulations 2005 place duties on employers to ensure that any work carried out at height is done in a safe manner that prevents persons or equipment falling from height.

The selection of access equipment such as stepladders, ladders, stools etc will be carefully considered, according to task to be carried out.

Adequate working at height workplace equipment will be provided as per guidelines and only staff who are competent and have received sufficient training will be permitted to undertake working at height tasks.

Detailed risk assessments will be undertaken for each activity.

All work at height equipment will be verified on a regular basis and before use for signs of defect or malfunction. Where damage is identified, the equipment must be taken out of use and labelled.

6. Safety and Security

It is every member of staff's responsibility to ensure that he/she takes the necessary measures to make safe the materials and equipment in his/her care:

- Rooms/offices should be locked when not in use
- Staff should wear ID cards at all times
- Keys, bags, passes etc. should not be left unattended (there are lockers).
- Lost or stolen valuables and resources should be reported to the Headteacher

- The police should be informed of any thefts and the crime number noted.

6.1 Visitors and security access

We now have an entry phone system – staff should not provide anyone with access unless they are recognisable and/or have appropriate ID. It may be necessary to check with the wards and/or escort the visitor into the building.

- All visitors and contractors will be instructed and directed to report to the school reception office, where appropriate arrangements for the signing in and out and identity badges will be provided, noting registration numbers as appropriate.
- All visitors shall be made aware of the school's fire arrangements in the event of a fire.
- All visitors shall be made aware of the school's emergency procedures.

6.2 Vetting

All staff, both teaching and support, have their police record checked before they begin work in the school, and then every three years.

The agencies that are used for supply staff vet their own staff. The school only uses agency staff who have been vetted in this way.

6.3 Ensuring Safety in the classroom:

- Following long term illness, children may be subject to a phased re-integration into full time education to ensure that the full educational experience is conducive to their overall recovery.
- If a child is deemed a risk due to physical or mental health needs by their consultant, a member of the nursing team is required to attend the classroom with that child until they no longer pose a threat to themselves or others.
- At the Springfield site, a nurse from Aquarius Ward will accompany Aquarius students when in class. During sessions only attended by Wisteria students, Wisteria must provide a nurse.
- Nurses are responsible for escorting pupils between ward and school, and locking doors as needed.
- Where students cannot safely go to the toilets alone, a member of nursing staff will accompany them to the toilets or return them to the wards to use the toilets there. Students requiring this are decided upon by the medical team and the decision is communicated to all staff and recorded in morning briefing.

6.4 Additional safety measures:

- Staff should be aware when swiping in and out of rooms and corridors of any people attempting to enter behind them, and of any students who may be able to access the door at that time. Children and young people should be supervised at all times by no fewer than two teaching staff or a member of teaching staff and a nurse where it is deemed appropriate by SLT.
- In hospitals, children and young people should be accompanied back to their ward/beds from teaching areas.

- Colleagues should be aware of the locations of panic and alarm switches, and what to do in events such as chemical spillage, fire, and accidents involving blood.
- Pupils are not able to access the internet without appropriate supervision.

6.5 Emergency Protocols in the Classroom

At times, a child's mental or physical health may require immediate medical attention in the classroom. Teaching staff are not required to deal with medical emergencies and should use the alarm protocols for each service sector.

- St George's Classroom Staff will trigger emergency nursing support from Frederick Hewitt Ward by pushing the red classroom alarm.
- At CAMHS Campus School, the CAMHS nurse in attendance in the classroom from Aquarius ward will push the alarm for assistance from Aquarius Ward nursing team and surrounding wards.
- Within Corner House, the teachers/nursing staff will push the alarm buttons for assistance from Corner House nursing staff.
- Home Tuition teachers follow Home Tuition Guidance on safe working practices as described in the Home Visits Guidance Document (Appendix C)
- If teaching staff are in doubt and nurses have not pressed the alarms, teaching staff should press the alarms.

Both Hospital sites have additional Security Services for emergencies. These can be contacted by ringing CAMHS Campus 6666 or St George's 1311 (pager SG4194)

6.6 Emergency Planning

The Headteacher will ensure that a suitable and satisfactory Emergency Plan is prepared to cover all foreseeable situations which may place staff or pupils at risk. The Plan will be agreed by the Governing Body and regularly reviewed.

Procedures to deal with fire, bomb, gas leaks, electricity supply failure and natural disasters, for example, flooding should be included in the Plan.

Evacuation points need to be established as far from the building as possible and consideration must be given to an off-site assembly point in the event of the school not being immediately re-accessible following an emergency evacuation, for example in the case of major fire damage. This will provide shelter whilst parents are contacted to collect children.

7. Activities and Visits

7.1 Planning and managing visits

Organisers should first

- Determine the aims and appropriateness of the proposed event
- Consider the skills required of colleagues taking part in the visit and whether any training/specific advice is required.

- Visit, if possible, the proposed venue in advance in order to evaluate the suitability of the venue and to assess areas of potential risk

7.2 Road safety

Whenever children and young people are taken out, they should be reminded of the need to be careful and to follow instructions when crossing roads.

7.3 Risk assessments

The Teacher-in-charge of an outing is responsible for all aspects of health and safety when off the school premises. A specific risk assessment must be completed for each outing. (A generic risk assessment may be used provided all aspects are the same or the risk assessment is modified to include any specific additional risk).

Risk assessments should be completed and agreed by the ward staff and/or headteacher/ deputy headteacher for any trip or visit where students will be travelling offsite.

Organisers must complete the HHTS Risk Assessment Form at least one week prior to the proposed date of the trip, giving consideration to the following:

- The type of activity and the level at which it is being undertaken
- The location
- The competence, experience and qualifications of accompanying staff
- The group members' ages, competence, fitness, health and temperament
- The ratio of staff to patients/students
- The quality and suitability of the available equipment
- Seasonal conditions
- Timing

School visits should have regard to the guidance contained in the DfE document Health and Safety on Educational Visits. This can be downloaded at <https://www.gov.uk/government/publications/health-and-safety-on-educational-visits/health-and-safety-on-educational-visits>

When taking children out of school, mobile telephones should be taken so that in an emergency the school can be contacted and contact maintained between groups when travelling.

All residential visits, overseas visits and those where dangerous activities are involved, e.g. caving, climbing, trekking, water sports, etc, must be authorised by the Local Authority. Applications should be sent to safety@richmondandwandsworth.gov.uk.

7.4 Selection of participants

Selection should take account of individual needs, age, experience, ability and interest. Written permission **must** be granted by parents and medical staff in hospitals where pupils will be going offsite.

7.5 Emergency Plan

Each venue should provide their Emergency Plan for the event of a major incident such as a terrorist attack

7.6 COVID-19

Trips and visits must also be assessed in the light of the current pandemic, as students on the wards need to be swabbed upon return from any leave.

It is also important to minimise unnecessary journeys and follow social distancing guidelines.

7.7 Procedures

In hospitals, the following documentation must be completed and a copy given to the Headteacher:

- Risk Assessment– signed by the Ward Manager (Appendix A)
- A venue risk assessment (provided by the venue, or completed following a pre-visit) (Appendix B)
- Safe Working Guidelines for Home Tuition (Appendix C)

Safety should never be compromised and risk assessment should be an on-going process. All visits should be discussed and agreed with the Headteacher prior to booking.

8. Training

On appointment, new colleagues will be **inducted into the activities** of the Service and the settings in which we work. Staff are trained on **alarm protocols** as part of Induction.

Safeguarding training (online Level 1) is undertaken as part of induction, and safeguarding forms part of HHTS' ongoing training within INSETs and extended meetings.

Designated Safeguarding Leads have undertaken the Level 4 training and this is kept up to date through regular refresher sessions and by attending extended borough training every two years.

All staff should undergo **fire safety training** every two years approximately.

9. Aspects of Health and Safety which remain the responsibility of the Hospital Trust

Additional risks relating to the aspects of health and safety below are the responsibility of the hospital trust and their maintenance staff, and are not the responsibility of the school, governing body or headteacher:

- Tree safety
- Legionella
- Asbestos
- Building works and contractors
- Ventilation and heating
- Electrical Safety – Fixed Systems and safety certificates
- Maintenance and Inspection of Premises, Plant and Work Equipment
- Routine checks of work equipment (e.g. manual and powered work equipment; playground equipment)

10. Monitoring

The Policy is put into practice and monitored on a daily basis and the results of any monitoring carried out will be reported to the Governors. Termly Health & Safety monitoring inspections will be carried out, by means of a walk around by the Headteacher, Premises Officer, Union representative and if possible a member of the Governing Body.

A report will be drafted and actions allocated with deadlines. Any items not rectified by the next inspection will be carried forward, items rectified will remain on the report for everyone to note.

Review: This policy will be reviewed annually or when a significant change has occurred.

Related policies and procedures:

- Induction checklist
- Ward protocols (alarms)



EDUCATIONAL VISITS RISK ASSESSMENT FORM

To be completed and returned to TB/SA no later than two weeks prior to proposed visit

Establishment:	
Leader of visit:	
Date(s):	
Description of location and nature of visit/activity:	Year group(s) or ages of participants:
LA generic risk assessments to be followed for this visit are:	
Pre-visit taken place? Name of visitor: Date of visit: If visit was more than 6 months ago, venue contacted for updates <input type="checkbox"/> Venue risk assessment attached <input type="checkbox"/> <i>and/or</i> Summary of self-conducted venue risk assessment attached <input type="checkbox"/> Venue's Emergency Plan obtained <input type="checkbox"/>	Ward contacted for additional risk information? Ward are aware of proposed trip/pupils involved <input type="checkbox"/> Accompanying nurse agreed <input type="checkbox"/> Additional risk information on each pupil has been provided <input type="checkbox"/>

ASSESSMENT OF SPECIFIC SIGNIFICANT HAZARDS:

Hazard	Risk	Persons at risk	Control Measures/procedures to be in place	Action points/ Who to be informed:	Tick if in place	Residual risk
Consider (as appropriate): travel, sites (including accommodation), activities, group (ability, medical, behaviour, special needs) any other significant specific hazards			Include plans for supervision including plans for any remote supervision	parents - leaders - participants		

Emergency plan in case of incident or accident *(please tick to acknowledge arrangements are in place as below):*

- 1. Member of staff to have mobile at all times to contact hospital/ward as needed
- 2. Staff to carry emergency contact cards
- 3. At least one member of staff to remain at the school, in order to contact parents in case of emergency/breakdown
- 4. Weather/forecast checked. Session to be cancelled in the case of extreme weather.
- 5. Ward nurse is carrying first aid kit

Emergency Contact details for Trip Lead:

.....

ASSESSMENT CARRIED OUT BY:

SIGNED: _____ DATE: _____

APPROVED BY WARD MANAGER/LEAD NURSE:

SIGNED: _____ DATE: _____

APPROVED BY HEADTEACHER:

SIGNED: _____ DATE: _____

Name of pupil:

Class:

Hazard/ Behaviour	Potential trigger/ key themes	First signs of potential behavior	Strategies and interventions needed	What we want to see	Severity calculation
Harm to Self					Seriousness score: Probability score: Severity score:
Harm to Peers					Seriousness score: Probability score: Severity score:
Harm to Staff					Seriousness score: Probability score: Severity score:
Damage to property					Seriousness score: Probability score: Severity score:
Harm from Disruption					Seriousness score: Probability score: Severity score:
Criminal Offence					Seriousness score: Probability score: Severity score:
Harm from Absconding					Seriousness score: Probability score: Severity score:
Damage to cochlear implant					Seriousness score: Probability score: Severity score:
Other...					Seriousness score: Probability score: Severity score:

Dietary info:	Allergies:	Medication/medical plan needed?	Specialist Equipment needed?

Supervision Category required:	Category A: Require 1:1 supervision at all times	Category B: Close supervision in small groups	Category C: Normal levels of Supervision
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Groupings

Group A	Group B	Group C	Group D
Staff member:	Staff member:	Staff member:	Staff member:
Pupils:	Pupils:	Pupils:	Pupils:

Key to severity calculation

A =	Seriousness
4	Foreseeable outcome is loss of life or permanent disability, emotional trauma requiring psychological support/treatment, or critical property damage
3	Foreseeable outcome is hospitalisation, significant distress, extensive damage
2	Foreseeable outcome is harm requiring first aid, distress or minor damage
1	Foreseeable outcome is upset or disruption
B =	Probability
4	The Risk of Harm is persistent and constant
3	The 'Risk of Harm' is more likely than not to occur again
2	The 'Risk of Harm' has occurred within the last 12 months, the context has changed to make a reoccurrence unlikely
1	There is evidence of historical risk, but the behaviour has been dormant for over 12 months and no identified triggers remain
Severity Risk Score	A x B

VENUE RISK ASSESSMENT FOR:		
Establishment:	Assessment by:	Date:
1st Review Date Due:	Headteacher approval:	Date:



Hazard / Risk	Who is at Risk?	How can the hazards cause harm?	Normal Control Measures	Are Normal Control Measures Y/N/NA	
				In Place	Adequate
Overcrowding Inadequate space / exits Blocked exit routes	Staff Pupils Visitors Volunteers	Fire evacuation hindered/unsafe access/egress	<ul style="list-style-type: none"> • Maximum number of attendees/visitors established. • Adequate space, circulation routes and emergency exits. • Designated entrance and exit points. • Adequate numbers of staff supervising • Agreed emergency procedures in place 		
Use of specialist equipment (separate risk assessment may be needed e.g. bouncy castle, vehicles etc)	Staff Pupils Visitors Volunteers	Electrical shock/burns Property damage/fire Cuts / abrasions, muscular skeletal and other physical injuries Slips, trips and falls	<ul style="list-style-type: none"> • Barriers and adequate supervision to prevent unauthorised use and control access and egress • Limit on numbers using equipment. • Sited in appropriate location. • Attendants must constantly watch the activities on the equipment 		

Inadequate welfare facilities	Staff Pupils Visitors Volunteers	Abduction, absconding, child protection issues.	<ul style="list-style-type: none"> • Nurse to accompany pupils to the toilet • Adequate supervision • Disabled toilets in place if needed 		
Insufficient and/or unsuitable first aid cover	Staff Pupils Visitors Volunteers	Accident / injury, delayed assistance in emergency	<ul style="list-style-type: none"> • First aid equipment on site and close to use. • Designated qualified first aiders available. • Telephones available 		
Access / egress Unauthorised access Inadvertent access Contact with children	Staff Pupils Visitors Volunteers	Abduction, assault, child protection issues	<ul style="list-style-type: none"> • Clearly defined designated access routes • Lock areas of building not in use • Tape off / mark areas as out of bounds. • Adequate supervision 		
Inadequate preparation of exit routes	Staff Pupils Visitors Volunteers	Fire evacuation hindered/unsafe access/egress	<ul style="list-style-type: none"> • All escape routes should be sufficiently signposted and lit for people to see their way out safely. • Emergency plan created and shared 		
Vehicular access Ineffective pedestrian vehicle segregation	Staff Pupils Visitors Volunteers	Cuts / abrasions, muscular skeletal and other physical injuries Broken bones Significant head / multiple injuries	<ul style="list-style-type: none"> • Vehicle movements organised by staff • Pedestrian walkways maintained • Clear route maintained for emergency services 		
Surface of field / internal areas Slips, Trips and Falls	Staff Pupils Visitors Volunteers	Cuts / abrasions, muscular skeletal and other physical injuries	<ul style="list-style-type: none"> • Immediate cleaning up of spillages • Regular premises inspections. • If heavy rain prior to event, the event is cancelled/ relocated. • Adequate external lighting available 		

Fire / hot activities	Staff Pupils Visitors Volunteers	Burns scalds Property damage / loss	<ul style="list-style-type: none"> • All staff and volunteers advised of emergency procedures • Smoking not permitted on site. • Appropriate fire extinguishers available. • Fire alarms in place and checked regularly • Barriers to keep public away from hot / hazardous areas i.e. tables or barriers.# 		
Supplying Food and Drink	Staff	Salmonella	Personal hygiene		

<p>Poor standards of hygiene</p> <p>Physical contamination</p> <p>Incorrect storage of food</p> <p>Poor temperature control</p>	<p>Pupils Visitors Volunteers</p>	<p>Listeria Allergies Anaphylaxis</p> <p>Scalds from urns and kettles Scalds from hot drinks</p>	<ul style="list-style-type: none"> • Exclusion for food handlers following illness (48hrs). • Tie back long hair. • Staff to wash hands before handling food and after visits to the toilet etc. • Cuts etc. are covered with waterproof adhesive dressings <p>Transport / Storage</p> <ul style="list-style-type: none"> • Food that requires refrigeration must not be supplied unless adequate facilities for transporting. • Food kept out of fridge for shortest time possible. • Food kept covered wherever possible outdoors. <p>Food handling</p> <ul style="list-style-type: none"> • Minimise handling of ready to eat foods, use tools (cutlery, tongs scoops etc.) where possible to handle food rather than hands. • High risk / raw foods kept apart at all times • Limit preparation of food in advance if displayed at ambient temperatures. • Ensure food appropriately signed to prevent allergies and anaphylaxis • Ensure urns and kettles sited on firm level surfaces, not over filled. 		
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<p>Use of external companies / contractors</p> <p>Poor practices</p> <p>Lack of competency</p>	<p>Staff Pupils Visitors Volunteers</p>	<p>Electrical shock/burns</p> <p>Property damage/fire</p> <p>Cuts / abrasions, muscular skeletal and other physical injuries</p> <p>Slips, trips and falls</p>	<ul style="list-style-type: none"> • Risk assessments and method statements provided. • Appropriate public liability insurance in place (min £5m public liability) 		
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Additional Control Measures <i>(to take account of local/individual circumstances including changes such as working practices, equipment, staffing levels).</i>	Action by Whom <i>(list the name of the person/people who have been designated to conduct actions)</i>	Action by When <i>(set timescales for the completion of the actions – remember to prioritise them)</i>	Action Completed <i>(record the actual date of completion for each action listed)</i>	Residual Risk Rating
DATE OF REVIEW: <i>Record actual date of review</i>	COMMENTS: <i>Record any comments reviewer wishes to make. Including recommendations for future reviews.</i>			
DATE OF REVIEW:	COMMENTS:			
DATE OF REVIEW:	COMMENTS:			

RESIDUAL RISK RATING	ACTION REQUIRED
VERY HIGH (VH) Strong likelihood of fatality / serious injury occurring	The activity must not take place at all. You must identify further controls to reduce the risk rating.
HIGH (H) Possibility of fatality/serious injury occurring	You must identify further controls to reduce the risk rating. Seek further advice, e.g. from your H&S Team
MEDIUM (M) Possibility of significant injury or over 3 day absence occurring	If it is not possible to lower risk further, you will need to consider the risk against the benefit. Monitor risk assessments at this rating more regularly and closely.
LOW (L) Possibility of minor injury only	No further action required.



Appendix C

Home Visits Guidance 2021

Staff across the HHTS may be required to undertake work with pupils and parents outside of the service classrooms/wards in accordance with an individual's work role. Where it is necessary to make one-off or regular home visits or to undertake a scheduled programme of work in the pupil's home, the following procedures must be followed:

All visits must be authorised by a Safeguarding Lead.

Key information for Initial Home Visits

- Let the Headteacher and/or the Deputy Headteacher know where you are visiting and leave details of the address, your mobile phone and expected time of return.
- Always do the initial visit with an appropriate member of staff to complete the risk assessment
- Staff should be fully acquainted with the location of the pupil's home and how to get there to avoid having to stop and ask for directions.
- All initial home visits should be recorded with the reason for the visit, points discussed, agreements reached and any concerns that the member of staff may have from the meeting, however trivial these may appear at the time. This needs to be completed on Schoolpod on the same day and sent out to the Headteacher as well as any other relevant staff. Clear and detailed record keeping may well prevent problems in the future.
- A note should be made of all people present at the meeting, dates and times etc.

Risk Assessment

- During an initial visit, the risk assessment must be completed and signed by both the Lead Teacher and parent/carer. This will identify any concerns about potential risk and appropriate measures to be taken.
- Check for any risks that may impact on future visits i.e. building works, unsafe environments, dangerous pets, parking restrictions, use of medication and side effects.
- Check records as to what is known and any information available
- Talk to other professionals who may have already had contact or involvement with the family
- Discuss with SLT what strategies to adopt when working with a potentially difficult parent, carer or family

- Where there are deemed to be potential risks – contact the family by phone in advance and ensure that an experienced member of staff accompanies you on the visit.
- Meet them in another public place if the home is not a suitable environment

Working in Partnership with Parents/Carers

- Show respect for parents/carers/families as equal partners in the relationship
- Check if there are any parental arrangements/ access issues regarding one or other parent having access to the child/young person
- Make appointments in advance and offer a choice
- Accept families' right not to want a home visit, but explain that this may impact upon our ability to offer Home Tuition.
- Confirm parents'/carers' actual name and title and keep on record. Do not presume that there are two parents with the same surname as the child.
- Do not assume that all parents are literate.
- Be aware that bilingual support services may be needed for the family.
- Consider issues of social, cultural and religious differences

Working in Partnership with Other Agencies

- Communicate with other agencies already involved with the family
- There is a need to clarify the role of other professionals involved to avoid duplication and so that teacher is not working at cross purposes with other agencies
- Evidence of good practice is where the two services liaise and support each other with a clear common aim of assisting the pupil/family to overcome barriers to learning, where this involves attendance and punctuality etc.

Before you go

- Is the visit really necessary? I.e. can the meeting take place at the school or other mutually convenient meeting place?
- Has the home visit been authorised e.g. by the Head Teacher?
- Carry out relevant research e.g. does the pupil/parent/guardian or other person in the household have any previous history of violence or aggressive behaviour?

COVID-19

- Home visits may not take place in person during COVID-19, depending on the prevalence of the virus at the time, and the condition of the young person and their family members.
- It may be possible to arrange a visit via Zoom. This can be discussed with SLT.

Planning and Preparation

- Make a prior appointment, with the timing only scheduled during the working day
- Make sure details of the visit e.g. name and address of visit, time of appointment, expected time of completion have been left with a responsible contact

- Make sure the action to be taken should you not return/report in by the stated time has been established

Consider what you may need to take with you

- Your staff badge for identification
- A mobile phone should always be taken by staff conducting a home visit as part of any risk management measures with details of emergency contact numbers.
- Necessary paperwork/report forms etc., but keep it to a minimum
- Torch if required

Getting there

- Ensure your vehicle is roadworthy, properly maintained and insured for business use
- Be careful where you park i.e. in well-lit areas, avoiding cul-de-sacs/potential hiding places
- If possible, park facing the direction in which you will drive away
- When walking, choose the safest route, which may not be the shortest route

When you arrive

- Show your identification
- Do not enter if the person you wish to see is not there
- Do not enter if the pupil is alone. Ensure that there is a parent/carer in the home at all times, who is within earshot or easily accessible if there is a problem.
- Do not enter if the person you wish to see is aggressive, drunk etc.
- Ask for any dogs or other animals to be put in another room, where necessary
- Check how the door has been locked behind you - you may wish to ask for it to be unlocked
- Try to keep yourself nearest the door - you may wish to leave in a hurry
- Be careful about spreading paperwork etc. around - you may wish to leave in a hurry
- Ensure that the meeting takes place in a 'common area' in the home with easy access to exit points. This could be the living room or kitchen area.
- Do not ever work with a pupil in their bedroom, or go into their own personal space
- Do not go upstairs in a property unless accompanied by a responsible adult and then only if you deem it completely safe to do so and necessary.
- Do not enter a child's/young person's bedroom.
- If you are concerned that a child/young person is in the home inappropriately alone/unsupervised/in danger contact the school's Designated Safeguarding Officer straight away to discuss your observations or to seek immediate advice.

If faced with violent behaviour

- Use interpersonal/de-escalation skills to identify early signs of tension/changes in behaviour
- Try to defuse the situation
- Communicate effectively and dispel any confusion

- Avoid confrontation or argument
- Keep calm and relaxed
- Speak gently, slowly and clearly
- Avoid an aggressive stance e.g. crossed arms, hands on hips, wagging/pointing fingers, raised arm, looking down on people
- Keep your distance - do not invade personal space
- Take action before the situation gets out of control

Know when to leave

- Use your instincts e.g. if you feel rising tension and the situation is getting out of control, make your excuse and leave
- Get help if needed - use the mobile phone where appropriate
- Leaving a potentially violent situation is not a reflection on abilities or skills

In the event of physical attack

- If violence is imminent, avoid dangerous places such as the top of stairs or lifts etc.
- Look out for potential escape routes and keep between the assailant and the exit
- Contact the police where appropriate

At the end of the visit

- Write up the visit/ session on Schoolpod, ensuring it is completed by the end of the day.
- If you are not returning directly to school, telephone the school after the visit to say you have left the home visit.

Reporting

- Ensure incidents of violence or accidents are reported using appropriate report forms to the Headteacher immediately.

Agreements/contract

- Where a programme of work is to be undertaken in the home, an appropriate workspace should be provided
- A written work plan/contract should be agreed with the pupil and parent/carer. This should include: clear objectives; content; timing; and duration of sessions; ground rules and safeguarding information.
- There should also be an agreement that the parent or other suitable adult will remain in the home throughout the session. The members of staff teaching the student must be clearly visible to the parent and carer. If the parent or suitable adult is not at the home or has to leave the home during the tutoring session, or is not adequately monitoring the teaching the tutor must end the session and leave. See: **Home Tuition Contract September 2017** (S:\Home tuition timetable and pupils\#Initial Home visit forms)

If all control measures as stated in this policy are adhered to, the likelihood of harm is remote and insignificant.

1) Hazards <i>What could cause harm?</i>	2) Who/ what might be harmed? E.g. Staff Parent/carer Student/young person Property	3) Severity of Harm <i>How badly could they be harmed?</i>	4) Likelihood of harm occurring with present controls? CHOOSE FROM Very Likely Likely Remote	5) Risk Level CHOOSE FROM High Medium Low Insignificant	6) What controls are currently in place? E.g. Training Personal Protective Equipment Adequate staffing Written Procedures	7) Further action <i>Are the present controls adequate? If not, what else needs to be done, by whom and by what date?</i>
Infection risk: Covid-19	Staff/child/parent or carer	The virus could be transmitted – severity dependent on individual	Dependent on prevalence of virus – likely/remote	Medium	Hand washing and hygiene Masks worn at all times Social distancing	This must be assessed against the condition of the child/their family/ the behaviour of the virus at the time.
Aggressive or violent student/members of the home	Members of staff undertaking the home visit	Minor or major injury	Remote	Low	Home visiting policy adhered to Mobile phone taken 2 person visit Family and student information reviewed before visit. Time and address of visit info left with SLT Agreed time for visit to end and to check in with SLT If member/s of staff hasn't checked in, phone call to check status. Staff have undertaken de-escalation training	Controls are adequate
Attack by pets	Members of staff undertaking the home visit Others in the home	Bites Contracting illness Shock	Remote	Low	Avoid contact with animals Seek local advice before entering premises with animals Appropriate behaviour near animals – avoid alarming them, e.g. sudden movements	Controls are adequate Alternate arrangements to be made if dangerous pet in the home (meeting outside the home/pet to be tied up)
Illness or injury/accident	Members of staff undertaking the home visit Students receiving	No access to medication/ assistance	Remote for staff Likely for medical pupils	Low	Alert team members if able to Ensure access to phone Take prescribed medication as directed or as needed Parent/carer remains in the home and retains responsibility (or pupil if of age) for administering medication and all medical care.	Controls adequate. Consider back up arrangements where mobile phone coverage is poor if working for prolonged periods in

	medical home tuition					areas of no coverage (rather than merely passing through). Select network provider with appropriate coverage for area.
Driving	Members of staff driving to the home visit	Vehicle breakdown Accident Intruder in vehicle when unattended	Remote	Low	Maintain vehicle properly Belong to a breakdown organisation Carry torch, phone etc. for emergency Advise SLT where you are going Phone in if plan changes Do not leave valuables in car (e.g. laptop) Avoid risky areas where possible Plan your route Ensure adequate fuel in vehicle Take precautions in adverse weather. Do not ever drive young people.	Controls adequate. Ensure safe, well lit parking near to meeting point.
Insufficient access to property/ insufficient exits	Staff	Staff unable to gain entry Staff unable to leave	Remote	Low	Family contacted in advance of meeting and access established. Home visit to take place during daylight hours Exits established on arrival – staff remain closest to doorway.	Controls adequate.
Housing issues: crowding or poor condition.	Staff (and pupils)	Staff operating in unsafe/unsanitary working conditions	Remote	Low	Initial contact includes discussion over any risks that may impact on future visits i.e. building works, unsafe environments, dangerous pets, parking restrictions, use of medication and side effects.	Controls adequate.

Note: If you have identified an additional risk associated with this work activity please complete a Risk Assessment Form. Consideration must be given to staff at increased risk i.e. new or expectant mothers, inexperienced staff etc.

