HEALTH AND SAFETY POLICY

August 2025

This policy will be updated as our business changes and in line with new legislation. It will be reviewed and updated as necessary, a minimum of once a year. Where you see reference to the term 'student' in this policy, this applies to all 16-19 study programme students, students on Advanced Learner Loans and apprentices.

Review Date	07.08.2025	**Next Review Date**	31.07.2026
Plan Owners	Jon Eagle Operations Director	Tara Hughes Director of Quality	
Governance Sign Off Date			
CEO Signed		**CEO Print**	
Date policy signed off by CEO			

CONTENT

1. STATEMENT OF INTENT

Good health and safety management is an integral part of the operation at Juniper. We owe a duty of care to all staff, students, visitors, employers and other stakeholders. Reference to students includes apprentices and students participating in all Juniper programmes.

To discharge this duty, we take steps to ensure working and learning environments are safe with risks to health being reduced to a minimum or eliminated. These steps include:

- Centre fire and H&S risk assessments
- Well-designed, user-friendly documentation
- Robust action plans
- Interrogation of accident/incident trends
- Staff awareness & training initiatives
- H&S being an agenda item at board and centre meetings
- H&S training to students
- Robust vetting & approval process for placement companies
- H&S being part of student reviews
- Common sense approach always
- An annual review of the policy

Juniper expects staff to show a personal concern for themselves, their students' and others' safety, and the safety of equipment, by exercising due care and attention and observing authorised methods and codes of practice, including those related to academic and vocational training.

This policy will be reviewed annually (minimum) and issued to all staff every year.

This policy should be read in conjunction with Juniper's Safeguarding & Prevent Policy, Staff Handbook and Whistleblowing policy, and Visitor Policy.

Signed:

Role:

Date:

2. ROLES & RESPONSIBILITIES

Governors & Management Board

Reviewing and approving this policy and ensuring compliance. Informed of any breach of H&S statutory requirements.

CEO

Has ultimate responsibility for H&S in the company and delegates the operational management of it to the Operations Director.

Operations Director

Responsible for the operational management of H&S in the company including changes to policies and procedures and resourcing of centres. The focal point for all H&S matters. First point of contact to funding bodies and external partners. Co-ordinator of our overall approach. Line management responsibility for the Premises Manager and Data Manager.

Premises Manager

Ensures audits, testing and repairs are carried out in a timely manner to conform to legislation and good practice at all times. Prioritises and co-ordinates workload with the Operations Director (Line Manager). IOSH qualified.

Director of Quality

Responsible for safeguarding management in the company. Co-ordinates our overall approach. Shapes policy and develops processes.

Director of Foundation Learning and Director of Apprenticeships

Represents staff & students across centre network. Reports issues to the Operations Director and/or Director of Quality and ensures agreed action to correct is taken. Help develop better processes & shape policy.

Progression Officers / Progression Coordinators

Qualified or working towards a minimum of British Safety Council Certificate in Risk Assessment. This qualification is for individuals who are responsible for risk assessing organisations as part of a process of confirming their suitability for work placements. Carry out workplace vetting in accordance with latest policy & procedures. Help develop better processes & shape policy.

Performance Managers / Sport Lead Tutors

Responsible for H&S in their site and is the first point of contact. Carry out regular inspections and report issues to Premises Manager/Operations Director. Keep staff & students informed of H&S updates/changes**.** Review the learning & working environment in training centres and work with colleagues to bring about the necessary changes/improvements. Carry out maternity risk assessments and risk assessments for people with disabilities and/or specific learning differences. Help develop better processes & shape policy.

HR

Responsible for risk assessments for staff with disabilities and driving at work compliance.

Key Holders

The Operations Director, Premises Manager and Performance Managers are designated persons to respond to 'out-of-hours' call outs. Key holders will be contacted by the alarm company on activation. Key holders should not agree to respond to a call out if they are over the legal alcohol limit to drive. They should be mindful of their own safety and if concerned about possible intruders on site, they should telephone the Police and await their arrival prior to entering the building. Before leaving the premises, the key holder should ensure the building is secure and the alarm re-set.

All employees

Share a collective responsibility for ensuring we offer safe environments to all staff/students/visitors. Our health and safety eyes and ears. Report any defects in the condition of our premises impacting H&S, to the Premises Manager immediately.

3. MANAGEMENT OF HEALTH & SAFETY

Conducting and reviewing inspections, risk assessments and implementing actions

- To eliminate accident potential as far as is reasonably practicable
- To be reviewed regularly, and updated as appropriate, including after accidents, together with relevant employees
- To conform to statutory regulations, codes of practice and guidance, and good practice
- To take account of individual personal requirements, including those with protected characteristics, poor literacy skills and English as an additional language
- To pay particular attention to students, visitors and contractors who may be unaware of dangers and risks

Students in our training centres

- Are introduced to premises layout, H&S requirements, emergency and first aid procedures during induction.
- Are introduced to the concept of "safe working" in readiness for work experience or employment. This concept is embedded throughout their time with us.

Students in placement companies

- All placement companies are vetted and rated low, medium or high risk. Only placement companies demonstrating a satisfactory approach to H&S are used. HSE guidance states that the employer offering the work placement has primary responsibility for the H&S of the student and should manage any significant risks
- Students are allocated supervisors/mentors who can responsibly oversee their activities in a way, which reduces the risk of accidents.
- Work placement vetters have or are working towards British Safety Council Certificate in Risk Assessment (or equivalent) and appropriate occupational experience
- H&S forms part of each student review. Adverse findings are investigated and actioned
- We reserve the right to take additional measures to protect vulnerable students, e.g. DBS check
- Emergency contact arrangements are in place in order for a member of staff to be contacted should an incident occur

Student trips / outings

- For accompanying students on trips/outings, the ratio is 1 staff member to 15 students (maximum). 2 staff members are required for accompanying between 16 and 30 students.
- Risk assessments are undertaken and steps taken to reduce any identified risks.

Accident and near miss reporting

- All accidents and incidents are recorded electronically on the company intranet. Those resulting in serious injury are reported immediately to the Operations Director.
- Near misses are reported in writing (E-mail) to the Operations Director. Immediate action is taken to address if necessary.
- The Operations Director and Director of Quality investigate accidents which result in serious injury & take action to reduce or eliminate the chances of re-occurrence.

- Serious accidents/incidents are reported to the DFE & local authority (if appropriate) via our DFE Contract Manager.
- The Operations Director follows RIDDOR procedures when necessary, reporting any RIDDOR incidents at https://www.hse.gov.uk/riddor/index.htm (additional info available at https://www.legislation.gov.uk/uksi/2013/1471/contents/made) within 10 days of the incident. Our DFE Contract Manager will also be informed within 10 days of the incident.
- All accidents & near misses are recorded on to a database for review by the Operations Director. Reports are compiled and reviewed at Board/Governance meetings every quarter, with action taken to reduce/eliminate risks as appropriate. Action needed by centres is channelled via the Director of Foundation Learning.
- Ill-health of students is also reported, and consideration given to contagion and cause, including factors to mitigate symptoms.

Slips & Trips

- Slips and trips are the single most common cause of injuries in workplaces. It is therefore important that we look to eliminate or minimise risks from slips and trips.
- This risk must also be considered during planning, construction and refurbishment or any changes of use within the buildings. The reduction of injuries from slips and trips can only be achieved when managers, staff and students are committed to taking personal responsibility.

First Aid

- All centres have a first aid box with a standard range of supplies positioned in a prominent place known to all staff.
- All centres have a first aider who is appropriately qualified or working towards an appropriate qualification. The identity of the first aider is displayed prominently in the reception area.
- If in doubt, 111 or 999 is called.

Manual Handling

- Manual handling includes lifting, pulling, pushing, moving and carrying
- All staff will be made aware of the risks associated with manual handling. Staff will be advised to avoid manual handling as much as possible. Where there are routine manual handling tasks to be carried out then a suitable risk assessment will be undertaken to determine if the risk can be reduced and shared with the relevant staff.
- Where staff undertake manual handling operations then the appropriate level of training will be provided through eLearning or face to face. Seeking assistance with the task can often reduce the risks for simple handling tasks.
- Staff are discouraged from manual handling of heavy loads and should seek help and the appropriate equipment if required.

PPE

- Protective clothing and equipment (PPE) will be provided when an assessed risk cannot be eliminated or controlled by some better means, or where it is required by law.
- Where protective clothing or equipment is provided, staff must make full and proper use of it at all times, and as instructed or following manufacturer's guidelines.
- Staff must keep protective clothing and equipment clean, so far as is reasonably practicable, carry out user checks as required, and make it available for maintenance.
- Any damaged PPE should be reported to their line manager

Control of Substances Hazardous to Health (COSHH) & flammable substances

- Every attempt is made to avoid, or choose the least harmful of substances which fall under the "Control of Substances Hazardous to Health Regulations 2002" (COSHH Regulations)

- Within our roofing provision, our Performance Manager is responsible for COSHH and ensuring that an up-to-date inventory and risk assessment are in place
- All general cleaning substances are stored in lockable cupboards

Display Screen Equipment

- All staff who use computers or laptops daily as a significant part of their normal daily work (significant is taken to be continuous / near continuous spells of an hour or more at a time) e.g. admin / office staff are entitled to an eyesight test by a qualified optician. The cost of the eye test will be reimbursed by Juniper
- Staff that are identified as DSE users, and that require an assessment of their display screen equipment should contact HR in the first instance.
- Staff should take sufficient breaks from using DSE equipment
- Students use display screen equipment for short durations and are regularly reminded of the importance of not spending too many hours in front of a monitor
- Any problems with IT equipment should be reported to the IT Team

Lone Workers

- Lone workers are categorised as staff working within a training centre separately from others (e.g. isolated training room) or those who are mobile working away from their training centre (e.g. Recruitment Officers and Progression Officers carrying out outreach activities, vetting checks, reviews etc) or those staff working from home or those staff not attending staff training days.
- It is our policy to give instruction & training to such staff which minimises or eliminates the risk of danger or harm. More information is available within the Employee Remote Working Policy, Procedure and Guidance.
- All staff are asked to accept that they have a responsibility to take reasonable care of themselves.
- The risk assessment is evidenced in writing and retained at centre level.
- Lone working at centres when not attending training days/conference will do so without students being present in the centre. Performance Managers will confirm duties to be carried out during the day and check in with the lone worker at a minimum of 3 times during the day (morning, lunch time, afternoon). The lone worker will have the mobile number of the Performance Manager to contact in case of emergency. The lone worker will ensure the building is locked and secure on departure.
- The HSE “Working Alone in Safety” booklet is displayed on notice boards in each centre to give the matter appropriate prominence.

Volatile situations

Juniper staff that find themselves in potential violent and/or volatile situation should wherever possible remove themselves from that situation. Where that is not possible, Juniper staff should alert others in their surroundings and seek suitable shelter, until support arrives. Where staff feel threatened before entering a third-party setting (i.e. on an employer visit), they should remove themselves from that setting and let the Manager know. All cases should be recorded on a Juniper incident report and their line manager alerted.

Health & Wellbeing

Juniper is committed to improving the health and well-being of their employees. We have several well-being programmes and benefits that are aimed at reducing sickness absence, improving employee well-being and promoting a work-life, balance. More details can be found at https://junipertrainingcouk.sharepoint.com/sites/JuniperIntranet/SitePages/Health-%26-Wellbeing.aspx

Maternity

- A risk assessment of the employee’s working environment is carried out by their line manager (copy sent to HR):

(i) immediately we are formally informed of the pregnancy
(ii) at mid term
(iii) on return to work

- The health & wellbeing of the "mum to be" is regularly monitored by the line manager throughout the pregnancy and adjustments made as necessary.

Disabilities and/or specific learning differences

- Risk assessment completed by the Line Manager/HR/Student Support Manager when informed that a member of staff/student has a disability and/or specific learning difference:
    - Working Practices – Reasonable Adjustments Sub Form is completed with recommendations
    - Reviewed as a minimum annually, but more frequently if deemed necessary
    - Student assessment is kept on the student file. Staff assessments are sent to HR Manager, with a copy retained by the Line Manager

Staff training

We ensure that staff are trained to implement this policy in various ways. These include training during staff induction, involving them in risk assessments, specific H&S qualifications for those undertaking risk assessments, H&S as an agenda item in centre and Board meetings, training around Run-Hide-Tell, centre risk assessments being visually displayed and discussed in team meetings, refresher training, First Aid training and an annual policy review.

Driving at work

This section is aimed at employees that use their vehicle as part of their job role and/or travel from their home to somewhere which is not their usual place of work. It does not apply to travelling between the employees home and their usual place of work.

More than a quarter of all road traffic incidents involve somebody who is driving as part of their work. Our aim is to effectively manage work related road safety and reduce the risk to our employees. Staff that require the use of their vehicle to carry out their job role / visit other sites, complete an employee driver declaration form (for new staff this is completed on starting with the company) which is reviewed annually. Employees are to:

- New staff that need to drive in their role, provide a copy of the UK driver's licence to HR, and annually confirm in People HR thereafter
- Immediately update HR with any driving convictions/points as they occur
- Annually, provide a valid and current copy of the insurance certificate to HR. Business use cover is a minimum requirement
- Carry out vehicle checks before departure e.g. tyres, seat position, seat belt, windscreen, wipers & washers, mirrors, brakes, lights, indicators, hazards, fuel
- Monitor the vehicle on the road – engine temperature, fuel, warning lights
- Not drive under the influence of alcohol or drugs
- Not use a handheld mobile when driving. Using a hands-free function can seriously affect concentration too
- Not drive while taking medicine that might impair their judgement. If in doubt, they should consult their GP
- Not drive when tired. This is dangerous. Drivers should take regular breaks (the Highway Code recommends a 15-minute break every 2 hours)
- Satisfy their eyesight and other health requirements of the Highway Code and DVLA
- Share health concerns that may affect driving with HR immediately

- Have a roadworthy vehicle. We recommend that it is serviced in line with manufacturers recommendations, and where the vehicle is over 3 years old it must have a valid MOT certificate
- Not drive vehicles that are unsafe for road use, under any circumstance
- Follow the Safe Journey protocol – ensure enough time is allowed for each journey, research the best route to take, do not exceed safe speeds / speed limits, adjust journey times in poor weather conditions, delay journey if weather conditions are too severe, consider alternative modes of transport e.g. train
- Be aware of what action needs to be taken in an emergency
- Report all work related driving incidents, accidents and near misses electronically on the company intranet ("Incident/Accident Report" section)
- Risk Assessments – single journeys of more than three hours or 200 miles are subject to risk assessment. These must be approved by the line manager before the journey can take place

Please find more information at:
https://www.gov.uk/highway-code, https://www.gov.uk/driving-medical-conditions

Subcontractors

For subcontractors, we review their H&S policy, processes and procedures and where they are not sufficiently robust in comparison to our own H&S intent, responsibilities and arrangements, we ensure that subcontractors adopt our H&S protocols and these are reviewed at contract meetings. For those subcontractors with robust H&S systems in place, we do not require them to use our protocols, but we continue to review their H&S systems at contract meetings.

Visitor Policy

Juniper has a duty of care to protect visitors in the same way that staff and students are protected, to ensure the health, well-being and safety of all. We expect all visitors to work in accordance with the same guidelines and principles to protect students. The Visitor Policy and Protocols confirms this.

External Contractors

The Premises Manager will ensure that:

- Risk assessments and safe working arrangements are in place where required
- There is adequate control over contractors working in Juniper premises
- Contractors are registered with relevant bodies where required e.g. gas safe, NICEIC
- Adequate security arrangements are maintained

Shared buildings & toilets

To safeguard students and minimise the risk of students in shared buildings using shared/common toilet facilities, staff ensure that students return form the toilet within a sensible timeframe, and in any cases where it has been a long period of time (5 minutes +) a member of staff will check the facilities.

Fire drills & evacuation

- All centres have a Fire Marshall who takes responsibility for co-ordinating evacuations. The identity of whom is displayed prominently in reception areas.
- The evacuation procedure and meeting point is displayed prominently in all rooms.
- The fire alarm is tested weekly by the landlord/building managers/centre staff.
- Dry run evacuations are conducted a minimum of twice per annum.
- Supply and maintenance of fire extinguishers is contracted out. See extinguishers for latest supplier.
- *Disabled evacuees* – evacuation apparatus is provided where necessary. When the evacuation is dependent on stairs "safe zones" near the centres are established. Evacuees are to be positioned here to await the help necessary to have them removed from the building. To be always accompanied by a member of staff.

- *Visually impaired* – will be always accompanied by a member of staff and receive clear verbal instructions.
- *Hearing impaired* - will be always accompanied by a member of staff and receive clear physically noticeable gestures.

Embedding a security culture

From utilising simple and subtle ways to have a significant impact on security - SCaN (See, Check and Notify):

- SEE – be vigilant for suspicious activity – recognising actions that may indicate dishonest activity resulting in terrorism or crime (e.g. photographing security measures, a bag being left in a crowded area/by exit, person loitering and/or attempting to access restricted areas etc.)
- CHECK – use the "power of hello" – approaching a person (if safe to do so), whose activity could be considered suspicious – this can disrupt potential criminal activity.
- Notify – reporting suspicious activity. If the person is on site call 999 for immediate response.

Responding to an unattended or suspicious item

Utilise the HOT protocol:

- Hidden – has the item been deliberately hidden or concealed from view?
- Obviously suspicious – are there wires, circuit boards, batteries etc. on show? Has there been suspicious behaviour around the item?
- Typical of what you would find in this location – consider anything that looks unusual.

Based on what you see, do you think it poses a threat to life? If it does, then clear the area/building, call the police, and communicate with the management board

Bomb threat / unidentified item

- In the event of a bomb threat (verbal or written), the building alarm is raised and the evacuation procedure followed, with emergency services informed immediately. All mobile devices are switched off. Where possible evacuation is via a route with limited amounts of windows/glass. The fire evacuation meeting point is sufficiently far enough away from the building for person safety if the bomb were to detonate.
- In the event of finding an unidentified item, the emergency plan followed is in proportion to the level of risk. The risk is assessed by staff, and if in any doubt the above procedure is followed.

Intruders

- In the event of a potential intruder, common sense and a due regard for personal safety and the safety of others should be exercised
- All legitimate visitors should be identifiable from intruders by their visitors' badge
- If appropriate a potential intruder may be challenged, i.e. "Can I help you? Are you looking for reception?"
- If the intruder appears threatening or dangerous a senior employee should be sought. If necessary, evacuation procedures may be called upon if this situation is likely to make the situation safer. Police should be called as soon as possible. The safety of students is paramount, and they should be moved from the presence of the intruder immediately.

Juniper Hostile Attack – see Annex 1 below for 'Hostile Attack Procedures'

- The most likely scenario for a hostile intruder/s at Juniper are intruders who have intentions of injuring a person(s) they know and could already be at Juniper (i.e. another student or member of staff). This situation would be dealt with locally with assistance from the police. In this situation every attempt must be made to keep the assailant(s) and the intended victim(s) apart and keep the assailant(s) out of Juniper premises/rooms. A lock-down situation is NOT necessary in these situations unless events escalate, and mass casualties become likely.

Run, Hide, Tell

- Recent events in the UK and around the world remind us all of the terrorist threat we face, which in the UK is considered as 'SUBSTANTIAL', meaning an attack is highly likely. Police and security agencies are working tirelessly to protect the public but it is also important that individuals remain vigilant and aware of how to protect themselves if the need arises, hence the implementation of Run, Hide, Tell guidance issued by the Counter Terrorism Police. All staff and students at Juniper were briefed and made aware of this during their induction:
    - **Run** to a place of safety. This is a far safer option than to surrender or negotiate. If there's nowhere to go, then……
    - **Hide** – it's better to hide than confront. Remember to turn your phone to silent and turn off vibrate. Barricade yourself in if you can. Then finally and only when it is safe to do so…..
    - **Tell** the police by calling 999.

View the video using this link: https://www.youtube.com/watch?v=WDiv-PwEde4&t=29s

Violence and aggression

- Violence at work is defined as any incident in which an employee is abused, threatened or assaulted by a member of the public, staff, student or contractor while they are at work. Such incidents must be reported to the Operations Director immediately. Each incident is investigated in order to prevent a recurrence of a similar incident
- Incidents of violence and aggression involving employees including those should be recorded on the intranet H&S system
- Juniper has a code of conduct for all staff, students and visitors that must be adhered to

Safe Storage and Issue of Medication – see annex 2 below

Annex 1. Juniper Hostile Attack Procedures

The most likely scenario for a hostile intruder/s at Juniper are intruders who have intentions of injuring a person/s they know and could already be at Juniper (i.e. another student or member of staff). This situation would be dealt with locally with assistance from the police. In this situation every attempt must be made to keep the assailant/s and the intended victim/s apart and keep the assailant/s out of Juniper premises/rooms. A lock-down situation is NOT necessary in these situations unless events escalate and mass casualties become likely.

A lock down would only be implemented when extraordinary events occur and mass casualties are likely, e.g.:

1. A major civil disturbance such as a riot in close proximity to a Juniper centre
2. A hostile intruder in a Juniper centre when there is reason to be concerned about mass casualties
3. A Terrorist Attack in the local area
4. A Terrorist Attack on a Juniper centre

Dynamic Lockdown is the ability to quickly restrict access to and exit from the centre (or part of) through physical measures that respond to a threat, either external or internal. The purpose is to keep the amount of casualties to staff, students and visitors to a minimum, and prevent or frustrate the attackers accessing the centre or part of it.

Juniper has adopted three threat response levels for use by the Management Board, and when necessary the Centre Team.

Green: Normal Operation
Amber: Threat Received
Red: Incident is ongoing or considered highly likely and moved on from an Amber alert.

The threat level may change at any time depending on intelligence. The changing threat level must be shared with the Management Board.

Procedures:

Amber - For scenarios 1 & 3 above:

- When a Juniper centre/CSS is alerted to a threat which has the potential to cause a business interruption the Management Board must be made aware (Jon Eagle or Lesley Holland in the first instance, followed by any MB member)
- Members of the Management Board will be assembled to discuss the threat credibility and Juniper's response.

Red:

- Management Board and the Centre Team on site may decide to escalate the Amber alert to Red or an ongoing incident will put the alert immediately to Red, **i.e. scenarios 2 & 4 above.**
- If the Red alert has been raised from Amber, the Management Board will communicate and coordinate the response.
- During a Code Red Incident it is important that the building under attack is identified so the appropriate staff response happens without question. i.e. **Wolves Code Red** would inform everybody that the Wolverhampton Centre had a hostile intruder intent on mass casualties.
- All other centres would know from the message to keep people away from the building under attack.
- Procedures are in place for any staff member to alert their Performance Manager/Centre Lead & CSS Staff if a hostile intruder incident happens at their centre.

- When a Centre is under Code Red attack, the **"STAY SAFE Principles"** apply, I.E **"RUN-HIDE-TELL"**
- All other Centres/CSS will prevent staff and students from going into the centre under attack.

Buildings ***under attack:*** **STAY SAFE Principles apply RUN-HIDE-TELL**

- If you become aware of gun shots or a code red, follow the stay safe principles.
    - **Run:** If possible run away from the incident ASAP
    - **Hide:** If it isn't safe to run, find somewhere to hide, use brickwork as cover, if you can see the attacker, they might be able to see you! Be quiet, silence your phone!
    - **Tell:** contact 999 as soon as you're safely away from the incident. Inform others to stay away.

- **RUN:**
    - All corridors, rest areas & outside areas must be cleared of people.
    - Anybody who gets out of the building should make their way to a safe zone not under attack, informing people to stay away from the building as they evacuate.
    - Nobody can enter a building under attack.

- **HIDE:**
    - All people who cannot run and get out of the building safely, must get in a room with a locked door and stay away from windows & doors (where possible).
    - Mobiles must be turned to silent or switched off and everybody must remain silent.
    - If sounds of immediate threat are overheard, ensure everybody is out of sight with a brick wall between them and the corridors (where possible).
    - Nobody should be let into the room, unless the tutor/ staff member is positive they don't pose a threat.
- **TELL:**
    - Phone the emergency services as soon as it is safe to do so.
    - Stop and tell anybody from going towards the building under attack.

- Centre Team will assemble and direct proceedings, led by Police, supported by staff & students on the ground.
- Management Board will act independently to preserve life. Any decisions/communications will be relayed by mobile phone.

Lockdown Definitions:
A lockdown of a Juniper centre can be executed following these Hostile Attack Procedures. The procedure follows the National Counter Terrorism Policing Guidelines for Dynamic Lockdowns.

Lockdown (Red Alert):
The corridors, offices & rest areas are cleared of people. All people will either get into any room which can be locked or run away from the building under attack if safe to do so. When hiding in a room which is locked the lights must be turned off and people kept away from windows and doors with all mobiles switched to silent.

Partial Lockdown (Amber Alert):
This would be used when intelligence has indicated with confidence that a hostile attack is likely. Entry to a Juniper centre is restricted and their alert status is raised. Preparation to achieve full lockdown is started.

Disaster Control Centre:
In all level 4 incidents the Performance Mgr/Lead Tutor on site (supported by Management Board members) will assemble and set up a control centre in a safe location, safely away from the Centre. Centre

staff & support agencies (e.g. Police) will establish a control centre and direct events based on dynamic assessment of the unfolding events.

Communications:
With a hostile attack, events may escalate rapidly and good communication is vital. To speed up our security response we have adopted a CODE RED ALERT status. Should any centre be considered to be under a hostile attack with the possibility of high casualties a message must be sent naming the centre under attack **i.e. Wolves Code Red.**

Communication methods:

- Calls, Emails, Texts, Facebook, Twitter

A number of communication methods are available and must be used to ensure the Code Red alert is transferred around Juniper as quickly as possible. In some instances the mobile phone network and the land line phone communications could be lost, therefore our internal methods of communication are vital. Local news networks could also be a good source of information. Runners as well as mobile and land-line phones (if available) may also be used to relay messages. The Management Board members will decide the best, quickest and most effective way of ensuring communications are maintained.

Management Board Members / Centre Team: will establish communications to direct the dynamic response to the unfolding incident.

PLEASE NOTE: The management Board will be responsible for directing communication to any media/news agencies to ensure a consistent and factually accurate message is relayed. Therefore, staff MUST NOT communicate any information that has not been formally approved by the management board beforehand i.e. staff must not speak to the media/news agencies or communicate information via social media platforms.

Staff Code Red Responses

It is vital that where possible all staff carry out the initial instructions following a code red alert. The quick responses to a code red alert will ensure we do everything we can to reduce potential casualties:

- When it becomes clear that we have a hostile intruder intent on mass casualties:
    - stop people from entering centre
    - clear corridors and rest areas
    - move into a lockable room
    - run away, if it's safe to do so
- Ensure the door is locked to prevent anybody from entering
- Phone the Emergency Services
- Inform other members of staff in the centre (email, phone, text, shouting "**Code Red"**)
- Inform Management Board of the attack – ***Centre name*** **Code Red**
- Stay away from the door and windows keeping a brick wall between you and the hostile intruder (where possible)
- If you're in a building under code red when it is safe to do so follow the stay safe principles

Management Board / Centre Team Code Red Response

- Establish team communication
- Establish communication with onsite staff members
- Ensure the Emergency services have been contacted
- Inform all staff in your vicinity that there is a code red alert

- Move everybody off corridors & open rest areas into rooms that can be locked, informing them of the code red alert.
- When everybody is off the communal areas get yourself in a room with a lock and wait for instructions.
- Follow the stay safe principles.

Emergency First Aid

When considered safe to do so first aiders can start administering first aid. The main type of injury expected would be cuts and blood loss, first aid kits are available on site.

In the event of someone having a life-threatening injury, then this will immediately be communicated to the emergency services and the management board.

Fire

In the event of a fire breaking out during the lockdown, then this will be communicated with the emergency services and management board and the necessary action take, including the cancellation of the lockdown and allowing evacuation, depending on the nature of the hostile attack and the ferocity of the fire.

Annex 2. Safe Storage and Issue of Medication

Controlled medications – NHS England outlines that "Controlled drugs are drugs that are subject to high levels of regulation as a result of government decisions about those drugs that are especially addictive and harmful." Examples of controlled medications include codeine, tramadol etc. We require for students to be able to manage their administration of controlled medication including timing, dosage and following the directions prescribed correctly. Legally a child may have this on their possession as long as they are deemed competent to do so. *(Supporting Pupils at School with Medical Conditions, Department of Education, 2015 P21)*

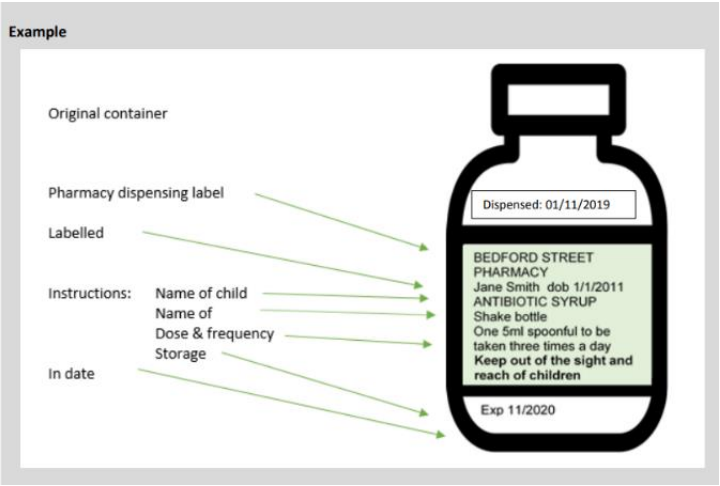
Other medications – Students may need to administer other types of medications whilst at Juniper which are Prescribed or Over the Counter medications. In these instances, we would encourage students to keep these medications safe and where possible, administer outside of Juniper hours. There are instances when due to a student's vulnerability e.g. SEND or inability to appropriately manage storage on their own persons, we would require students to store medication within our safe storage cabinet to prevent unauthorised use.

Guidance
As a training provider for young people, we have restrictions on how controlled drugs are administered, stored, dispensed, and prescribed. Additionally, we may deem it necessary to store other medications for students.

- Consent

As part of our student support process, the Recruitment Officer will ask about health/medical conditions and medication taken. This information is used to create a support plan for student. If student discloses medication which is needed during student's timetable, further information should be sought from parent/guardian. Parents/guardians must provide written consent for any medication (including over-the-counter drugs,) to be stored at centre. Parents should provide consent to confirm that a student who takes controlled drugs can independently store these. This should happen before medication is taken into Juniper Training. Parent/guardians must confirm that the student is able to correctly administer their own medication in a safe manner independently. The consent form should document that the young person has been administered the medication in the past without any adverse effects.

- Medication



With a duty of care, Juniper should only accept medication that is prescribed by a doctor, dentist, nurse prescriber, or pharmacist prescriber. Medicines should only be administered at Juniper when it would be detrimental to a student's health or attendance not to do so. In line with Department of Education recommendations, "where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside Juniper hours."
The medication should be in its original, in date, unopened packaging and clearly labelled with the student's name. It should also come with the prescriber's instructions for dosage and administration. (*Please see graphic below for exception in relation to insulin pens)* If in doubt about any procedure, staff should not accept the medicine and seek further support from Performance Manager, explaining to parent/guardians so issues can be corrected.

In line with NHS England (2018) Clinical Commissioning Groups have freed up £100 million from frontline care each year by curbing prescriptions for "over the counter" medicines. Where over the counter medicines are used by students, staff should still obtain parental consent as per the normal process, checking packaging, expiry and dosage instructions. Dosage instructions should match the information from the parent. Please ensure this medication is labelled with the student's name as this will not be the case as it is not prescribed. No medicines should be administered if instructions on the consent form differ from the instructions on the medicine. If in doubt about any procedure, staff should not accept the medicine and seek further support from Performance Manager, explaining to parent/guardians so issues can be corrected.
Medications requiring refrigeration should be stored in, an appropriate refrigerator with restricted access in a closed, clearly labelled plastic container. The temperature should be monitored to ensure it is between 2-8℃.

- Storage

Medication should be stored following the original instructions. Local arrangements will be in place within each site however they should have this stored in a secure, locked area with controlled access (such as a locked cupboard in the office or manager's office.) The facility must maintain proper temperature and humidity control in line with manufacturer's instructions and the facility cannot be portable. Labelling systems must be in place with original packaging maintained. Use of the facility is only by an approved person who has had training. This ensures safety, organisation, continuity of care and accountability. Students should know where to report to when needing to take their medication. Students should also feel safe and dignified when they are receiving their medication. This may mean taking them to a quiet and/or private place to receive their medicine for confidentiality and privacy reasons.

- Staff

For students who are unable to safely administer their own medication whilst at Juniper, parent/guardians should offer support around this. Staff cannot administer medication of any kind to students. This includes painkillers and antihistamines.

- Support plans

Individual support plans should clearly document student's medical condition and information on the medication. This includes medication name, dosage, frequency and timings of medication.

- Off Site Trips

Juniper Training supports the need to ensure that students with medical conditions participate in offsite trips and visits, or in sporting activities, and not prevent them from doing so. Tutors will be aware of how a student's medical condition will impact on their participation, ensure enough flexibility is in place for all students to participate according to their own abilities and with any reasonable adjustments. Sites will make local arrangements for the inclusion of students in such activities with any adjustments as required unless evidence from a clinician such as a GP states that this is not possible. This includes organising safe storage of medication in staff off site's bag for student and sign in/out sheet completed as normal. This information will be included within trip risk assessments.

- Emergency Situations

In an emergency situation, students will need to be able to access their emergency medication as soon as possible. This will ensure a quick response time for instances such as if a student is stung by a bee and has an anaphylactic reaction.
A student may be deemed as responsible to be hold own Epi-Pens and Inhalers in a safe place within their bag. In instances where they are not able to keep these in a secure place, or do not have capacity to look

after these, emergency medication should be kept in a safe location but should not need to be locked away. This ensures it is readily available in some instances. Local arrangements in centres should be made for where these should be stored if not in a locked storage. Emergency protocols should include:

- Designating a specific location for emergency medications
- Ensuring easy access to emergency medications
- Making sure that students/approved staff know how to access their emergency medication
- Documenting and recording emergency medication administration. (This is in line with Health and Safety policy re. incident reporting.)

In many cases, a student will be deemed responsible enough to keep their emergency medication on them, for example in their bag. Sites should risk assess this on a local level to deem what is most suitable – especially in consideration of controlled medication.

- Spoiled Medication

In instances where medication is given to students and is dropped on the floor – this medication is classed as spoiled. Medication which is spoiled should not be given to students and should not be put in general waste. This event should be noted on the Medication Administration Record. Spoiled medication should be placed in an envelope, clearly labelled as spoiled with medication name and date. Spoiled medication should be returned to pharmacy promptly but stored safely until most suitable time to return to pharmacy.

- Supervision and Audits

In order to ensure compliance with regards to these procedures, inspections will take place as part of our quality returns. This includes Provision Reviews from the quality team and visits from Senior Safeguarding Leads. All written feedback will be provided to site staff and failure to follow correct procedures will result in urgent action needed for the site.

Examples of When Medication Should/Should Not be Accepted

Loose Strips of Medication ✗		Should not be accepted. Medications should only be provided in the original container, they were prescribed purchased in, with appropriated directions.
Tablets/capsules/ liquids decanted into another bottle by parent/carer ✗		Should not be accepted, as parent carer has decanted into a different bottle to the one they were dispensed/purchased in. Medications should only be provided in the original container, they were dispensed or purchased in.
Tablets/capsules/ liquids decanted into another bottle by Community Pharamcy ✓		Can be accepted, as decanted into a different bottle by a community pharmacy and contains a pharmacy label which includes: patients name, name of drug, dose, frequency, date of dispensing and pharmacy details/ Expiry dates should be as per the guidance in patient information leaflet (PIL) or maximum 12 months from date on the dispensing label.
Insulin pens (not in original box) ✓		Insulin pens must still be in date, but will generally be available to schools inside an insulin pen or a pump, rather than in its original container. Insulin pens should be stored in the fridge until opened. Most insulin pens will expire within 28 days (See PIL for more information) of opening or if kept as a spare outside of the fridge.
Outer carton labelled, tube, bottle not labelled. ✗		Advise that the actual medication should be labelled, rather than the outer carton.

Safe Storage of Medication Process Flow Chart

Can medication frequency/dosage be altered to allow for home administration?

Parent/Guardian States **NO**

Parent/Guardian States **YES** - Medication Not Needed in Centre.

Can medication be safely kept in student's bag?

Parent Confirms **NO.**

Parent/Guardian States **Yes** - Medication kept on person. Parent completes consent form to confirm. Consent form is scanned onto LSP folder. Any concerns with safe storage will be investigated and storage reviewed.

Parent/Guardian completes consent form for medication including details of medication, dosage, frequency as well as confirming student can safely independently administer. Consent forms to be scanned into LSP folder for Student.

Approved Staff Member ensures that medication is clearly labelled with dosage information and student name, in original packaging when receiving medication.

Medication is stored in a locked cabinet in a locked office. Any queries or concerns related to medication should be directed to parent/guardian immediately and reported to a DSPO. All correspondence should be documented on LSP.

Medication to be dispensed by an approved person. Approved person must ask for name, DOB and medication needed. Medication must be independently taken and managed by student. Approved person should fill in Sign In/Out sheet as trained to do so.

Students should report to approved staff when needing medication. The student should ensure that they name the medication they require. Approved person can cross check this with Parent/Guardian Consent Form records if needed. **If in doubt, medication should not be supplied and verification sought first as detailed above. If student refuses to take medication, or spits out medication, contact with parent/guardian should be sought immediately.**

Medications should be provided on a frequent basis for storage and information provided on Sign in/Out sheet. Excessive quantities should not be supplied by parent/guardian e.g. One box of 30 tablets as opposed to 30 boxes. Medication to be reviewed during Progress Reviews as per Quality Routines. Any changes to be cascaded to Approved Persons and Parent/Guardian to complete new Consent forms. Old forms to be archived and clearly marked as ARCHIVED.

When student is finishing on programme, please ensure all medication is returned to parent/guardian. If not collected within 30 days by parent/guardian, it will be disposed off at local pharmacy.

Parent/Guardian Consent Form for Safe Storage and Administration of Medications

All prescribed medicines must be in the original container as dispensed by the pharmacy, with the student's name, the name of the medicine, the dose and the frequency of administration, the expiry date and the date of dispensing included on the pharmacy label. A separate form is required for each medicine.

Student's Name	
DOB	
Name of Medicine	
Route (Oral etc)	
How Much should be given? *E.g. One tablet/ One 5ml Spoonful*	
At what time?	
Reason for Medication	
Duration of medicine – How long does it need to be given for? *E.g. One week, month, indefinitely*	
Are there possible side effects that we need to know about? If yes, please list.	

Section A		
I confirm that this person can safely administer and store medication independently.	YES	NO
If yes, please skip Section B		
Section B		
I give permission for this young person to store medication in Juniper's care. I will provide this medication as needed for safe storage in centre.	YES	NO
I confirm that this young person can safely administer their medication without supervision, prompt or support from another adult.	YES	NO
I will inform Juniper Training immediately, in writing, if there are any changes to the dosage or frequency of medication or if it ceases.	YES	NO
I confirm that the dose and frequency requested is in line with the manufacturers' instructions and in line with health care recommendations.	YES	NO
I agree to be responsible for collecting any unused or out of date medicines from Juniper Training if necessary within 30 days of student finishing.	YES	NO
The above information is, to the best of my knowledge, accurate at the time of writing.	YES	NO

Consent	
Parent/Guardian Name	
Parent/Guardian Signature	
Date	

Approved Persons

Approved Person – An approved person is someone who has been deemed suitable to accept, store and issue medication to a specific young person. An approved person has been trained to follow the guidelines within this document and has been deemed responsible by the centre's Performance Manager. All training records are kept on People HR. See People HR for named individuals.

Medication Administration Record

Week Commencing Date: _____ **Student Name:** _____

Medication must be checked

Verification of Medication Received				
Date Received:	Medication Received: (Name, Dose, Quantity)	Signed In by:	Witness Name and Signature:	Notes/Comments:

Administration Log – To be completed at time of administration to student.							
Date of Birth	Medication	Time/ Frequency	Monday Dose Given:	Tuesday Dose Given:	Wednesday Dose Given:	Thursday Dose Given:	Friday Dose Given:
Notes/Comments:			Administered?	Administered?	Administered?	Administered?	Administered?
			Administered by:	Administered by:	Administered by:	Administered by:	Administered by:
			Witnessed by:	Witnessed by:	Witnessed by:	Witnessed by:	Witnessed by:
			Remaining Quantity:	Remaining Quantity:	Remaining Quantity:	Remaining Quantity:	Remaining Quantity:
Use this space to record any returns to parent/guardians, spoiled medication for return to pharmacy etc.							

4. H&S framework

Our Operations Director polices the following key documents/processes to ensure compliance with our policies & procedures:

	What	***Done by***	***When***
1	Risk assessment – Juniper centres	Performance Managers	December annually
2	Risk assessment - maternity	Line Manager	On being informed/mid-term/return to work
3	Risk assessment – placement company	Qualified staff	On first use, 6 monthly/annually thereafter, depending on risk assessment review date
4	Accident & near miss summary	Operations Director	Reported to management board quarterly (or sooner if required)
5	RIDDOR	Operations Director	When accident/incident occurs
6	Evacuation drill evidence	Performance Manager / Lead Tutor	September, December and March
7	Lockdown drill evidence	Performance Manager / Lead Tutor	September, January and April
8	Identity of First Aiders & Fire Marshalls	Performance Manager / Lead Tutor	Review quarterly
9	Risk for Persons with Disabilities and/or Specific Learning Differences	Performance Manager / All Staff	When occurs