




‘Where Mud washes off, but memories last lifetime’

Health and Safety Policy

School:	Orchard Therapeutic Farm		
Policy:	Health and Safety Policy		
This policy will be reviewed on an annual basis; however, should a need arise, it will be reviewed when required.			
This policy will be read, understood, and signed by all staff yearly and when changes have been made in line with government and DoFE guidelines and changes.			
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Contents

1. Aims
2. Legislation
3. Roles and responsibilities
4. Site security
5. Fire
6. COSHH
7. Equipment
8. Lone working
9. Working at height
10. Manual handling
11. Off-site visits
12. Violence at work
13. Smoking
14. Infection prevention and control
15. New and expectant mothers
16. Occupational stress
17. Accident reporting
18. Training
19. Monitoring
20. Links with other policies
21. Extra guidelines for illness and time off

1. Aims

OTF aims to:

- Provide and maintain a safe and healthy environment
- Establish and maintain safe working procedures amongst staff, students, and all visitors to the Farm site
- Have robust procedures in place in case of emergencies
- Ensure that the premises and equipment are maintained safely, and are regularly inspected

2. Legislation

This policy is based on advice from the Department for Education on health and safety in provisions and the following legislation:

- The Health and Safety at Work etc. Act 1974, which sets out the general duties employers have towards employees and duties relating to lettings
- The Management of Health and Safety at Work Regulations 1992, which require employers to make an assessment of the risks to the health and safety of their employees
- The Management of Health and Safety at Work Regulations 1999, which require employers to carry out risk assessments, make arrangements to implement necessary measures, and arrange for appropriate information and training
- The Control of Substances Hazardous to Health Regulations 2002, which require employers to control substances that are hazardous to health
- The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013, which state that some accidents must be reported to the Health and Safety Executive and set out the timeframe for this and how long records of such accidents must be kept
- The Health and Safety (Display Screen Equipment) Regulations 1992, which require employers to carry out digital screen equipment assessments and states users' entitlement to an eyesight test
- The Gas Safety (Installation and Use) Regulations 1998, which require work on gas fittings to be carried out by someone on the Gas Safe Register

- The Regulatory Reform (Fire Safety) Order 2005, which requires employers to take general fire precautions to ensure the safety of their staff
- The Work at Height Regulations 2005, which requires employers to protect their staff from falls from height at OTF, follow current national guidance published by Public Health England when responding to infection control issues.

3. Roles and responsibilities

The Director is responsible for health and safety day-to-day.

This involves:

- Implementing the Health and Safety Policy
- Ensuring there are enough staff to safely supervise students
- Ensuring that the provision building and premises are safe and regularly inspected
- Providing adequate training for provision staff
- Ensuring appropriate evacuation procedures are in place and regular fire drills are held
- Ensuring that in their absence, health and safety responsibilities are delegated to another member of staff
- Ensuring all risk assessments are completed and reviewed
- Monitoring cleaning contracts, and ensuring cleaners are appropriately trained and have access to personal protective equipment, where necessary

Health and Safety Lead: The nominated health and safety leads are The Business Manager and Education Director.

Staff Provision

Staff have a duty to take care of all students in the same way that any parent would.

Staff will:

- Take reasonable care of their own health and safety and that of others who may be affected by what they do at work
- Co-operate with the provision of health and safety matters

- Work in accordance with training and instructions
- Inform the appropriate person of any work situation representing a serious and immediate danger so that remedial action can be taken
- Model safe and hygienic practice for students
- Understand emergency evacuation procedures and feel confident in implementing them

Students and parents: Students and parents are responsible for following OTF's health and safety advice, on-site and off-site, and for reporting any health and safety incidents to a member of staff.

Contractors: Contractors will agree on health and safety practices with the Director before starting work.

Before work begins the contractor will provide evidence that they have completed an adequate risk assessment of all their planned work.

4. Site Security

The Proprietors are responsible for the security of the provision site in and out of provision hours. They are responsible for visual inspections of the site, and for the fire procedures. The Proprietors are key holders and will respond to an emergency.

5. Fire Emergency

Fire exits, assembly points, and assembly point instructions are clearly identified by safety signs and notices. Fire risk assessment of the premises will be reviewed regularly. Emergency evacuations practiced at least once a term.

The fire alarm is raised by a staff member clearly shouting "FIRE".

New staff will be trained in fire safety and all staff and students will be made aware of any new fire risks.

In the event of a fire:

- The alarm will be raised immediately by whoever discovers the fire and emergency services contacted. Evacuation procedures will also begin immediately

- Fire extinguishers may be used by staff only, and only then if staff are trained in how to operate them and are confident, they can use them without putting themselves or others at risk
- Staff and students will congregate at the assembly points. These are either opposite the car park in the back field or at OTF's outdoor learning area (clearly signed).
- Practitioners and activity leads will take a register of students, which will then be checked against the attendance register of that day
- The Fire Officer will take a register of all staff
- Staff and students will remain outside the building until the emergency services or fire officials say it is safe to re-enter. OTF will have special arrangements in place for the evacuation of people with mobility needs and fire risk assessments will also pay particular attention to those with disabilities. PEEPs will be monitored and checked for each student regularly.
- All fire fighting equipment is maintained and checked regularly.
- All fire exits are to be kept clear.

6. COSHH

Provisions are required to control hazardous substances, which can take many forms, including:

- Chemicals
- Products containing chemicals
- Fumes
- Dust
- Vapours
- Mists
- Gases and asphyxiating gases
- Germs that cause diseases, such as leptospirosis or legionnaires disease

Control of substances hazardous to health (COSHH)

Risk assessments are completed by Business Manager with the staff team and circulated to all employees who work with hazardous substances. Staff will also be provided with protective equipment, where necessary.

Our staff use and store hazardous products in accordance with instructions on the product label. All hazardous products are kept in their original containers, with clear labelling and product information. All hazardous products are kept in a locked cabinet/ room. Any hazardous products are disposed of in accordance with specific disposal procedures.

Emergency procedures, including procedures for dealing with spillages, are displayed near where hazardous products are stored and in areas where they are routinely used.

Gas safety:

- Installation, maintenance, and repair of gas appliances and fittings will be carried out by a competent Gas Safe registered engineer. This is completed annually.
- Gas pipework, appliances, and flues are regularly maintained
- All rooms with gas appliances are checked to ensure that they have adequate ventilation.

All the above is the responsibility of the Proprietors and is over seen by the Director.

7. Equipment

All equipment and machinery is maintained in accordance with the manufacturer's instructions. In addition, maintenance schedules outline when extra checks should take place:

- When new equipment is purchased, it is checked to ensure that it meets appropriate educational standards
- All equipment is stored in the appropriate storage containers and areas.

All containers are labelled with the correct hazard sign and contents.

Electrical equipment

- All staff are responsible for ensuring that they use and handle electrical equipment sensibly and safely
- Any student or volunteer who handles electrical appliances does so under the supervision of the member of staff who so directs them
 - Any potential hazards will be reported to the Directors immediately
 - Permanently installed electrical equipment is connected through a dedicated isolator switch and adequately earthed
 - All PAT testing for items owned by OTF will be the responsibility of the OTF Proprietors to arrange.

All the above is the responsibility of the Proprietors but will be overseen by the OTF business manager and the Senior Lead mentor

- Only trained staff members can check plugs
- Where necessary a portable appliance test (PAT) will be carried out by a competent person
- All isolator switches are clearly marked to identify their machine
- Electrical apparatus and connections will not be touched by wet hands and will only be used in dry conditions
- Maintenance, repair, installation, and disconnection work associated with permanently installed or portable electrical equipment is only carried out by a competent person
- All staff who use computers daily as a significant part of their normal work have a display screen equipment (DSE) assessment carried out.

‘Significant’ is taken to be continuous/near-continuous spells of an hour or more at a time

- Staff identified as DSE users are entitled to an eyesight test for DSE use upon request, and at regular intervals thereafter, by a qualified optician (and corrective glasses provided if required specifically for DSE use)
- A list of all the electrical equipment is held and maintained

8. Lone Working

Lone working may include:

- Late/early working
- Home or site visits
- Site manager duties
- Site cleaning duties
- Working in a single-occupancy office

Potentially dangerous activities, such as those where there is a risk of falling from a height, will not be undertaken when working alone. If there are any doubts about the task to be performed, then the task will be postponed until other staff members are available.

If lone working is to be undertaken, a colleague, friend or family member will be informed about where the member of staff is and when they are likely to return. The lone worker will ensure that they are medically fit to work alone.

9. Working at Height

We will ensure that work is properly planned, supervised, and carried out by competent people with the skills, knowledge, and experience to do the work.

In addition:

- Students are prohibited from using ladders
- Staff will wear appropriate footwear and clothing when using ladders
- Contractors are expected to provide their own ladders for working at height
- Before using a ladder, staff are expected to conduct a visual inspection to ensure its safety
- Access to high levels, such as roofs, is only permitted by trained persons

10. Manual Handling

It is up to individuals to determine whether they are fit to lift or move equipment and furniture. If an individual feels that lifting an item could result in injury or exacerbate an existing condition, they will ask for assistance.

OTF will ensure that proper mechanical aids and lifting equipment are available in the provision, and that staff are trained in how to use them safely.

Staff and students are expected to use the following basic manual handling procedure:

- Plan the lift and assess the load. If it is awkward or heavy, use a mechanical aid, such as a trolley, or ask another person to help
- Take the more direct route that is clear from obstruction and is as flat as possible
- Ensure the area where you plan to offload the load is clear
- When lifting, bend your knees and keep your back straight, feet apart, and angled out.

Ensure the load is held close to the body and firmly. Lift smoothly and slowly and avoid twisting, stretching, and reaching where practicable

11. Off-Site Visits

When taking students off the provision premises, we will ensure that:

- Risk assessments will be completed where off-site visits and activities require them
- All off-site visits are appropriately staffed

- Staff will take a provision mobile phone, a portable first aid kit, information about the specific medical needs of students along with the parents' contact details
- There will always be at least one first aider on provision trips and visits

12. Violence at Work

We believe that staff should not be in any danger at work and will not tolerate violent or threatening behaviour towards our staff.

All staff will report any incidents of aggression or violence (or near misses) directed towards themselves to the directors immediately. This applies to violence from students, visitors, or other staff

13. Smoking

Smoking is not permitted anywhere on the premises.

14. Infection, Prevention, and Control

We follow national guidance published by Public Health England (PHE) and the Government when responding to infection control issues. We will encourage staff and students to follow this good hygiene practice, outlined below, where applicable.

Handwashing:

- Wash hands with liquid soap and warm water, and dry with paper towels
- Always wash hands after using the toilet, before eating or handling food, and after handling animals
- Cover all cuts and abrasions with waterproof dressings
- Coughing and sneezing. Cover mouth and nose with a tissue
- Wash hands after using or disposing of tissues
- Spitting is discouraged

Personal protective equipment:

- Wear disposable non-powdered vinyl or latex-free CE-marked gloves and disposable plastic aprons where there is a risk of splashing or contamination with blood/body fluids (for example, nappy or pad changing)
- Wear goggles if there is a risk of splashing to the face

- Use the correct personal protective equipment when handling cleaning chemicals
- Clean the environment frequently and thoroughly
- Clean up all spillages of blood, faeces, saliva, vomit, nasal and eye discharges immediately and wear personal protective equipment
- When spillages occur, clean using a product that combines both a detergent and a disinfectant and uses as per the manufacturer's instructions. Ensure it is effective against bacteria and viruses and suitable for use on the affected surface
- Never use mops for cleaning up blood and body fluid spillages – use disposable paper towels and discard clinical waste as described below
- Make spillage kits available for blood spills
- Wash laundry in a separate dedicated facility
- Wash soiled linen separately and at the hottest wash the fabric will tolerate
- Wear personal protective clothing when handling soiled linen
- Bag children's soiled clothing to be sent home, never rinse by hand
- Always segregate domestic and clinical waste, in accordance with local policy
- Used nappies/pads, gloves, aprons, and soiled dressings are stored in correct clinical waste bags in foot-operated bins
- Wash hands before and after handling any animals
- Keep animals' living quarters clean and away from food areas
- Dispose of animal waste regularly, and keep litter boxes away from students
- Supervise students when playing with animals
- Seek veterinary advice on animal welfare and animal health issues, and the suitability of the animal as a pet.

OTF will normally have been made aware of vulnerable children. These children are particularly vulnerable to chickenpox, measles, or slapped cheek disease (parvovirus B19) and, if exposed to either of these, the parent/carers will be informed promptly, and further medical advice sought.

Advise these children to have additional immunisations, for example for pneumococcal and influenza. Exclusion periods for infectious diseases the provision will follow recommended exclusion periods outlined by Public Health England, summarised in appendix 4.

In the event of an epidemic/pandemic or another lockdown due to COVID-19, we will follow all advice and guidance from Public Health England about the appropriate course of action and conform to any restrictions imposed by Government.

15.New and expectant mothers

Risk assessments will be carried out whenever any employee or student notifies OTF that they are pregnant.

Appropriate measures will be put in place to control the risks identified. Some specific risks are summarised below:

- Chickenpox can affect the pregnancy if a woman has not already had the infection.

Expectant mothers should report exposure to antenatal carer and GP at any stage of exposure. Shingles is caused by the same virus as chickenpox, so anyone who has not had chickenpox is potentially vulnerable to the infection if they have close contact with a case of shingles

- If a pregnant woman comes into contact with measles or German measles (rubella), she should inform her antenatal carer and GP immediately to ensure the investigation
- Slapped cheek disease (parvovirus B19) can occasionally affect an unborn child. If exposed early in pregnancy (before 20 weeks), the pregnant woman should inform her antenatal care and GP as this must be investigated promptly
 - To avoid the possible risk of infection, pregnant women should:
 - not help ewes to lamb, or to provide assistance with a cow that is calving or a nanny goat that is kidding
 - avoid contact with aborted or new-born lambs, calves or kids or with the afterbirth, birthing fluids or materials (eg bedding) contaminated by such birth products
 - avoid handling (including washing) clothing, boots or any materials that may have come into contact with animals that have recently given birth, their young or afterbirths. Potentially contaminated clothing will be safe to handle after being washed on a hot cycle
 - ensure contacts or partners who have attended lambing ewes or other animals giving birth take appropriate health and hygiene precautions, including the wearing of personal protective equipment and clothing and adequate washing to remove any potential contamination.

16.Occupational Stress

We are committed to promoting high levels of health and well-being and recognise the importance of identifying and reducing workplace stressors through risk assessment. Systems are in place within OTF for responding to individual concerns and monitoring staff workloads. We also have company support networks available

17.Accident Reporting

Accident record book:

- An accident form will be completed as soon as possible after the accident occurs by the member of staff or first aider who deals with it.
- As much detail as possible will be supplied when reporting an accident
- Records held in the first aid and accident book will be retained by the provision for a minimum of 3 years, in accordance with regulation 25 of the Social Security (Claims and Payments) Regulations 1979, and then securely disposed of. The Health & Safety Officer will keep a record of any accident which results in a reportable injury, disease, or dangerous occurrence as defined in the RIDDOR 2013 legislation (regulations 4, 5, 6 and 7). Health & Safety Officer will report these to the Health and Safety Executive as soon as is reasonably practicable and in any event within 10 days of the incident.

Reportable injuries, diseases or dangerous occurrences include:

- Death
- Specified injuries.

These are:

- Fractures, other than to fingers, thumbs and toes
- Amputations
- Any injury likely to lead to permanent loss of sight or reduction in sight
- Any crush injury to the head or torso causing damage to the brain or internal organs
- Serious burns (including scalding)
- Any scalping requiring hospital treatment
- Any loss of consciousness caused by head injury or asphyxia
- Any other injury arising from working in an enclosed space that leads to hypothermia or heat-induced illness, or requires resuscitation or admittance to hospital for more than 24 hours
- Injuries where an employee is away from work or unable to perform their normal work duties for more than 7 consecutive days
- Where an accident leads to someone being taken to hospital
- Where something happens that does not result in an injury but could have done
- Near-miss events that do not result in an injury but could have done.

Examples of near-miss events relevant to provisions include, but are not limited to:

- The collapse or failure of load-bearing parts of lifts and lifting equipment
 - The accidental release of a biological agent likely to cause severe human illness
 - The accidental release or escape of any substance that may cause a serious injury or damage to health
 - An electrical short circuit or overload causing a fire or explosion
- Information on how to make a RIDDOR report is available here: [How to make a RIDDOR report, HSE](http://www.hse.gov.uk/riddor/report.htm)
<http://www.hse.gov.uk/riddor/report.htm>

18.Training

Our staff are provided with health and safety training as part of their induction process. Staff who work in high-risk environments, such with animals or with woodwork equipment, or work with students' special educational needs (SEN), are given additional health and safety training. OTF uses Educare registered training courses.

19.Monitoring

This policy will be reviewed every year, or when there are any significant changes in legislation. At every review, the policy will be approved by the Director.

20.Links with other policies

This Health and Safety Policy links to the following policies and procedures:

- First Aid
- Fire Safety

21.Additional guidelines for illness and time off

Recommended absence period for preventing the spread of infection. The following list of recommended absence periods for preventing the spread of infection is taken from non-statutory guidance for provisions and other childcare settings from Public Health England (PHE).

- Rashes and skin infections - Recommended period to be kept away from the provision
- Athlete's foot. Athlete's foot is not a serious condition. Treatment is recommended.

- Chickenpox Until all vesicles have crusted over. Some medical conditions make children vulnerable to infections that would rarely be serious in most children, these include those being treated for leukemia or other cancers. These children are particularly vulnerable to chickenpox. Chickenpox can also affect the pregnancy if a woman has not already had the infection.
- Cold sores (herpes simplex). Avoid kissing and contact with the sores. Cold sores are generally mild and self-limiting.
- German measles (rubella)* Four days from onset of rash. Preventable by immunisation (MMR x2 doses). If a pregnant woman comes into contact with German measles, she should inform her GP and antenatal carer immediately to ensure investigation.
- Hand, foot and mouth - Impetigo, until lesions are crusted and healed, or 48 hours after starting antibiotic treatment. Antibiotic treatment speeds healing and reduce the infectious period.
- Impetigo do not attend until 48hours after stating a prescribed medicine from the doctors. Or the patches have dried out and crusted over.
- Measles* Four days from onset of rash Preventable by immunisation (MMR x2 doses). Some medical conditions make children vulnerable to infections that would rarely be serious in most children, these include those being treated for leukaemia or other cancers. These children are particularly vulnerable to measles. Measles during pregnancy can result in early delivery or even loss of the baby. If a pregnant woman is exposed, she should immediately inform whoever is giving antenatal care to ensure investigation.
- Molluscum contagiosum. A self-limiting condition.
- Ringworm. Exclusion is not usually required. Over-the-counter treatment is required.
- Roseola (infantum).
- Scabies. A child can return after the first treatment. Household and close contacts require treatment.
- Scarlet fever* Child can return 24 hours after starting appropriate antibiotic treatment. Antibiotic treatment is recommended for the affected child.
- Slapped cheek syndrome/fifth disease (parvovirus B19) (once the rash has developed.) Some medical conditions make children vulnerable to infections that would rarely be serious in most children, these include those being treated for leukaemia or other cancers. These children are particularly vulnerable to parvovirus B19. Slapped cheek disease (parvovirus B19)

can occasionally affect an unborn child. If exposed early in pregnancy (before 20 weeks), inform whoever is giving antenatal care as this must be investigated promptly.

- Shingles - Exclude only if the rash is weeping and cannot be covered. Can cause chickenpox in those who are not immune, i.e., have not had chickenpox. It is spread by very close contact and touch. If further information is required, contact your local PHE centre. Some medical conditions make children vulnerable to infections that would rarely be serious in most children, these include those being treated for leukaemia or other cancers. These children are particularly vulnerable to shingles. Shingles can also affect the pregnancy if a woman has not already had chickenpox. Warts and verrucae.
- Verrucae should be covered in swimming pools, gymnasiums and changing rooms.
- Diarrhoea and vomiting illness. Recommended period to be kept away from provision or nursery. Diarrhoea and/or vomiting 48 hours from the last episode of diarrhoea or vomiting.
- E. coli O157 VTEC Typhoid* [and paratyphoid*] (enteric fever) Shigella (dysentery). Should be excluded for 48 hours from the last episode of diarrhoea. Further exclusion may be required for some children until they are no longer excreting. Further exclusion is required for children aged 5 years or younger and those who have difficulty in adhering to hygiene practices. Children in these categories should be excluded until there is evidence of microbiological clearance. This guidance may also apply to some contacts who may also require microbiological clearance. Please consult your local PHE centre for further advice.
- Cryptosporidiosis. Exclude for 48 hours from the last episode of diarrhoea. Exclusion from swimming is advisable for two weeks after the diarrhoea has settled
- Respiratory infections - Recommended period to be kept away from the provision
- Flu (influenza) Until recovered. Some medical conditions make children vulnerable to infections that would rarely be serious in most children, these include those being treated for leukaemia or other cancers. It may be advisable for these children to have additional immunisations, for example, pneumococcal and influenza.
- Tuberculosis* Always consult your local PHE centre Some medical conditions make children vulnerable to infections that would rarely be serious in most children, these include those being treated for leukaemia or other cancers. It may be advisable for these children to have additional immunisations, for example, pneumococcal and influenza.

- Whooping cough* Five days from starting antibiotic treatment, or 21 days from onset of illness if no antibiotic treatment is Preventable by vaccination. After treatment, non-infectious coughing may continue for many weeks. Your local PHE centre will organise any contact tracing necessary.
- COVID-19. Isolate for 5 days or until negative LFT.

Other infections - Recommended period to be kept away from provision

- Conjunctivitis - None If an outbreak/cluster occurs, consult your local PHE centre.
- Diphtheria* Exclusion is essential. Always consult with your local HPT Family contacts must be excluded until cleared to return by your local PHE centre. Preventable by vaccination. Your local PHE centre will organise any contact tracing necessary.
- Glandular fever. Seek doctor's advice.
- Head lice - None. Treatment is recommended only in cases where live lice have been seen.
- Hepatitis A* -Exclude until seven days after onset of jaundice (or seven days after symptom onset if no jaundice) In an outbreak of Hepatitis A, your local PHE centre will advise on control measures.
- Hepatitis B*, C*, HIV/AIDS None. Hepatitis B and C and HIV are bloodborne viruses that are not infectious through casual contact. All spillages of blood should be cleaned up immediately (always wear PPE). When spillages occur, clean using a product that combines both a detergent and a disinfectant. Use as per manufacturer's instructions and ensure it is effective against bacteria and viruses and suitable for use on the affected surface. Never use mops for cleaning up blood and body fluid spillages – use disposable paper towels and discard clinical waste as described below. A spillage kit should be available for blood spills.
- Meningococcal meningitis*/ septicaemia* Until recovered Meningitis C is preventable by vaccination. There is no reason to exclude siblings or other close contacts of a case. In case of an outbreak, it may be necessary to provide antibiotics with or without meningococcal vaccination to close provision contacts. Your local PHE centre will advise on any action is needed.
- Meningitis* due to other bacteria - Until recovered Hib and pneumococcal meningitis are preventable by vaccination. There is no reason to exclude siblings or other close contacts of a case. Your local PHE centre will give advice on any action needed.

- Meningitis viral* - None Milder illness. There is no reason to exclude siblings and other close contacts of a case. Contact tracing is not required. MRSA. Good hygiene, in particular handwashing and environmental cleaning, are important to minimise any danger of spread. If further information is required, contact your local PHE centre.
- Mumps* - Exclude child for five days after onset of swelling Preventable by vaccination
- Threadworms. Over-the-counter treatment is recommended for the child and household contacts.
- Tonsillitis - None - There are many causes, but most cases are due to viruses and do not need an antibiotic.

*** Denotes a notifiable disease. It is a statutory requirement that doctors report a notifiable disease to the proper officer of the local authority (usually a consultant in communicable disease control). In addition, organisations may be required via locally agreed arrangements to inform their local PHE centre. Regulating bodies (for example, Ofsted/Commission for Social Care Inspection (CSCI)) may wish to be informed.**