

# Rebel Training

## Healthy and Safety Policy

Detailing arrangements for:  
Healthy and Safety Responsibilities'  
Health and Safety Procedures  
Risk Assessment Guidelines  
Identified Hazards and Risk Mitigation Procedures

### Centre Details

Centre Name:	Rebel Training	Centre Number:	TBC
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### Plan Details

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## **PART 1: Introduction**

### **1. Policy Statement**

Rebel Training is committed to ensuring the health, safety, and well-being of all service users, staff, volunteers, and visitors, both on our premises and when working off-site. This policy outlines our procedures to comply with all relevant health and safety legislation and reflects our commitment to fostering a culture of safety within our organisation and wider community.

All members of Rebel Training—including employees, subcontractors, volunteers, and the Management Committee—are responsible for upholding these principles and reporting any breaches. We recognise that most accidents and incidents can be remedied quickly with minimal intervention, but in some cases, additional support from external agencies, including emergency services, may be required.

Rebel Training does not condone any behaviour that compromises health and safety. We require that all illnesses, accidents, incidents, dangerous occurrences, and hazards be reported in line with our policies. As a legally responsible organisation, we strive to ensure, to the best of our ability, the health, safety, and welfare of our staff and service users at all times.

### **2. Purpose and Aims**

#### **2.1 Purpose**

The purpose of this policy is to ensure that everyone within the Rebel Training Community - including staff, partners, and commissioners and service users - understand and complies with our Health and Safety Procedures.

## 2.2 Policy Aims

≠ This policy aims to:

- Provide a safe and healthy environment for service users, staff, volunteers, and all individuals who enter our premises or interact with us off-site.
- Ensure that all members of our community understand their responsibilities in maintaining a safe and healthy environment.
- Establish robust procedures to prevent, manage, and mitigate health and safety risks effectively.

## 2.3 Scope – Intended Audience

This policy applies to:

- **Staff and volunteers**, including visitors.
- **School partners and commissioners** working with Rebel Training Group.
- **Assessors, IQAs, and other delivery staff** at the Centre, including external contractors.
- **Service users:** children, young people, and their families.
- **Staff and volunteers**, including visitors.
- **Any registered Awarding Organisation** for qualifications being delivered, OFSTED or ESFA.

**When the word ‘staff’ is used in this policy we are referring to all employees, subcontractors, volunteers and members of the Management Committee.**

## 2.4 Relevant Links

This policy and set of procedures work in line with the relevant legislation, statutory guidance and take account of non- statutory guidance.

This policy should be read in conjunction with the following policies:

- Safeguarding Policy
- Staff and Volunteers Code of Conduct;
- Business Continuity Plan;
- Safer Recruitment Policy;
- Missing Children Policy;
- Behaviour Policy;
- Whistleblowing Policy;

- Anti-Bullying Policy;
- Online Safety Policy;
- Equality, Diversity and Inclusion Policy;

Relevant Legislation:

- £ **Health and Safety at Work Act 1974**  
[www.legislation.gov.uk/ukpga/1974/37](http://www.legislation.gov.uk/ukpga/1974/37)
- £ **Health and Safety (First Aid) Regulations 1981 (as amended)**  
[www.legislation.gov.uk/uksi/1981/917](http://www.legislation.gov.uk/uksi/1981/917)
- £ **Electricity at Work Regulations 1989**  
[www.legislation.gov.uk/uksi/1989/635](http://www.legislation.gov.uk/uksi/1989/635)
- £ **Workplace (Health, Safety and Welfare) Regulations 1992**  
[www.legislation.gov.uk/uksi/1992/3004](http://www.legislation.gov.uk/uksi/1992/3004)
- £ **Manual Handling Operations Regulations 1992**  
[www.legislation.gov.uk/uksi/1992/2793](http://www.legislation.gov.uk/uksi/1992/2793)
- £ **Personal Protective Equipment at Work Regulations 1992 (as amended)**  
[www.legislation.gov.uk/uksi/1992/2966](http://www.legislation.gov.uk/uksi/1992/2966)
- £ **Display Screen Equipment Regulations 1992**  
[www.legislation.gov.uk/uksi/1992/2792](http://www.legislation.gov.uk/uksi/1992/2792)
- £ **Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) (as amended)**  
[www.legislation.gov.uk/uksi/2013/1471](http://www.legislation.gov.uk/uksi/2013/1471)
- £ **Provision and Use of Work Equipment Regulations 1998**  
[www.legislation.gov.uk/uksi/1998/2306](http://www.legislation.gov.uk/uksi/1998/2306)
- £ **Management of Health and Safety at Work Regulations 1999**  
[www.legislation.gov.uk/uksi/1999/3242](http://www.legislation.gov.uk/uksi/1999/3242)
- £ **Control of Major Accident Hazards Regulations 2015**  
[www.legislation.gov.uk/uksi/2015/483](http://www.legislation.gov.uk/uksi/2015/483)
- £ **Radiation (Emergency Preparedness and Public Information) Regulations 2019**  
[www.legislation.gov.uk/uksi/2019/703](http://www.legislation.gov.uk/uksi/2019/703)
- £ **Control of Substances Hazardous to Health Regulations 2002 (COSHH) (as amended)**  
[www.legislation.gov.uk/uksi/2002/2677](http://www.legislation.gov.uk/uksi/2002/2677)
- £ **Dangerous Substances and Explosive Atmospheres Regulations 2002**  
[www.legislation.gov.uk/uksi/2002/2776](http://www.legislation.gov.uk/uksi/2002/2776)
- £ **Control of Noise at Work Regulations 2005**  
[www.legislation.gov.uk/uksi/2005/1643](http://www.legislation.gov.uk/uksi/2005/1643)
- £ **Regulatory Reform (Fire Safety) Order 2005 (as amended)**  
[www.legislation.gov.uk/uksi/2005/1541](http://www.legislation.gov.uk/uksi/2005/1541)
- £ **Work at Height Regulations 2005**  
[www.legislation.gov.uk/uksi/2005/735](http://www.legislation.gov.uk/uksi/2005/735)
- £ **Control of Asbestos Regulations 2012**

- € [www.legislation.gov.uk/ukxi/2012/632](http://www.legislation.gov.uk/ukxi/2012/632)  
**Smoke-free (Premises and Enforcement) Regulations 2006**  
[www.legislation.gov.uk/ukxi/2006/3368](http://www.legislation.gov.uk/ukxi/2006/3368)
- € **Smoke-free (Exemptions and Vehicles) Regulations 2007**  
[www.legislation.gov.uk/ukxi/2007/765](http://www.legislation.gov.uk/ukxi/2007/765)
- € **Construction (Design and Management) Regulations 2015**  
[www.legislation.gov.uk/ukxi/2015/51](http://www.legislation.gov.uk/ukxi/2015/51)
- € **Code of Practice for In-service Inspection and Testing of Electrical Equipment (5th Edition, 2020)**  
[electrical.theiet.org/guidance/codes-of-practice/in-service-inspection-and-testing-of-electrical-equipment/](http://electrical.theiet.org/guidance/codes-of-practice/in-service-inspection-and-testing-of-electrical-equipment/)

## 2.5 Policy Communication

This policy is part of our required reading and induction training at Rebel Training for all staff and volunteers. It is also shared with parents and carers upon their child's registration with us. Posters, leaflets and signposts will be shared on a dedicated webpage and displayed around the Centre.

These policies are available on the Staff Digital Workspace on SharePoint. A printed copy is kept in the Business Continuity Folder.

The **Quick Procedure Guide** ([See Appendix ?](#)) will be displayed in the Centre rooms.

## 2.6 Policy Review

This policy is reviewed annually or as required after legislation changes or if a serious incident has occurred that may require lessons learned and procedure updates.

## **PART 2: Health and Safety Responsibilities**

### **3. Health and Safety**

#### **3.1 Key Roles**

Key roles within our Health and Safety Team at Rebel Training include:

- Health and Safety Officer - Managing Director and Head of Centre: Joanne Vertannes jo@rebeltraining.co
- Health and Safety Consultant – External partner;
- Health and Safety Compliance – Management Committee Board.
- First Aider - Joanne Vertannes (Paediatric and First Aid at Work);
- Staff member s, mentors and assessors.

#### **3.2 Staff Responsibilities**

Staff and volunteers have a legal obligation to the employer to cooperate with the Rebel Training with all health, safety and welfare matters.

All staff and volunteers working for Rebel Training will be made aware of the Health & Safety Policy and given training as required.

Trained first aiders must be present on site during the operation of Rebel Training 's services.

It is the responsibility of the Health and Safety Officer to ensure that a suitable and fully stocked first-aid box must be readily available at all times, on -site and for off-site working.

Copies of first-aid certification to be held digitally on Rebel Training 's secure software.

### **4. Feedback**

Rebel Training values all who work with and access our services. We are committed to providing the best service available and are constantly looking for ways to improve this.

If there are any health and safety matters that you feel Rebel Training are not addressing as required, please contact the H&S Officer at [jo@rebeltraining.co](mailto:jo@rebeltraining.co)

If you wish to remain anonymous, please write to Joanne Vertannes at the following address: Rebel Training, Suite 07, Focal Point, 27-35 Fleet St, Swindon SN1 1RQ

## 5. Specific Duties

For clarification, the 5 levels of Health and Safety Responsibility for the team are listed below to clarify which job role fits into which category.

**P** = Primary responsibility

**S** = Secondary responsibility

H & S Responsibilities	H&S Officer	Leaders	First Aiders	Staff	Volunteers & visitors	Service Users
Take good effective care of own wellbeing in matters of Health and Safety	P	P	P	P	P	P
Ensure your behaviour does not contribute to a breach in Health and Safety	P	P	P	P	P	P
Keeping up to date with Health and Safety Training	P	P	P	P	P	x
Ensuring that the workplace is safe and without risk to health including safe systems of practice.	P	x	S	x	x	x
Providing adequate welfare facilities.	P	x	S	x	x	x

Ensuring hazards are identified and risk assessments produced, acting on any recommendations	P	x	S	x	x	x
Completing specific risk assessments for an activity planned and signing this off with a manager	P	x	x	P	x	x
Monitor Health and Safety conditions at every external outreach visit	P	S	P	S	x	x
Monitor Health and Safety conditions internally completing an annual audit	P	x	S	x	x	x
Monitor Health and Safety conditions internally on a daily basis	P	P	P	P	P	x
Ensure each service user/apprentice has a good basic understanding of Health and Safety	P	S	P	S	S	x
Ensure PEP's are completed where necessary	P	P	P	P	x	x
Immediately report all accident/incidents/ill health/ near misses	S	S	P	S	S	x
Immediately report all accident/ incidents//ill health /near misses involving yourself	P	P	P	P	P	P
Report any concerns with Health and Safety to H&S Officer	P	P	P	P	P	P
Make H&S Officer aware of any potential breaches	P	P	P	P	P	P
Ensure the staffing team are sufficiently informed and trained on H&S Issues	P	S	S	x	x	x



Implement H & S action Plans	P	P	P	P	P	x
Include H & S Strengths and Weaknesses in SAR	P	S	S	x	x	x
Ensure appropriate accidents are reported to Ofsted/ESFA	P	S	S	x	x	x
Ensure appropriate accidents are reported to Riddor	P	S	S	x	x	x
Ensure H & S Policy reviewed annually	P	S	S	x	x	x
Ensure Activity Risks Assessments are completed	P	S	S	x	x	x
Ensure Annual Risks Assessment Reviews are Completed	P	S	S	x	x	x
Carrying out activities in conjunction with information provided in risk assessments.	P	x	P	P	x	x
Complete and Review COSHH Assessment	P	S	S	x	x	x
Complete and Review Stress Risk Assessment	P	P	S	x	x	x
Ensure Electrical Equipment Testedd Annually	P	S	S	x	x	x
Ensure Fire Fighting Equipment Tested Annually	P	S	S	x	x	x
Reporting and Recording Accidents and Incidents	S	P	S	x	x	x
Assessing incidents/serious incidents, activiting the Business Continuity Plan if required	S	P	x	x	x	x
Carry out Organisational needs and Policy Analysis	S	P	P	x	x	x
Ensure Organisational needs and	P	S	P	x	x	x

Policy Analysis are approved						
Question service user Understanding and H & S issues at reviews meetings	S	S	P	P	P	x
Monthly H&S checks at the premises	P	S	S	x	x	x
Investigating accidents/ incidents, near misses	P	S	S	P	x	x
Provide advice and guidance	P	S	P	S	S	x
Handle and administer medication	S	S	P	S	S	x
Administer first aid	P	x	P	x	x	x
Contacting emergency services for major injuries	P	P	P	P	P	x
Emergency evacuation of the building	P	P	P	P	P	x
Monitor contents of first aid box and ordering supplies	P	x	P	S	x	x
Completing accident forms	P	x	S	P	S	x
Ensuring articles and substances are moved, stored and used safely.	P	P	P	P	P	x
Correctly using work items provided by the company, including personal protective equipment in accordance with training or instructions.	P	P	P	P	P	x

## **PART 3: Health and Safety Procedures**

### **Risk Assessments**

#### **6. Key Risk Assessments**

Rebel Training Risk Assessments look at both the risk of occurrence and the impact, and may need to be dynamic, based on the emerging situation.

This ensures that all people, including those with complex or additional health needs, are supported to continue their care and education in the setting, where it is safe to do so.

##### **6.1 The Aim of Risk Assessment**

At Rebel Training, risk assessments are completed to ensure we are able to:

- Identify processes and situations that may cause harm to people;
- Plan how to stop these hazards from occurring or to control the risk;
- Create awareness of hazards and risk;
- Meet legal requirements;
- Analyse key safety metrics;
- Contribute to continuous improvement initiatives.

##### **6.2 Safeguards**

Child and staff safeguards are integrated with and actively merged into existing business processes and systems (strategic planning, budgeting, recruitment, programme cycle management, performance management, procurement, etc.).

In this way we ensure the health, safety and welfare of our pupils and staff, is a feature of all key aspects of operations.

##### **6.3 Management Responsibilities**

It is the duty of Managers, session leader(s) ensure that:

- All activities that are provided, delivered or accessed by Rebel Training are fully risk assessed.
- The information contained in risk assessments is accurate, current, and representative of the health, safety and welfare of all involved in the delivering and accessing of Rebel Training 's services.
- All activities provided, delivered or accessed by Rebel Training are carried out

- in conjunction with information provided in risk assessments.
- All staff and volunteers working for Rebel Training will be made aware of the risk assessment process and given training as required.

Rebel Training will take no liability for activities that are provided or accessed by staff, volunteers or others which have not been fully risk assessed and internally verified by a manager, session leader or Health and Safety Officer.

Rebel Training will provide information, instruction, training and supervision as required in order to carry out risk assessments.

## 6.4 Individual CYP Risk Assessments

An Individual CYP Risk Assessment is risk assessed based on additional safeguarding or behavioural risks. This is usually completed by the referrer for our alternative provision or early intervention service and should cover the likelihood of:

- VP Verbal Abuse/Threatening Behaviour Against a Pupil;
- VA Verbal Abuse/Threatening Behaviour Against an Adult;
- PP Physical Assault Against a Pupil;
- PA Physical Assault Against an Adult;
- DB Persistent Disruptive Behaviour;
- SM Sexual Misconduct;
- DA Drug and Alcohol Related;
- RA Racial Abuse;
- AB Absconding;
- DM Damage;
- BU Bullying;
- PW Possession of a Weapon;
- CS Contextual Safeguarding Concerns.

If not received, we will send an internal risk assessment form to be completed if necessary. See more details on about these risk assessment procedures in our behaviour policy.

See our ***Behaviour Policy*** or ***Safeguarding Policy*** for a full Individual Child/Young Person Risk Assessment.

## 6.5 Centre Hazard Risk Assessments

Full risk assessments for Centre hazards completed by the Health and Safety Officer:

- Alcohol and Illicit Drugs;
- Display Screen Equipment;
- Drop off/ collection of pupils;

- Emergency Lock Down;
- Electrical shock;
- Fire Procedures;
- Food hygiene;
- Irritants;
- Lone working;
- Manual handling;
- Slips, trips and falls;
- Mental Health in the Workplace;
- Supervision of service users;
- Trips and outings;
- Travel on organisational business;
- Travel with service users;
- Violence and inappropriate behaviour;
- Working at heights;

Off-site Provision Risk Assessment - completed by managers. This includes *Activity Specific Risk Assessments* - completed by all staff for trips and activities:

- All Educational Visits;
- Travel on Educational Visits;
- Use of Tour Operator or Provider of Activities;
- Walks in Normal country;
- Walks in remote Terrain;
- Seaside Visits, River Walks, Gorge or Stream Scramble as an Adventure Activity;
- Activity by or in Water;
- Rock Climbing;
- Swimming during Educational Visits;
- Visits to Coastal Locations;
- Visits to Farms;
- Cycling;
- Canoeing/Kayaking;
- Ice Skating;
- Cooking.

## 6.6 **Sharing of Assessments**

All Individual service user Risk Assessments are shared with internal staffing team members who work with the service user). All other Risk Assessments are shared on completion and can be found in Health and Safety Site on SharePoint.

## 6.7 **Risk Assessment Procedure.**

We undertake the following six steps to systematically assess and manage risks.

### Step 1: Identify the hazards

In order to identify hazards, the risk assessor needs to understand the difference between a 'hazard' and 'risk'. A hazard is 'something with the potential to cause harm' and a risk is 'the likelihood of that potential harm being realised'.

Hazards are identified by:

- Introducing new processes/activities
- Changes to processes/activities
- Lessons learned

Or by identifying a new hazards through :

- Walk round inspections
- Maintenance Checklist
- Staff feedback
- Staff Surveys
- Accident/ near miss logs

### Step 2: Decide Who might be Harmed and How

6.8

Once the risk assessor has identified a number of hazards, they need to decide who might be harmed and how, such as pupils, staff, visitors, or members of the public.

### Step 3: Calculate Risk and Decide Control Methods

The accessor must calculate the risk by considering the likelihood of the hazards occurring and the severity of the risk, then decide on control measures.

Risk = Severity x Likelihood

**5x5 Risk Matrix**

Severity —

	1 Insignificant	2 Minor	3 Moderate	4 Major	5 Death
1 Rare	1	2	3	4	5
2 Unlikely	2	4	6	8	10
3 Possible	3	6	9	12	15
4 Likely	4	8	12	16	20
5 Certain	5	10	15	20	25

Likelihood —

After 'identifying the hazards' and 'deciding who might be harmed and how' the risk assessor is then required to protect the people from harm.

The hazards can either be removed completely or the risks controlled so that the level of injury or likelihood of occurrence is less likely.

### Step 4: Record your findings

The risk assessor's findings must be completed on a Rebel Training Risk Assessment Spreadsheet, signed off by management and shared with the wider staffing team.

### Step 5: Review your assessment and update as and when necessary

Risk assessments are reviewed annually or earlier if working habits or conditions change or if they become invalid due to, for example, following an accident in the workplace, or if there are any significant changes to the hazards, such as new equipment, work activities or sustained behaviours. Individual CYP risk assessment should be reviewed regularly to enable step-down measures as progress is made.

### Step 6: Risk Assessment Quality Assurance

Managers and Session Leads have responsibility for the completion and implementation of risk assessments assigned to them.

The Managing Director/H&S Officer has overall responsibility for ensuring staff correctly complete risk assessments for all relevant hazards, activities and behaviours by regular monitoring and quality assurance audits.

This QA Site on SharePoint clearly defines Risk Assessment Review dates, the

person in charge of the Risk Assessment review and a check box and note section for QA assessor.

\*Please note a different Risk Assessment Matrix is used by the Managing Director/ Crisis Team for the creation of the **Business Impact Assessment** and **Business Continuity Plan**.

## Staff and Volunteer Training

Staff and Volunteer Training includes:

- Our Internal H&S Training for staff and volunteers covers all aspects of health and safety and all procedures as set out in this policy;
- Formal training is delivered annually to all staff and volunteers as part of their induction;
- Informal training and reminders are provided during briefing and debriefing sessions as part of our daily process of delivering services; This will include going through and implementing the risk assessments for each activity;
- A relevant number of staff are trained in Paediatric First Aid and First Aid at work - this is determined by the Health and Safety Officer in line with legal requirements.
- At least one staff member or volunteer will be first aid trained when children are present.
- Visitors are

## 7. Responding, Recording and Reporting to Accidents/Incidents

### 8. Accident Responding, Recording and Reporting

Accident response, record and report procedures:

- A First Aider response take place to assess the level of injury and provide appropriate first aid, this will include if further treatment is nessary.
- All accidents including near misses must be **reported to a manager and logged in the Accident Logbook:**

1. *Digital Sharepoint Form on Workspace.* (Questions outlined in [Appendix D](#)) or



## 2. Paper-based GDPR Compliant Accident Logbook ([Appendix C](#))

- The Health and Safety Officer must be informed;
- Accident and Incident Forms and log are available on the Digital Workspace on SharePoint however there will also be paper copies in the Office and small logbooks with the first aid for outings.
- If the accident includes a head injury, close monitoring must take place to assess whether further treatment is needed and a Head Bump Letter must be sent home to parents or carers at pick up time. If the young person travels without their parent or young carer, a phone call home is required with the letter sent digitally. (See Appendix D) For Head Bump Letter.
- Completed accident forms are to be kept in secure online storage, with 2 factor authentication or securely locked in the office. The GDPR and Data Protection Policy will apply for data retention schedules.

## 9. Reporting Incidents

Incidents must be reported as follows:

- Serious service user behavioural concerns: Follow Behaviour Policy, Report to DSL and complete as instructed: Digital Safeguarding Concern Form or paper-based (**Safeguarding Policy**)/ Individual CYP Risk Assessment (**Safeguarding Policy/ Behaviour Policy**)
- Emergency Incidents e.g. fire, flood, intruder/security risk, data breach: Incident Management Actions Form (**Business Continuity Plan**). If the security risk causes a safeguarding concern, safeguarding procedures & Safeguarding Concern Form (**Safeguarding Policy**) must also be completed.
- Incidents which could have a significant impact of service delivery e.g. IT system failure, virus outbreak, public comments/complaint: Incident Management Actions Form (**Business Continuity Plan**)
- Serious incidents must be reported to a manager or the most senior member of staff immediately and logged in the Accident Logbook (and Risk Register if appropriate) and the Managing Director/Health and Safety Officer must be informed;
- The **Quick Procedure Guide** ([See Appendix D](#)) will be displayed in the Centre rooms.
- Accident and Incident Forms and log are available on the Digital Workspace on SharePoint however there will also be paper copies in the Office and small logbooks with the first aid for outings.

- Completed incident forms are to be kept in secure online storage, with 2 factor authentication or securely locked in the office. The GDPR and Data Protection Policy will apply for data retention schedules.

Completed accident/incident forms are to be kept in secure online storage, with 2 factor authentication or securely locked in the office.

## 10. **Reporting Hazards**

In the course of your duties with the Rebel Training, if you or a service user under your supervision observe a hazard, you must report it to the H&S Officer or session leader(s) as soon as it is safe to do so.

### 10.1 **Identifying Hazards**

Actions to be taken after a hazard has been identified:

- The Manager will ensure that steps are taken to reduce or remove the hazard;
- The hazard will be recorded in the Hazard Log for safety evaluation;
- Unless it is reasonably safe to do so, do not attempt to address the hazard;
- Take precautions to ensure the health, safety and welfare of all involved.

# **PART 4: Identified Hazards and Risk Mitigation Procedures**

## **Display Screen and Equipment**

Many of our employees and service users frequently use display screens and equipment (computers, laptops and furniture). Therefore, it's crucial that Rebel Training Centre complies with the Health and Safety (Display Screen and Equipment) Regulations 1992. This ensures we take necessary precautions to protect everyone from any potential risks associated with computer use.

Some users may experience fatigue, eye strain, upper limb problems and backache from overuse or improper use of DSE.

If any of our staff members or service users are experiencing symptoms they believe to be related to their workstation, we will ask them to complete a self-assessment display screen equipment questionnaire. This questionnaire reviews their VDU, desk layout, and posture. Based on their responses, we can make alterations to alleviate their issues.

## 10.2 **How to control the risk**

The risks from DSE can be controlled using the following straightforward, low-cost controls. The following information may help users.

### **Comfortability:**

- Forearms should be approximately horizontal, and the user's eyes should be the same height as the top of the screen;
- For laptop use, we provide adjustable laptop stands and portable keyboards.

### **Well Designed Workstations:**

- Make sure there is enough workspace to accommodate all documents or other equipment;
- A document holder may help avoid awkward neck and eye movements;
- Arrange the desk and screen to avoid glare, or bright reflections. This is often easiest if the screen is not directly facing windows or bright lights;
- Adjust curtains or blinds to prevent intrusive light;
- Make sure there is space under the desk to move legs;
- Avoid excess pressure from the edge of seats on the backs of legs and knees. A footrest may be helpful, particularly for smaller users;
- Adjustable chairs should be provided for staff who work at one station for long periods of time.

### **Keyboards and Typing:**

- A space in front of the keyboard can help you rest your hands and wrists when not keying;
- Try to keep wrists straight when keying;
- Good keyboard technique is important – you can do this by keeping a soft touch on the keys and not over-stretching the fingers.

### Using a Mouse:

- Position the mouse within easy reach, so it can be used with a straight wrist;
- Sit upright and close to the desk to reduce working with the mouse arm stretched;
- Move the keyboard out of the way if it is not being used;
- Support the forearm on the desk, and don't grip the mouse too tightly;
- Rest fingers lightly on the buttons and do not press them hard.

### Reading the Screen:

- Make sure individual characters on the screen are sharp, in focus and don't flicker or move. If they do, the DSE may need servicing or adjustment;
- Adjust the brightness and contrast controls on the screen to suit lighting conditions in the room;
- Make sure the screen surface is clean;
- When setting up software, choose text that is large enough to read easily on screen when sitting in a normal comfortable working position;
- Select colours that are easy on the eye (avoid red text on a blue background, or vice versa).

### Changes in Activity:

- Breaking up long spells of DSE work helps prevent fatigue eye strain, upper limb problems and backache;
- Staff are responsible for organising their own rest breaks including the rest breaks for service users under their supervision.

### Other advice to staff and service users:

- Stretch and change position;
- Look into the distance from time to time, and blink often;  
Change activity before users get tired, rather than to recover;
- Short, frequent breaks are better than longer, infrequent ones;
- Timing and length of changes in activity or breaks for DSE use is not set down in law and arrangements will vary. depending on a particular situation.

## Drop off/collection of children

### 10.3 **Walking to/from group sessions**

Secondary aged children and young people will often make their own way to and from their education setting during the day and this is the same expectation for our day services. When the need arises for our alternative provision, we can assist our service users with building transport confidence if required.

There is no set legal age that children can walk to and from their education setting independently or be left on their own. The most important factor to consider about suitability of a service user walking to or from their education setting alone is any risk relating to the service user's age or contextual safeguarding concerns.

If parents/carers wish to let their child travel to/from our Centre or off-site setting independently, then they must assess the risks associated with the route and their child's confidence. For example, parents and carers may consider self-transport to evening activities for secondary aged children to be safe with the decision to pick them up if the session finishes after sunset.

If a staff member feels that there is a risk surrounding the parent's wishes this should be reported via our usual safeguarding procedures.

If the Rebel Training is in agreement for the child to make their own way home, parents/carers will be asked to write a letter to confirm the procedure, ensuring that this is reviewed regularly. The responsibility for their child's safety rests with parents and carers who choose for them to walk independently to / from their education setting or service provision.

### 10.4 **Collection from authorised persons**

Children may only be released into the care and supervision of another adult who is not their parent or usual carer if this person has been authorised to do so by prior arrangement (verbal permission and use of a password).

### 10.5 **Parent/carers ability to offer safe care**

If Rebel Training has concerns that a parent or carer is using drugs or alcohol and may therefore not be able to provide safe care for their child or children, a member of the Safeguarding Team will speak with the parent or carer to inform them of the concerns and monitor the situation.

However, if the extent of a parent's own needs means that they cannot keep the child safe from harm, then Rebel Training has a duty to follow the centre's usual safeguarding procedures and complete a referral to Children and Family Services.

If an adult with parental responsibility presents at the education setting and staff are concerned that their presentation suggests they are unable to offer safe care, the Designated Safeguarding Lead or Deputy will speak with the parent or carer to clarify the situation and assess the risk to the child.

Rebel Training will aim to retain care of the child while awaiting the advice of the Police and Children's Services, but legally we do not have the authority to retain a child against a parent or carer's will. If a parent or carer is under the influence of drugs or alcohol and takes the child or children off-site, Rebel Training will then contact the Police for a welfare check on the non-emergency number, 101.

It is an offence to leave a child alone if it places them at risk and therefore Rebel Training has a continual obligation to take action if they believe this is the case.

## 10.6 **Late Collection/ Non-collection**

If, in an emergency, parents or carers are unavoidably delayed, they must notify the admin team immediately. In the event that a service user is not collected at the end of their teaching session, Rebel Training agrees to care for the service user until such time as they are collected by a parent or carer, or until appropriate alternative care arrangements have been made with Social Care and/or the Police, in order to maintain the child's safety.

A record of any late collection should be logged in the service user's safeguarding file. The Designated Safeguarding Lead (DSL) or Deputy Designated Safeguarding Lead (DDSL) will review the record of incidents where parents or carers do not collect a service user from school, are late without explanation or a valid reason, or where there are repeated incidents. If any concerns about the child's safety and welfare arise, these will be addressed in accordance with the centre's Safeguarding Policy.

In situations where the Head of Centre considers it appropriate in our Alternative Provision service, a letter will be sent to the parent or carer notifying them that the students on-roll school has been informed, and that in future instances, the school may be charged for the additional time staff members had to stay on site.

## Medication

### 10.7 **Staff use of Prescription Meds.**

Staff and volunteers requiring the use of prescription or non-prescription medication must inform the Management Team of their individual requirements prior to attendance at services provided or accessed by Rebel Training.

A manager will assess the requirements of each individual case and sanction the use of prescription or non-prescription medication.

All sanctioned prescription or non-prescription medication must be contained in the securely locked cupboard. Unsanctioned prescription or non-prescription medication is not allowed on site at any time.

It is considered gross misconduct for staff and volunteers to use or to be in the possession of unsanctioned prescription or non-prescription medication whilst on site or while working in a paid or voluntary capacity for Rebel Training.

## 11. **Administration of Medicine**

Medicines should only be administered if prescribed for a child by a doctor, dentist, nurse, or pharmacist. Additionally, medicines containing aspirin will only be given if prescribed by a doctor.

Calpol, Ibuprofen or any other type of liquid paracetamol/aspirin/cough medicine will not be administered by the nursery staff within the Centre. All staff, volunteers and parents/carers must be aware that if a child needs to be given paracetamol, they are likely too ill to be attending.

If a service user requires medication during a session at our Centre, a manager must be informed as soon as possible.

Before administration, the **Medication Administration Form** ([See Appendix F](#)) must be completed.

### **Medication Handling Procedure**

#### **1. Before the child or young person attends:**

- a. Medication administration requirements is gathered at registration stage.
- b. The manager consider whether additional training is required for current delivery staff e.g. insulin management.
- c. The parent or carer will be informed that they must complete a Medication Administration Form either before or on the day of arrival, depending on the requirements.

#### **2. At the start of the session:**

- a. The parent/carers must hand over the medication to a staff member.
- b. Both the parent/carers and staff member must sign it in using the **Medication Administration Form** ([See Appendix F](#)).
- c. The medication must be securely stored in the locked medication cupboard within the Centre.

**3. During the session:**

- a. Medication must be administered at the correct time and recorded in the Medication Administration Form.
- b. The **Medication Tracker Record** ([see Appendix G](#)) **must be used**.
- c. A witness must be present to verify the preparation, correct dosage, and administration.
- d. After use, the remaining medication should be securely returned to the medication safe.

**4. At the end of the session:**

- a. The medication must be signed out and returned to the parent/carer.
- b.

**Medication on Trips and Outings**

Medication needed during trips will be kept by the **Trips and Outings Lead** in their designated bag, along with a **Medication Tracker Form**.

A copy of the *Medication Tracker Form* is stored in the Health and Safety SharePoint Site for printing, in the Centre's Medicine Log Folder, and in the Health & Safety Folder for trips and outings.

The *Medication Handling Procedure* outlined above must be followed.

The daily register highlights key information including Medication Administration (in **red**).

**Electrical shock**

Electricity can kill or cause serious injury, burns or even fires. To avoid these dangers, staff must:

- Always switch off appliances which are unused;
- Only use appliances for its intended purposes;
- Use the appliance in a safe and stable position;
- Do not place items on an electrical appliance that could cause it to overheat or obstruct air flow;
- Position leads and plugs to avoid trip hazards.

If you use a multi-socket extension do not overload it:

- One extension is enough;
- Always ensure extension is fully uncoiled and report any damage;



- Never attempt to repair electrical items unless qualified and authorised to do so.

Our main office at Focal Point is a serviced office in which all equipment and sockets in the communal areas are PAT tested by the landlords.

All fixed wiring is also tested by the landlord on a regular basis, any recommendations made from tests are completed to ensure we comply with the latest Institute of Engineering and Technology ("IET") regulations.

## Portable equipment

Portable equipment owned and used by Rebel Training on and off-site are PAT Tested as follows:

- Handheld equipment should be tested every 12 months.
- All Class 1 equipment is PAT tested every 12 months.
- Class 2 equipment is tested every 48 months;
- Public Use Equipment – Stationary and IT equipment such as computers should be tested every 12 months.

On securing new office space for teaching and learning or administrative use, a full site risk assessment must be carried out by the Health and Safety Officer and PAT test certificate copies are requested from the landlords.

New equipment should be supplied in a safe condition and not require a formal portable appliance inspection or test. However, a simple visual check is required by the Health and Safety Officer to verify the item is not damaged.

## Fire Procedures

### 12. Fire Precautions and Procedures

Acorn Health and Safety Ltd completed a robust risk assessment for the entire building (Focal Point, 27-35 Fleet St, Swindon SN1 1RQ in 2018).

#### 12.1 Focal Point Risk Assessment.

The following is an extract from a risk assessment regarding Focal Point building.

## The premises:

*Steel framed premises, with glazed entrance and stairway area and precast concrete external wall panels over five floors (ground, first, second, third and fourth) and two passenger lifts.*

*The premises is shaped as a 'U' with two fire escape staircases providing an alternative means of escape from the rear office spaces on floors 1 to 4, as well as a direct escape route to ground level from the roof. Floors are separated by concrete flooring.*

*A lift plant room is located on the roof, accessed via the north side fire escape staircase.*

*The ground floor area consists of a secure car parking facility, office spaces, postal room, and kitchen and lobby/reception/lift area.*

*Floors 1 to 4 are accessed via either of the lifts, or via an open staircase:*

*Floor 1 is accessed via two sets of 30-minute self-closing fire doors (with smoke and intumescent strips) into an area with separate office and meeting space and kitchen facility (limited to drink preparation only).*

*Offices and meeting rooms have been created from stud partitioning.*

*The escape route into the means of escape staircase on both arms of the 'U' are protected by a single self-closing 30-minute fire door fitted with smoke and intumescent strips.*

*Floor 2 is accessed via two sets of 30-minute self-closing fire doors (with smoke and intumescent strips) into an open plan floor, and houses a telecoms room and computer network server room.*

*Floor 3 is accessed via two sets of 30-minute self-closing fire doors (with smoke and intumescent strips) into an open plan office space.*

*Floor 4 is accessed via two sets of 30-minute self-closing fire doors (with smoke and intumescent strips) into an open plan office space which is occupied by a client company at this time.*

*Each floor wing has an electrical riser – a smoke detector and emergency light have been installed in each riser and one door leaf has been fitted with smoke and intumescent strips. The riser doors will remain locked. The risers are not an open shaft from ground floor to 4th floor, and are partitioned off to form a contained area (monitored by smoke detectors)*

*The two means of escape staircases have smoke detection on each landing adjacent to the exit doors off each floor, as well as emergency lighting, and both open onto opposite sides of the premises. Access onto the escape staircase is via a 30-minute*

*self-closing fire door with smoke/intumescent strips and held closed with a ceramic break tube.*

*Office spaces are provided with IT network points and electric plug points within recessed floor panels – cabling is run under the floor in a void. Space heating/cooling is provided by air handling units on each floor and by wall mounted convection heaters (supplied by mains gas boilers).*

*Smoke detection is provided throughout all areas of the premises, together with emergency lighting above exit doors into the means of escape staircase, or out onto the main staircase, as well as within meeting rooms which do not have access to a source of natural lighting.*

*The car park area is within the footprint of the building, but is controlled by steel shutters operated from within the car park and smoke detection is provided throughout the space – access into the ground floor is via double fire exit doors.*

*Fire extinguishers are provided on each landing of the central staircase, at each fire exit on ground level and floors 1 to 4 as well as the car park, roof lift plant room, electrical switchgear, metre room and external boiler room.*

*The external boiler room is accessed via a security gate off the car park entrance.*

### 13. **Fire Mitigation**

To help prevent fire in our main office building, Rebel Training carries out a Fire Risk Assessment (See Appendix ???) including a physical walk around of each setting and review of our own systems and processes, to protect both people and premises.

To prevent fires, All staff and service users must sign in and out at the reception desk on entry and exit to the building every time.

Staff always ensure that flammable substances are stored away from heat sources and that rubbish is disposed of quickly. No emergency exits should be blocked, and it is everyone's responsibility to move obstructions if they are found. No smoking or e-cigarettes are allowed inside any of our premises.

We will discuss with staff and service users at induction if they require a **Personal Emergency Evacuation Plan ("PEEP")**. Should that change at any time the Health and Safety Officer should be informed, and a plan will either be created or updated.

Any visitors including contractors should be accompanied to assembly points where the register will be taken to check all members, service users and visitors are accounted for. At no point, should a member of staff attempt to fight any fire. A fire register will be completed for all staff, volunteers and individuals providing or

accessing our services for fire safety purposes.

## 14. **Fire Call Alert Point**

See Fire Risk Assessment in [Appendix J](#)

Should a fire start in any location, the fire call alert point should be pressed, and every staff member and service user should exit the building immediately.

## 15. **Evacuation Procedures**

### 1. Fire Alarm Activation:

- ⚡ Upon hearing the fire alarm, all individuals must immediately stop what they are doing and proceed to the nearest fire exit.
- ⚡ Staff responsible for individuals with additional needs should assist in an orderly evacuation, closing doors full as they exit.

### 2. Evacuation Routes:

- ⚡ Follow clearly marked fire exit signs to the nearest designated exit point.
- ⚡ Avoid using lifts during evacuation.

### 3. Assembly Point:

- ⚡ **Primary Relocation Point: Outside Voluntary Action Swindon, 1 John St, Swindon SN1 1RT**

### 4. Headcount & Roll Call:

- ⚡ Lead Staff Members to conduct roll call based on attendance registers.
- ⚡ Visitors must be accounted for using the sign-in/out register.
- ⚡ If anyone is unaccounted for, notify emergency services immediately.

### 5. Emergency Services & Communication:

- ⚡ Emergency Contact Number: 999 (Fire, Police, Ambulance)
- ⚡ Key Staff Responsibilities:
  - ☐ Fire Warden to liaise with emergency services.
  - ☐ First Aiders to assist any individuals requiring medical attention.

### 6. Returning to Premises:

- ⚡ Re-entry is only permitted once authorised by the Fire Brigade or designated Safety Officer.

### **Additional Relocation Plan (if premises are unusable)**

- ⚡ In the event that the premises cannot be re-entered due to fire damage or safety concerns:

- The Assembly Point is: **Outside Voluntary Action Swindon, 1 John St, Swindon SN1 1RT**
- Secondary Relocation Point (if primary is unsafe): **Swindon Central Community Centre, Emlyn Square, Swindon SN1 5BP**

- 15.1 The Building Manager/ Fire Marshall or a member of staff will follow the Incident Management Actions outlined in the Business Continuity Plan. They will phone the Fire Brigade confirming firm, location and contact details. Once the Fire Brigade arrives, they will be informed if all persons are present or any missing.
- 15.2 No person is to return to the building until they are told to do so by the Fire Brigade - or in the case of Fire Evacuation practice, the Building Manager.

## **Food Hygiene**

When handling any food all staff need to be mindful of hygiene, cross contamination and chilling foods, so remember the following basic rules:

### **15.3 Cross Contamination.**

This occurs when bacteria are spread between food, surfaces or equipment. It is most likely to happen when raw food touches (or drips onto) ready-to-eat food, equipment or surfaces.

Cross-contamination is one of the most common causes of food poisoning. To ensure this does not happen:

- Clean and disinfect work surfaces, chopping boards and equipment thoroughly before you start preparing food and after you have used them to prepare raw food;

- Use different equipment (including chopping boards and knives) for raw meat/poultry and ready-to-eat food unless they can be heat disinfected in, for example, a commercial dishwasher;
- Wash your hands before preparing food;
- Wash your hands thoroughly after touching raw food;
- Keep raw and ready-to-eat food apart at all times.

#### 15.4 **Cleaning.**

Effective cleaning stops the spread of bacteria on hands, equipment and surfaces. Make sure that you:

- Wash and dry your hands thoroughly before handling food;
- Clean and disinfect food areas and equipment between different tasks, especially after handling raw food;
- Clear and clean as you go. Clear away used equipment, spilt food etc. as you work and clean work surfaces thoroughly;
- Use cleaning and disinfection products that are suitable for the job and follow the manufacturer's instructions;
- Do not let food waste build up.

#### 15.5 **Chilling Food.**

Chilling food properly prevents harmful bacteria from growing. Some food needs to be kept chilled to keep it safe, for example food with a 'use by' date, cooked dishes and other ready-to-eat food such as prepared salads and desserts.

It is very important not to leave these types of food standing around at room temperature. To ensure all chilled foods remain at the correct temperature:

- Check chilled food upon delivery from the supplier to make sure it is cold enough;
- Put food that needs to be kept chilled in the fridge straight away;
- Cool cooked food as quickly as possible and then put it in the fridge;
- Keep chilled food out of the fridge for the shortest time possible during preparation;

- Check regularly that the fridge is cold enough.

#### 15.6 **Cooking Food.**

Thorough cooking of most foods kills harmful bacteria, so it is extremely important to ensure that food is cooked properly.

When cooking or reheating food, always check that it is steaming hot all the way through.

If you have been unwell with a stomach bug or cold you should not handle food until 48 hours after a sickness episode.

#### 15.7 **Additional Training.**

Rebel Training may use food preparation as a key activity or skill for the Holiday and Food Programme or Alternative Provision Service.

All staff who handle, distribute or prepare food must have completed accredited Level 2 Food Hygiene training.

#### 15.8 **Hot Beverages.**

All staff, volunteers, and individuals involved in providing, delivering, or accessing our services will be informed about the risks associated with preparing and consuming hot beverages while supervising individuals in our care.

To ensure safety, the preparation and consumption of hot beverages will be restricted to designated welfare areas when using cups provided by the building.

When transporting hot beverages to classrooms or other areas within the building, staff must use a flask or cup with a lid.

## Unhealthy Eating and Lifestyles

Staff and Volunteers at Rebel Training are committed to promoting Health and Wellbeing in children, young people and their families. We do this by developing awareness, interest knowledge about well-being, healthy lifestyles, nutrition and the factors that influence them. Topics typically cover:

- Healthy relationships and personal well-being
- Physical health, including exercise and the impact of substance use (including

- vapes), including its economic, social, and personal safety consequences
- Exploitation and criminality
- Mental health and emotional well-being, addressing issues such as isolation, emotional distress, bullying and abuse

This will take place on the first day of each week to enable youth-led projects to further develop e.g. social action, creative campaigns. We also encourage the use of Swindon's Local Offer and participation in other HAF programmes locally.

## 15.9 **Breaks**

We understand the needs for breaks is important for all when focusing on activity for a length of time. In our early help provision, children and young people take breaks when they need as they have full flexibility, choice and control within the session.

For our Alternative Provision service, we ensure:

- Break times are agreed before commencement
- The need for break times or reviewed and revised as needed.
- Designated communal break areas are supervised from a short distance.
- CYP aged 14+ in alternative provision may take a 5–10-minute break outside (e.g., to visit a shop) with prior written parental consent (for Alternative Provision).
- If a alternative provision student is not permitted an unsupervised break, their Individual Risk Assessment must be updated and shared with staff.

Staff are responsible for organising their own breaks and ensuring flexibility around breaks for service users they are working with to ensure health and well-being promotion of those will with conditions like chronic pain, anxiety, or ADHD.

## 15.10 **Physical Movement**

We ensure that the government advice guidelines for Physical activity for children and young people: 5 to 18 years are followed regarding the amount and type of exercise required. See infographic in Appendix ?? - also displayed around our Centre).

We provide a diverse range of activities aimed at developing movement skills, muscular fitness, bone strength and fine motor skills across all our early intervention and universal sessions. For the Holiday and Food programme we ensure 60 minutes of moderate to vigorous intensity of physical activity a day.



Our offerings include:

**Movement-Based Activities** – Yoga, nature walks, somatic dance/free movement, which promote flexibility, emotional regulation, and physical engagement in a non-competitive environment.

**Sports and Exercise Across Cultures** – Participants will engage in traditional and culturally diverse sports such as cricket, basketball, HIIT, Sepak Takraw, Kho-Kho, enhancing teamwork, coordination, and global sporting awareness. We will also host guest-led sessions with activities like kayaking, paddleboarding, Capoeira, Tai Chi, climbing, and cultural dance to further broaden their exposure to various sports.

**Fitness Apps for Continued Home Exercise:**

- **Nike Training Club (13 years+)**, which offers free fitness challenges and guided workouts in Yoga, Cardio, Strength Training, and Mobility. Provides a variety of workouts, engaging challenges, and wellness and nutrition advice.
- **SworKit Kids (6 - 14 years/parent or carer led)**, which offers customisable, age-appropriate workouts in strength, endurance, flexibility, and balance, encouraging kids to stay active and healthy in a fun and interactive way with their family.

**Arts-based activities:** Creative writing, painting, mixed media art, clay modelling, crafting, digital art, website design, typing, threading (Fine Motor Skill Development).

#### 15.11 **Healthy Food at Holiday and Food (HAF) Programme**

For our Holiday and Food Programme we will promote healthy eating. Each child attending the HAF programme will receive at least one nutritious, hot meal daily, except for a picnic during an end-of-summer celebration. Meals will comply with food preparation regulations and accommodate allergies, intolerances, and cultural or religious dietary requirements, recorded at registration (allergies in red, intolerances in orange, cultural/religious needs in yellow).

All food-handling staff will have a minimum Level 2 Food Hygiene qualification, delivered by High Speed Training, which meets UK and Environmental Health Officer standards. Weekly menus will align with School Food Standards, ensuring:

- A variety of vegetables/salads across the week, with raw options available.
- At least two fruit options daily.
- Wholegrain options where possible.
- No more than two pastry-based meals per week.
- Limited deep-fried, batter- or breadcrumb-coated foods.

- Water as the primary drink, with occasional healthy hot chocolate for outdoor winter activities.

External catering providers must be registered with Swindon Borough Council, have a Food Hygiene Rating of 3-5, and adhere to School Food Standards. We will provide backup cold food options (e.g., crackers, cheese, fruit) if needed. When selecting caterers, we will prioritise those experienced in providing meals for children and young people including inclusive catering options for those with dietary needs and clear allergen information.

As part of our **HAF programme**, we will deliver our **FoodSmart Course** covering healthy eating, food safety, growing fruit and vegetables, practical cooking skills, and budgeting for meals. These sessions will take place daily. Once we secure a venue with a kitchen, we will include hands-on cooking sessions. Participants will also explore **food across cultures**, with opportunities for parent volunteers to share their traditional dishes and cooking techniques.

#### 15.12 **Staff and Volunteers as Role Models**

We recognise the crucial role that adults play in shaping the attitudes and behaviours of children and young people. As such, we expect all staff and volunteers to actively promote healthy lifestyles by:

- Demonstrating positive habits, including balanced nutrition, regular physical activity, and good mental wellbeing practices.
- Encouraging healthy choices in daily interactions with children and young people.
- Modelling respectful communication, emotional regulation, and resilience.
- Creating an inclusive and supportive environment where all individuals feel valued and empowered to make positive lifestyle choices.

Our staff are trained to integrate health and wellbeing into their daily practice, ensuring that children and young people receive consistent encouragement and guidance in making healthy choices.

Staff and volunteers must be aware of professional boundaries with clear understanding of what constitutes as unprofessional conduct. (See **Staff and Volunteers Code of Conduct**).

## Intimate care.

This includes any tasks that involve dressing and undressing, washing including intimate parts, helping someone use the toilet, changing nappies or carrying out a procedure that requires direct or indirect contact to an intimate personal area. See also ***Intimate Care Policy***.

Staff administering intimate care will have received additional training are required to record this using the agreed protocols laid out in our intimate care policy, with the procedure logged and parents notified as appropriate.

The Health and Safety officer is responsible for ensuring they have appropriate PPE equipment.

## Infection Prevention and Control Measures

Educational and care settings are common sites for the transmission of infections. Children are particularly susceptible to infections because their immune systems are immature.

Additionally, young children often have close contact with their friends, making it easier for infections to spread. Many diseases can spread before an individual shows any symptoms, especially during the infectious period.

Infection prevention and control measures are introduced and encouraged to interrupt the cycle of infection, promoting the routine use of good hygiene standards to reduce the overall transmission of infections.

The main points of [Health protection in children and young people settings, including education](#) from the UK Health Security Agency focus on preventing and controlling the spread of infectious diseases in educational and childcare settings.

### 16. **Good Hygiene**

Good Hygiene Practices is one of the most important ways to control the spread of infections, particularly those causing diarrhoea, vomiting, and respiratory diseases.

Liquid soap, warm water, and paper towels are available at our main office. We emphasise regular handwashing with soap and water, proper respiratory hygiene (covering mouth and nose when coughing or sneezing), and using tissues (catch it, bin it, kill it).

Toileting and sanitation measures also in place include having disposable paper

towels next to washbasins in wall-mounted dispensers, together with a nearby foot-operated wastepaper bin. Ensuring toilet paper is readily available in each cubicle.

All staff and service users are advised to wash their hands after using the toilet, before eating or handling food, and after touching animals.

All staff and service users should cover all cuts and abrasions with a waterproof dressing.

Staff educate service users on why hand hygiene is so important. Free resources to support this have been developed by the UK Health Security Agency (UKHSA) with teachers for ages 3 to 16 and are available at [e-bug.eu](https://e-bug.eu).

## 17. **Environment**

Environmental Cleaning - our building communal areas are cleaned by professional cleaners on a daily basis; however we take individual responsibility for regular cleaning of frequently touched surfaces (e.g. doorknobs, desks) and ensuring the overall cleanliness of our individual office environment.

Staff are expected to use disinfectant methods, such as liquids, wipes, or disinfectant spray bottles, after each 3-hour teaching session on all desks and doorknobs. A full office clean is completed once a week.

### 17.1 **Personal Protective Equipment**

Personal Protective Equipment (PPE) can protect individuals and staff from contamination with blood or bodily fluids, which may contain germs that spread disease. PPE should be used in line with risk assessments in all settings, proportionate to the risk identified. PPE is provided alongside our office first aid kit in the unlocked cupboard draw.

### 17.2 **Immunisations**

As an education partner, we promote **Immunisations**, sending out reminders in our newsletters, emails and updating website news that all children and staff should be up to date with their routine vaccinations to protect against vaccine-preventable diseases.

Immunisation: [Vaccine knowledge project](#)

### 17.3 **Managing Specific Infections**

In managing specific infections, our procedures include the **Temporary Exclusion of Sick Individuals**: Staff understand that the prompt exclusion of people who are unwell with an infectious disease is essential to preventing the spread of infection in settings. Using the Gov.UK's [quick reference table](#) enables us to organise the correct

indicated time period an individual should not attend a setting to reduce the risk of transmission during the infectious stage.

We use and share resources for dealing with infections in your early years and education settings

[Health protection in schools and other childcare facilities](#): This is the national UKHSA Guidance on managing common infectious diseases in schools and other childcare settings. This national guidance now incorporates what was previously the SW Spotty Book.

[Respiratory outbreak action card](#): A checklist of what to do for outbreaks of respiratory illness (including COVID-19 and Influenza/flu)

[UKHSA recorded presentation on managing Group A Strep in your setting](#)

[Diarrhoea and vomiting outbreak action card](#): A checklist of what to do for D&V outbreaks in your setting.

[Exclusions](#): This advises on the time period that a child needs to be excluded from school if they have an infectious condition.

[e-bug](#): Gives lesson plans for primary and secondary schools on infection prevention & control and antibiotic resistance.

[Health Protection in Education and Early Years settings Webinar](#) – a half termly webinar provided by UKHSA South West Health Protection Team about infectious disease management within early years and education settings.

## 17.4 **Parent and Carer Communication**

We provide clear communication with parents and carers about the importance of keeping sick children at home and the protocols in place to manage infections in the setting.

We share posters around our setting:

- ["Catch it, Bin it, Kill it" poster](#)
- [Hand hygiene poster](#)
- [NHS hand hygiene poster](#)
- ["Stop norovirus spreading this winter" leaflet](#)
- [Managing infectious diseases poster](#)
- [How long should you keep your child off school poster](#)
- [UKHSA summer asset pack for stakeholders 2023](#)
- [UKHSA Hot Weather communications toolkit – June 2023](#)
- See also UKSHA [Campaign Resource Centre](#)

### 17.5 **Exclusion on public health grounds**

Exclusion on public health grounds may cause some people to feel isolated or anxious. In these situations, staff will consider whether digital learning is a suitable possibility or whether there is a need to signpost them to mental health and wellbeing support services:

- [NHS Every Mind Matters website](#)
- [Children's mental health – NHS Every Mind Matters](#)

### 17.6 **Self-assessment for Best Practice**

To assess our quality and control measures Rebel Training uses the UKHSA SW self-assessment checklist: [Infection, Prevention and Control Planning](#) (Toolkit)

## Outbreak Management

Outbreaks of infectious diseases should be reported to the local health protection team (HPT). The local health protection team is responsible for managing and responding to outbreaks in schools, childcare facilities, and other educational settings. They provide guidance on controlling the outbreak, implement necessary public health measures, and may coordinate with other agencies, such as Public Health England (or its successor organisations depending on the region), local authorities, and NHS services.

Advice on when and when not to contact the HPT is included in [guidance for specific infectious diseases](#). We will contact the relevant UKHSA HPT for advice if we are concerned or have seen:

- A higher than previously experienced and/or rapidly increasing number of absences due to the same infection;
- Evidence of severe disease due to an infection, for example if an individual is admitted to hospital;
- More than one infection circulating in the same group of people, for example chicken pox and scarlet fever.

Additionally, when an outbreak of other unexpected or unusual illness occurs, for example:

- E. coli O157 or E. coli STEC infection;
- Food poisoning;
- Hepatitis;
- Measles, mumps, rubella (rubella is also called German measles);
- Meningococcal meningitis or septicemia;

- scarlet fever (if an outbreak or co-circulating chicken pox);
- Tuberculosis (TB);
- Typhoid;
- Whooping cough (also called pertussis).

#### 17.7 **Our local HPT details:**

##### **South West HPT**

2 Rivergate, Temple Quay

Bristol

BS1 6EH

[swhpt@ukhsa.gov.uk](mailto:swhpt@ukhsa.gov.uk)

Telephone: 0300 303 8162 option 1, then option 1

Out of hours for health professionals requesting urgent advice: 0300 303 8162 option 1

#### 17.8 **Early Reporting.**

It's important to report the outbreak as soon as it is suspected to ensure a prompt response and minimise the spread of infection.

If we do need to contact our HPT, we will prepare information in advance to help them to support you. Find out what information you need in [What to expect from contacting your HPT](#).

#### 17.9 **Responding to Public Health Advice.**

Following public health advice for managing new or emerging infections (e.g., pandemics, seasonal outbreaks), at Rebel Training we are fully prepared to implement additional control measures as needed and work in partnership with the Local Authority and key partners on aligned communication plans.

### **Irritants.**

The only irritants present in the complex are the cleaning fluids used for toilets and kitchens by the landlord's cleaning contractors.

This company maintains a Control of Substances Hazardous to Health (COSHH) register. Staff members should not use any cleaning materials without proper instructions and personal protective equipment, if required.

## Lone Working

Working alone is not against the law, and it is often safe to do so. However, the law requires employers to carefully consider and address any health and safety risks for people working alone.

Employers are responsible for the health, safety, and welfare at work of all their workers. They also have responsibility for the health and safety of any contractors or self-employed people doing work for them.

Employees have a responsibility to take reasonable care of themselves and others affected by their work activities and to cooperate with their employers in meeting legal obligations.

In order to establish a healthy and safe working environment for lone workers, things managers must consider in ensuring lone workers are not put at risk include:

Assessing areas of risk including violence, manual handling, the medical suitability of the individual to work alone and whether the workplace itself presents a risk to them;

Requirements for training, levels of experience and how best to monitor and supervise them;

Having systems in place to keep in touch with them and respond to any incident.

[Working alone: Health and safety guidance on the risks of lone working](#)

### 17.10 How to Control the Risk

Where possible, two staff members will be available on-site at Focal Point. When this is not possible, lone working on-site will occur during office hours when the reception desk is manned. **The Duty Manager must be informed so that the staff member can keep in touch and sign out safely using text/phone.**

A daily Duty Manager is on call, and if not based at Focal Point, will be located within one mile of Focal Point, enabling them to respond and be physically present within approximately 15 minutes.

If 1:1 work is being undertaken, it will usually take place off-site in a public building within the community, with a full risk assessment completed beforehand. When conducted in our main office, it will occur in the small office room next to our co-learning room, with the office door left open at all times.



CCTV is in operation at Focal Point, covering communal areas and corridors.

For service users who pose a potential risk to lone-working practices, consideration must be given on each occasion, and an individual risk assessment must be drawn up and adhered to. Within the risk assessment, the use of digital teaching or CCTV inside the small office may be included. Parents/carers will need to sign permission for this.

All staff are trained in behaviour de-escalation strategies and follow the Behaviour Policy and Behaviour De-escalation Protocol.

## 18. Lone working - Home Visits Procedure

Before early help assessments/support or home learning support takes place, an Individual Child/Young Person Risk Assessment (see ***Behaviour Policy, Safeguarding Policy*** or *SharePoint H&S Folder*). This must be completed by the parent/carer and sent to a member of the Management Team for assessment.

The risk assessment for lone working must consider safety risk/factors identified from the referral form, safeguarding handover information and suitability of the space. Additional information such as pets, who will be present during the home visit will be gathered and assessed.

The assessment will result in either approval or disapproval. If disapproved, the SLT member should discuss the reasoning behind the decision with the parent/carer.

If a situation arises that may affect the safety of a staff member during lone working, the suitability of the service delivery must be reviewed by a member of the SLT.

### **Orange Book Protocol**

**Before entering the home, the staff member is instructed to message the Duty Manager to confirm their safe arrival, the address they are at, the expected time out and to message again when they leave safely.**

The duty manager will set an alarm for the expected time out and will call the staff member if they have not received an update by that time.

A code sentence has been created to **notify the Duty Manager of an emergency and to call the police**. The code sentence is "Bring the orange book" (by telephone or Google). This safety protocol should be used when a staff member is in immediate danger and cannot leave the building.

\*A copy of this is in >SharePoint >H&S and should be kept in the front of staff folders for all outreach work.

## Manual handling

### 18.1 **Manual Handling Injuries.**

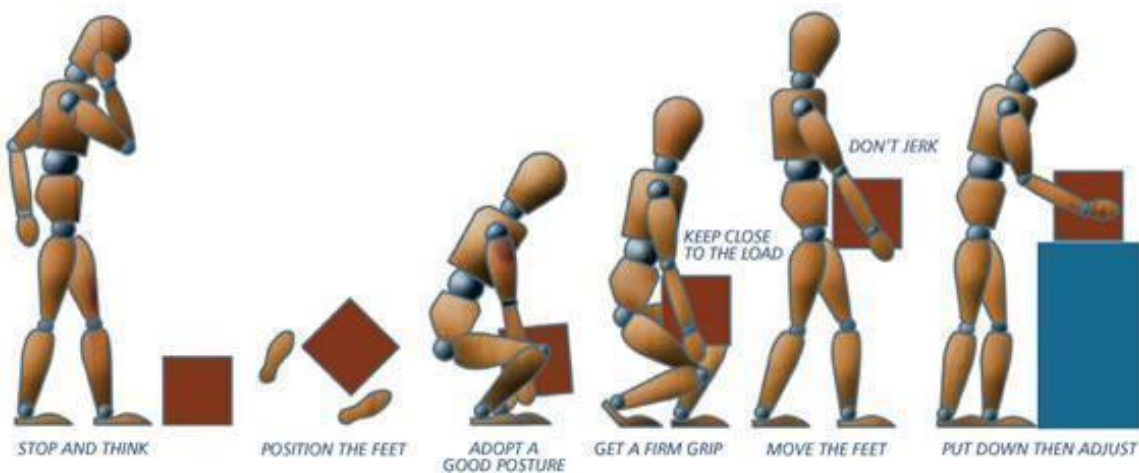
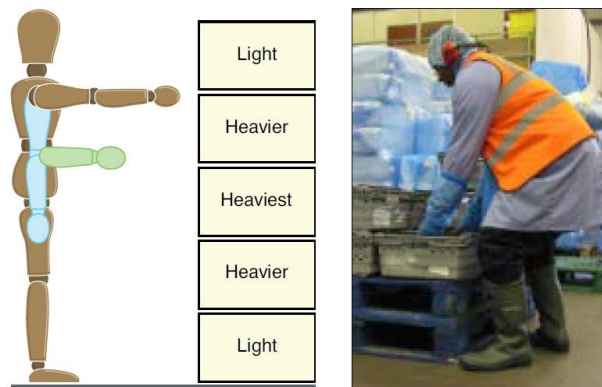
Manual handling injuries can occur when weight is lifted with an awkward posture or aggravates an existing injury.

Our procedure is to avoid manual handling activities when possible, by decanting large boxes into smaller weights to lift more easily. Planning the movement of any item often prevents injury.

#### Manual Handling Guidelines:

- Think before lifting/handling - Plan the lift. Can handling aids be used? Where is the load going to be placed? Will help be needed with the load? Remove obstructions such as discarded wrapping materials. For a long lift, consider resting the load midway on a table or bench to change grip;
- Consider using a mechanical aid - Such as a forklift or sack truck;
- If the load is going to be moved manually Keep the load close to the body for as long as possible while lifting. Keep the heaviest side of the load next to the body. If a close approach to the load is not possible, try to slide it towards the body before attempting to lift it;
- Adopt a stable position - The feet should be apart with one leg slightly forward to maintain balance (alongside the load, if it is on the ground). Be prepared to move your feet during the lift to maintain stability;
- Get a good hold - Where possible the load should be hugged as close as possible to the body. This may be better than gripping it tightly with hands only;
- Start in a good posture - At the start of the lift, slight bending of the back, hips and knees is preferable to fully flexing the back (stooping) or fully flexing the hips and knees (squatting);
- Don't flex the back any further while lifting - This can happen if the legs begin to straighten before starting to raise the load;

- Avoid twisting the back or leaning sideways - Especially while the back is bent. Shoulders should be kept level and facing in the same direction as the hips. Turning by moving the feet is better than twisting and lifting at the same time;
- Keep the head up when handling - Look ahead, not down at the load, once it has been held securely;
- Move smoothly - The load should not be jerked or snatched as this can make it harder to keep control and can increase the risk of injury;
- Do not lift or handle more than can be easily managed - There is a difference between what people can lift and what they can safely lift. If in doubt, seek advice or get help;
- Put down, and then adjust - If precise positioning of the load is necessary, put it down first and slide it into the desired position;
- When organising shelving place heavier items at a height where there is less risk of injury.



## Slips, Trips and Falls

Slips and trips are the most common form of workplace hazards and make up over a third of all major injuries. Over 10,000 workers last year suffered a serious injury including broken bones due to a slip, trip or fall.

These types of accidents normally happen because no one takes this accident seriously and does not think it can happen to them.

### 18.2 **Think Ahead**

To stop prevent accidents think ahead:

- Move that box to stop it blocking a gangway.
- If you see a spill, mop it up; ☐
- If there is a hole in the carpet in a gangway inform the Quality Assurance Manager;
- Do not carry too many boxes making it difficult to manoeuvre
- Please report all near-misses (accidents that nearly happened) in the Accident Log.

Trained first aiders must be present on site during the operation of Rebel Training 's services.

## Supporting Mental Health

### 18.3 **For service users**

Emotional well-being and mental health issues are complex and can be influenced by various factors, including family stress, parenting challenges, poverty, educational pressures, bullying (including via social media), peer pressure, and other social influences.

Our service offer is designed to support and improve mental health and emotional wellbeing of children, young people and their families. Activities include:

- **Arts for Well-being** – Creative prompts fostering self-expression, resilience, identity, and reflection, with outdoor arts in nature.
- **Mindfulness & Movement** – Yoga, nature walks, somatic dance, and meditation, using local green spaces whenever possible.
- **Youth-led Creative Arts and Digital Technologies** – Visual/digital arts, creative writing, dance, and drama, websites, blogs, film editing, giving young people space to develop their own projects with creative freedom.

- **Youth Voice & Social Action** – Youth-led campaigns, themed events, and community projects. Session Leads promote choice, advocacy, and co-production, equipping young people with the tools to lead on topics that matter to them, fostering confidence and agency.
- **Cultural Activities** – A mix of sports, FAB literacy box exploration, cultural storytelling, food-sharing, and family-led traditions, promoting global awareness and appreciation.
- **Well-being & Personal Development** – Session's nurture self-reflection, ethical thinking, healthy relationships, media effects on well-being, teamwork, and conflict resolution. These spark curiosity, further learning, and youth-led exploration in arts and well-being.
- **Family Support** – Early help advice and signposting, strength's-based TAF, Parenting Links Programme, parenting coaching, inclusive events and peer support groups.
- **Signposting to local agencies or specialist providers** (See [Swindon Local Offer](#)) to support with specific mental health and well-being difficulties.

At Rebel Training, our Designated Safeguarding Lead (DSL) also serves as the Mental Health Lead for service users. The DSL is trained to recognise signs and symptoms of mental ill-health, understand risk factors, and manage crisis intervention and referral routes.

Supporting mental health is integrated into our CPD plans. All staff members are trained to identify concerns related to emotional well-being and mental health issues and know how to log and monitor these concerns effectively.

Supporting service users ' mental health is integrated into our In-house Safeguarding training. All staff members are trained to identify concerns related to emotional well-being and mental health issues and know how to log and monitor these concerns effectively.

Where possible, staff strive to support service users with low-level emotional and mental well-being needs, with our targeted intervention services being designed to prevent escalation. However, in some cases, referrals to other agencies may be necessary such as [Be u Swindon](#) or the Youth Offending Team.

#### 18.4 **Within the Workplace.**

Mental health issues often stem from a combination of factors, both work-related and personal, and can fluctuate just like physical health.

Stress can arise from both home and work environments. It is crucial to recognise the symptoms of stress in yourself and others. Early signs include increased absenteeism, headaches, irritability, lack of motivation, and high error rates. Staff who notice these symptoms and feel overwhelmed are encouraged to speak with their manager.

Line managers should be attentive to staff well-being, as poor work organisation can lead to health issues. By being aware of stress indicators, line managers can provide timely, individual support and address potential problems effectively.

Rebel Training committed to maintaining a healthy, supportive work environment. Our Managing Director is Adult Mental Health First trained and also conducts an annual assessment of risks to employees' mental and physical health using workplace data such as absence rates, staff turnover, grievances, accidents, and exit interviews.

## Substance Misuse at Work

### 18.5 **Definition of Alcohol Misuse**

The definition of alcohol misuse refers to drinking alcohol in a way that negatively impacts an individual's work or behaviour in the workplace. Substance misuse includes the use of drugs or controlled substances, whether intermittently or continuously, that interferes with an individual's health, work capabilities, or conduct, or affects their performance and safety, as well as that of others.

### 18.6 **Other Drugs**

Drugs encompass any substances (excluding alcohol) that cause physical, mental, emotional, or behavioural changes in the user. This includes illegal drugs as well as prescription medications not prescribed to the individual or not used according to a physician's instructions. Controlled substances are any chemical substances or drugs listed under applicable controlled substances regulations.

Even infrequent use of drugs or alcohol can affect the workplace in various ways, such as:

- Increased Absenteeism;
- Problems with Punctuality;
- Decreased work Performance and Productivity;
- Safety Risks for the Individual and Others;
- Erratic Behaviour, which can Increase the Risk of Violence, harassment, or aggressive language;
- Negative Impact on the Company's Reputation and Customer Relations;
- Reduced Team Morale.

Not all individuals who use drugs or alcohol will show obvious signs of misuse or dependency, but this does not mean that problems do not exist. Misuse or dependency, even if occurring outside of the workplace, can impact productivity and

the work environment, making it important for professionals to recognize and address these issues.

Problems can arise from a range of substances that affect physiology, mood, behaviour, and thinking differently. Legal and illegal drugs can cause addiction or dependence in some individuals while others may not be affected. Each case of substance misuse should be addressed individually, as there is no one-size-fits-all solution.

### 18.7 **Legal and Negligence Issues.**

Understanding the legal issues surrounding workplace substance misuse involves navigating both legislative rules and case law (judicial precedent). Employers must adhere to laws regarding health, safety, and employee welfare, and uphold the implied contractual term of 'mutual trust and confidence.'

Under common law duty of care, employers must take reasonable care of employees, or they risk a claim of negligence. Allowing an employee to work under the influence of drugs or alcohol may breach this duty of care and could lead to vicarious liability for any resulting negligence. Employees also have a legal responsibility for their own health and safety and could be liable for negligence if their work, impaired by substance use, causes harm.

### 18.8 **Rules on Alcohol or Substance Misuse.**

Consumption of alcohol or substances is strictly prohibited on the premises and all locations where teaching, learning or support work is taking place.

Smoking is only allowed on breaks, away from the Centre and not in an easy view of service users. Staff or volunteers smoking should change their top clothing before/after and must follow good hygiene practices.

Alcohol is not allowed outside of working hours if the staff member will be back working with service users or attending a work meeting later that same day or evening.

**If a staff member is suspected of being at work under the influence of alcohol or other substance, this must be reported immediately to the Managing Director.**

\*Please note concerns regarding children, young people or family members must also be reported immediately through the usual Safeguarding Concern Procedures.

### 18.9 **Reporting Process**

The organisation encourages employees who suspect they have a problem



with alcohol or substances to seek help voluntarily. If an employee does not seek help voluntarily, a manager or another employee may identify or report the issue.

Employees can discuss any issues with their line manager and should consider completing a Staff Concern Form (Safeguarding Policy) if they are worried that the individual's actions are a risk to causing a child or young person harm. Their line manager will organise a supervision to discuss in more detail. Concerns reported about a colleague can remain anonymous if requested.

### 18.10 **Support on Offer**

Confidential medical advice, treatment, and monitoring will be provided by an external Occupational Health provider with the employee's informed consent. Confidential details will generally be shared only with the employee's General Practitioner, other medical specialists, or their line manager with the employee's prior agreement.

The organisation will ensure that managers are equipped to handle such issues promptly and effectively by following the relevant procedures. While alcohol or drug abuse does not excuse poor performance or misconduct, it may be considered a mitigating factor, and disciplinary procedures might be suspended to address potential substance-related issues and seek necessary treatment.

Support from External Agencies include the Employee's GP or the local charity Turning Point: [Turning Point Services](#).

## Supervision of Children and Young People

### 18.11 **Key Supervision Rules**

- Supervision ratios will be determined based on the needs of individuals and groups. Ratios will always be in line with Ofsted requirements.
- Higher ratio levels must be considered for trips and outings, risk assessments must be followed and headcounts and roll calls confirmed at regular intervals.
- CYP will not have unsupervised access to kitchens, cookers, or storage areas containing hazardous materials.
- Children must be adequately supervised and must not be left alone in a room.
- CYP may use WC facilities independently but must return promptly. If there is a risk of Child on Child abuse, the child must not be left alone (including use of shared toilets with other children). An Individual Risk Assessment (**Safeguarding Policy, Behaviour Policy**) must be completed.
- Legally, children are classified as such until 18. However, supervision rules



generally apply to those up to age 25 with SEND.

- Please see our **Missing Children Policy** for children missing from home or care, children missing from education and emergency procedures for a child missing from our care. This Policy also includes early help and preventative measures.

### 18.12 Flexible Supervision

Supervision levels may be adjusted based on a risk assessment, considering location security, group needs, individual requirements, and independence development. This includes pre-planned trips where small groups (aged 13 years +) may be given time to explore independently, if the site has been risk assessed as secure and additional safety planning is in place (meeting points, badge lanyards).

## Trips and Outings

Rebel Training organises a variety of trips and outings, which may serve as celebrations or rewards for children and young people or for learning purposes.

We are committed to planning, managing, and monitoring these events to ensure the safety and well-being of staff, volunteers, and service users. Each event is carefully planned and risk assessed to provide a positive experience while controlling potential hazards.

For every trip or outing, we evaluate the following criteria:

- Scale, Type, and Scope;
- Age and Number of Attendees;
- Adult-to-CYP Ratios;
- Instructor Qualifications and Insurance;
- Location: The suitability and safety of the event location;
- Duration;
- Time and Season;
- Weather and Contingencies: Planning for weather conditions; potential staff shortages, and entertainment cancellations;
- Transport;
- Equipment.

We also account for emergencies, such as fire or medical incidents, by having plans in place to ensure the safety of our service users, public and our staff/volunteers. For each outing, a designated first aider will be present with a stocked first aid kit and GDPR Accident logbook ([See Appendix C](#)).

The Trips and Outings Lead will use the Generic Risk Assessment (Trips and Outings) as a

base for their newly create risk assessment, taking into account any Individual CYP Risk Assessments (Safeguarding, Behaviour Policy). Please refer to the Risk assessment folder on the Health and Safety SharePoint site

When a new activity risk assessment is completed for a new activity e.g. Paddling/Kayaking, the Health and Safety Officer will add this to the Generic Risk Assessments File.

## Travel on organisational business

All staff and volunteers must be aware of the risks associated with road travel and vehicle use, as well as the steps we can take to minimise these risks.

### 18.13 **To Ensure Safety and Compliance**

- Your vehicle must be correctly insured, roadworthy (beyond just having a valid MOT certificate), and driven in accordance with the Highway Code at all times.
- You must hold a valid UK driving licence. Rebel Training reserves the right to request and check relevant documentation periodically.
- If using your own vehicle for organisational business, it is your responsibility to ensure your insurance covers:
  - Business use, as standard car insurance does not usually cover work-related travel.
  - Carriage of passengers, if required for your role.
  - Any mileage or payments received, ensuring they do not invalidate your cover.
- Seat belts must be worn at all times by both drivers and passengers.

### 18.14 **Travelling with Service Users**

Service users should only be transported in staff members' private vehicles under pre-arranged circumstances where staff have been authorised as part of their job description. This applies in cases where:

- Service users are unable to reach the centre independently.
- Transport is required for trips and outings.

We encourage independent travel wherever possible. To support this, we provide:

- Access to buses, as our location is near Town Centre Bus Station.
- Bike racks monitored by CCTV for those who prefer to cycle.

### 18.15 **Staff Responsibilities When Transporting Service Users**

- Insurance Coverage: Staff must ensure their motor insurance policy includes

- coverage for business use and the transportation of service users.
- Usage Restrictions: Private vehicles should only be used to transport service users to and from:
  - The service user's home.
  - Education settings.
  - Trips and outings arranged by Rebel Training.
- Service Provision Boundaries: Lifts should not be offered outside of the agreed service provision, such as outside normal school hours.
- Seatbelts: All passengers, including those in the back seat, must wear seat belts at all times.
- Gifts and Payments: Staff must not accept money or gifts (e.g., petrol money) in exchange for transporting a service user, as this may invalidate their motor insurance policy. Instead, reimbursement should be claimed in accordance with the Travel and Expenses Policy.
- Mobile Phone Use: The use of hand-held mobile phones while driving or cycling is prohibited by law and must be strictly avoided.

#### 18.16 **Cycling on Organisational Business**

- If cycling for work purposes, your bicycle must be roadworthy, including working brakes and lights.
- A helmet must be worn at all times.
- Lights must be fitted to your bicycle for visibility in the dark.

#### 18.17 **Alcohol, Drugs, and Medical Conditions**

It is a criminal offence to drive or cycle under the influence of alcohol or drugs (including legal highs and certain medications) under the Road Traffic Act 1988 (Section 4(1) and (2)). Violations will be treated as gross misconduct.

If taking prescription or over-the-counter medication, ensure it does not impair your ability to drive or cycle safely. Always follow your GP's or pharmacist's guidance.

You must report any medical condition that affects your ability to drive safely, both to Rebel Training and, if required, to the DVLA.

#### 18.18 **Financial Responsibility**

Rebel Training will not reimburse:

- Fines (e.g., speeding, parking, or other driving offences).
- The cost of business insurance coverage.
- Cycling safety equipment (e.g., helmets, lights).

#### 18.19 **Reporting Accidents**

All accidents must be reported to the Health and Safety Officer or another member of

the Management Team immediately, or as soon as reasonably practicable.

## Violence and Inappropriate Behaviour

We will not accept the behaviour of any individual (parent/carer/other) who threatens security or leads others (child or adult) to feel unsafe. Such behaviour will be treated as a serious concern and may result in a decision to refuse access for that individual to the site. For serious incidents staff and volunteers may need to follow incident management actions as outlined in the **Business Continuity Plan** e.g. emergency evacuation or lockdown procedures.

When a new service user is registered with us to attend regular provision such as early help/intervention, alternative provision short breaks, or universal provision, and there is an identified risk of violence or aggressive behaviour, an individual Behaviour Risk Assessment (see **Safeguarding Policy/Behaviour Policy**) for that service user.

This risk assessment and subsequent provision plan must be shared with all staff members who will be working with the service user so they are aware of the control measures and step-down approach. Our **Behaviour Policy** provides detailed guidelines on handling incidents (children and young people) categorised as minor, medium, or severe, including the corresponding sanctions.

Additionally, all staff are trained to recognize and respond to risks related to extreme or radical views. For further information, please see **Safeguarding Policy**.

## 19. Working at Heights

Many people think of working at heights as roofers or construction workers but anyone working above ground level is regarded as 'working at heights', which include those working on step ladders and step stools.

When using either piece of equipment please:

- Ensure that the ladder/stool is in good condition and has been inspected;
- Do not overreach - move the ladder/stool;
- Do not use on slippery surfaces;
- Make sure that the step stool is tall enough for the job;
- Make sure you are wearing sensible footwear.

## Appendices

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### Appendix A Version History

Version	Date Published	Changed made	Signed off by
1.1	30 March 2024	Created	Jo Vertannes
1.2	27 March 2025	Updated minor updates, formating, links to other policies e.g. Missing Children and Business Continuity Plan in responsibility section.	Jo Vertannes
1.3	31 March	Added in Physical Activity, Healthy Food and updated Mental Health support for service users. Added EIA (Appendix 11)	Jo Vertannes

## Appendix B Initial Equality Impact Assessment

An Initial Equality Impact Assessment has been completed for this policy, and concerns have been raised regarding discrimination under the Equality Act regarding disability. See Appendix 11.

## Appendix C: GDPR Compliant Accident Book

Manager ensure the appropriate amount of [GDPR Compliant Accident Book](#) have been purchased, to keep in the Centre, in trips and outings bags and for outreach workers.

## Appendix D: Rebel Training Accident (or Near Miss) Report Form

\*Questions from the Digital Report Form

**ACCIDENT DETAILS**

- **Date and Time of Accident:**
- **Location of Accident:**
- **Description of Accident:**
- **Witness Details (if any):**

**PERSON(S) INVOLVED**

- **Name(s):**
- **Job Title(s):**
- **Nature and Extent of Injuries:**

**ACCIDENT CATEGORY**

*Select the appropriate category:*

- ☐ Slip, Trip, or Fall
- ☐ Equipment or Machinery Related
- ☐ Vehicle or Transportation Related
- ☐ Struck by Object
- ☐ Caught in/between Objects
- ☐ Electrical Incident
- ☐ Other (Specify):

**ACCIDENT DESCRIPTION**

*Provide a detailed description of how the accident occurred:*

**IMMEDIATE ACTIONS TAKEN**

*Describe the immediate response and assistance provided:*

**CONTRIBUTING FACTORS**

*Were there any contributing factors? Select all that apply:*

- ☐ Unsafe Work Practices
- ☐ Lack of Training
- ☐ Equipment Failure
- ☐ Environmental Conditions
- ☐ Communication Breakdown

- ☐ Other (Specify):

**INVESTIGATION**

- **Will a further investigation be conducted?** ☐ YES ☐ NO
- **Person(s) responsible for the investigation:**
- **Additional details or instructions for the investigation:**

**PREVENTIVE MEASURES**

*What measures can be implemented to prevent similar incidents in the future?*

**ADDITIONAL COMMENTS**

*Is there any further information to include?*


**REPORT FILER DETAILS**

- **Name:**
- **Job Title / Role:**
- **Contact Details:**

## Appendix E Head Bump Letter



Rebel Training Group. Company No. 15683258



07392331817

contact@rebeltraining.co

www.rebeltraining.co

Focal Point, 27-35 Fleet St, Swindon SN1 1RQ

Head Bump Letter

Date: \_\_\_\_\_

Dear Parent / Guardian, Name.....

Your child has sustained a head injury at our Centre today at approximately.....am/pm and has been monitored since the accident and we have not identified anything that caused concern up to the time of them going home.

Details.....

**If any of these symptoms are present, particularly loss of consciousness (even for a short period of time), you should call an emergency ambulance (999 / 112) or NHS Direct on 111 / 0845 4647**

- Lasting headache that gets worse or is still present over six hours after the injury;
- Extreme difficulty in staying awake, or still being sleepy several hours after the injury. It is fine to let children go to sleep after a slight bump to the head, but you should check on them regularly and make sure you are able to wake them.
- Nausea and vomiting several hours after the injury;
- Unconsciousness or coma;
- Unequal pupil size;
- Confusion, feeling lost or dizzy, or difficulty making sense when talking; ☐ Pale yellow fluid or watery blood, coming from the ears or nose (this suggests a skull fracture);
- Bleeding from the scalp that cannot be quickly stopped; ☐ Not being able to use part of the body, such as weakness in an arm or leg; ☐ Difficulty seeing or double vision;
- Slurred speech; and
- Having a seizure or fit.

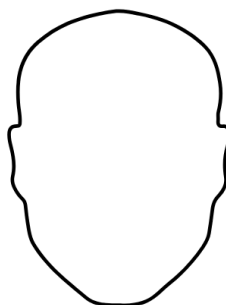
Kind regards,

**Team at Rebel Training**

Staff Name: .....

Rebel Training Group

07392331817



Rebel Training Group Ltd. Company No. 15683258.

## Appendix F Administration of Medicine Consent Form

## Rebel Training Administration of Medicine Consent Form

(Page 2/2)

### ***Paper Copy of Digital Form***

Medicines should only be administered if they have been prescribed for a child by a doctor, dentist, nurse, or pharmacist. Calpol, Ibuprofen or any other type of liquid paracetamol/aspirin/cough medicine will not be administered by staff, unless it has been prescribed by a doctor.

Ideally, parents should administer all medicines to their children. However, Rebel Training staff will only administer medication when it is necessary.

Child/young person full name		Date of birth	
Medicine to be administered		Type	Prescription / Over the counter

### **Details of administration**

<b>When should this medicine be administered?</b> Time of day OR Specific circumstances in which it should be administered – describe in full	
<b>Dose</b>	
<b>How should it be administered?</b> Give full details of exactly how it should be given.	
<b>End date</b> The last date it should be given? OR Expiry date if over the counter	
<b>Side effects to look out for</b>	

<b>Any other instructions or notes</b>	
--	--

### Over-the-counter medicines

Please tick to confirm the following:

<input type="checkbox"/>	I was directed to use this medicine for my child by a qualified pharmacist, doctor, nurse or dentist.
<input type="checkbox"/>	I have administered this medicine to my child before with no adverse effects.
<input type="checkbox"/>	I know the expiry date of the medicine I have provided and will provide a replacement before that date.
<input type="checkbox"/>	This medicine does not contain aspirin.

### Prescription medicines

Name of prescribing doctor	
Name and address of clinic or GP practice	

### Parental consent

Please sign to confirm your consent to the medicine being administered by nursery staff

Parent full name	Signature	Date

End of Medication Consent Form (Page 2/2)

## medication tracker.



MEDICATION FORM  
COMPLETE? YES/NO

[illegible]

Rebel Training Group Ltd/ Company Number 15683258

## Appendix J: Fire Risk Assessment



### Risk Assessment Summary

- Completed by: Jo Vertannes
- Role: Managing Director, BCP Lead, Health & Safety Officer
- Date of Assessment: 12/10/24
- Review Due: 12/10/25

### Risk Assessment

Hazard	Who Could Be Harmed & How?	L 1-5	C 1-5	R 1-5	Risk Mitigation in Place	Outstanding Actions	Priority & Completion Timeframe
Electrical Fire	CYP, family members, staff, visitors – risk of burns, smoke inhalation, or death.	3	5	15	<ul style="list-style-type: none"> <li>- PAT testing is conducted every two years.</li> <li>- Regular electrical inspections (only by IT Lead/Health &amp; Safety Officer).</li> <li>- Safe use of appliances as per manufacturer guidelines.</li> <li>- Staff fire safety inductions.</li> <li>- All unused electrical equipment is powered down at the source.</li> <li>- Cables secured to walls to prevent tripping hazards.</li> <li>- CYP education on safe charging of devices.</li> <li>- Fire bells, smoke alarms, and extinguishers installed and maintained.</li> <li>- One extension lead per power point.</li> <li>- Clearly visible fire signage.</li> <li>- Regular fire drills.</li> </ul>	<ul style="list-style-type: none"> <li>- Further education for CYP, family members on lithium-ion battery risks (e.g., vape pens).</li> <li>- Prohibition of vape pens reinforced.</li> </ul>	Moderate Priority – Ongoing Implementation as new premise sourced.
Flammable Substances, Clutter, and Dust	CYP, family members, staff, visitors – risk of burns, smoke	3	5	15	<ul style="list-style-type: none"> <li>- Flammable substances stored in locked, secure containers.</li> <li>- Good housekeeping encouraged.</li> <li>- Improved waste management to reduce fire risk.</li> </ul>	<ul style="list-style-type: none"> <li>- Further improvement of housekeeping and clutter management</li> </ul>	No flammable substances. Waste Management service incorporated.

	inhalation, or death.					ent.	Risk Managed – No Further Action Needed
Cigarettes & Lighters	CYP, family members, staff, visitors – risk of burns, smoke inhalation, or fire ignition.	2	5	10	- No smoking permitted inside or around the premises. - Lighters are prohibited and confiscated if found.	N/A	Risk Managed – No Further Action Needed
Arson	CYP, family members, staff, visitors – risk of burns, smoke inhalation, or death.	1	5	5	- Individual risk assessments for alternative provision students. - Lighters and matches strictly prohibited.	N/A	Low Priority – Assess per alternative provision referral.
Panic During Evacuation	CYP, family members, staff, visitors – risk of being crushed, trampled, or trapped, leading to injuries or death.	2	5	10	- Clearly established and signposted evacuation procedure. - Floor arrows directing towards fire exits.	- Additional staff training to manage crowd control during evacuations.	Risk Managed – No Further Action Needed

## Evacuation Procedures

### 7. Fire Alarm Activation:

- ☞ Upon hearing the fire alarm, all individuals must immediately stop what they are doing and proceed to the nearest fire exit.
- ☞ Staff responsible for individuals with additional needs should assist in an orderly evacuation.

### 8. Evacuation Routes:

- ☞ Follow clearly marked fire exit signs to the nearest designated exit point.

- ⚡ Avoid using lifts during evacuation.

#### 9. Assembly Point:

**Primary Relocation Point: Outside Voluntary Action Swindon, 1 John St, Swindon SN1 1RT**

**Secondary Relocation Point (if primary is unsafe): Swindon Central Community Centre, Emlyn Square, Swindon SN1 5BP**

#### 10. Headcount & Roll Call:

- ⚡ Lead Staff Members to conduct roll call based on attendance registers.
- ⚡ Visitors must be accounted for using the sign-in/out register.
- ⚡ If anyone is unaccounted for, notify emergency services immediately.

#### 11. Emergency Services & Communication:

- ⚡ Emergency Contact Number: 999 (Fire, Police, Ambulance)
- ⚡ Key Staff Responsibilities:
  - Fire Warden to liaise with emergency services.
  - First Aiders to assist any individuals requiring medical attention.

#### 12. Returning to Premises:

- ⚡ Re-entry is only permitted once authorised by the Fire Brigade or designated Safety Officer.

### **Additional Relocation Plan (if premises are unusable)**

- ⚡ In the event that the premises cannot be re-entered due to fire damage or safety concerns:
  - ⚡ Short-term relocation site: Outside Voluntary Action Swindon, 1 John St, Swindon SN1 1RT (Meeting Room) or Swindon Central Community Centre, Emlyn Square, Swindon SN1 5BP
  - ⚡ Long-term relocation plan: Contingency arrangements to be activated for remote learning or use of alternative teaching spaces.

## Appendix 11 Full Equality Impact Assessment (EIA)

Full Equality Impact Assessment (EIA) February 2025. Page 1/4



## Introduction

This Equality Impact Assessment (EIA) evaluates the potential risks of discrimination and barriers to equal access within our Health and Safety Policy. It ensures that all individuals, including staff, children, parents, carers, and visitors, can safely access and participate in our services without facing additional risks due to their protected characteristics under the Equality Act 2010.

## Identified Concerns and Barriers

A review of health and safety hazards has highlighted **significant risks** that may disproportionately affect individuals based on disability, age, sex, pregnancy, and other protected characteristics.

### Emergency Evacuations & Personal Emergency Evacuation Plans (PEEPs)

#### Potential Risks:

- Fire alarms causing distress to neurodivergent individuals (e.g., autistic children).
- No clear evacuation procedures for individuals requiring assistance.

#### Actions to Mitigate Risks:

- Train staff on **low-arousal evacuation techniques** for children with sensory processing differences.

## 4. Workplace Safety & Reasonable Adjustments

#### Potential Risks:

- Lack of reasonable adjustments for staff with disabilities, including ergonomic equipment and adapted workspaces.
- Increased risk of musculoskeletal injuries for pregnant individuals or those with chronic conditions.

#### Actions to Mitigate Risks:

- Implement risk assessments for disabled or pregnant staff to identify and remove hazards.
- Provide ergonomic seating, adaptive technology, and flexible work arrangements where needed.
- Encourage open dialogue about adjustments and create a workplace culture of inclusivity.

## 20. 5. Mental Health & Wellbeing

#### Potential Risks:

- Workplace stress and burnout disproportionately affecting certain groups (e.g., carers, disabled staff).

- Lack of trauma-informed practices, particularly impacting those with adverse childhood experiences (ACEs).
- Failure to provide mental health support for children and young people in distress.

**Actions to Mitigate Risks:**

- Embed **mental health first aiders** within the organisation.
- Train staff on **trauma-informed practices** and de-escalation strategies.
- Strengthen **Early Help support**, signposting children, families, and staff to wellbeing services.

## Cultural and Religious Considerations

**Potential Risks:**

- Failure to provide culturally appropriate hygiene and prayer facilities.
- Dress code policies that do not consider religious dress codes or cultural identity.
- Catering policies not accommodating dietary requirements (e.g., halal, kosher, allergies).

**Actions to Mitigate Risks:**

- Consider whether a quiet room could be used as a **prayer room if needed**.
- Review the dress code in the Staff and Volunteers code of conduct to accommodate **religious headwear** while maintaining safety.

## 20.1 **Commitment to Equality and Next Steps**

This BIA will be considered in the creation of future Policy and Procedures and will also inform our strategic planning at Rebel Training. To address systemic barriers. We are committed to:

- Embedding inclusive health and safety practices for all service users, staff, and visitors.
- Enhancing staff training on accessibility, neurodiversity, and inclusive safety measures.
- Regularly reviewing and updating risk assessments to remove barriers and promote equal access.
- Strengthening mental health and early help support to safeguard wellbeing.
- By proactively addressing these hazards, we ensure that everyone, regardless of background or ability, has a safe and accessible experience within our organisation.

**ACTION:** This document needs to be checked for accessibility (missing alt text etc).

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Version	Date Published	Changes Made	Signed off by