



Health and Safety Policy

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Statement

It is the aim of the Breastfeeding Network (BfN) to prevent accidents and cases of work-related ill health for all employees and volunteers, as well as to provide adequate control of health and safety risks arising from work/volunteering activities. We will achieve this by undertaking relevant risk assessments and ensuring action required to remove/control risks will be carried out. We will check that the implemented actions have removed/reduced the risks and will report the findings of the risk assessments to all relevant employees and volunteers. We will review assessments annually or when the work activity changes, whichever is soonest. The individuals identified in this policy have been allocated specific responsibilities.

The BfN Health and Safety Advisers are the BfN Programme Managers, who can be contacted at projects@breastfeedingnetwork.org.uk

Where to Get Advice about Health and Safety

All Managers and Supervisors are authorised to take appropriate actions to ensure that the above objectives are achieved, and have the full support of BfN. Resources will be provided to enable the policy to be implemented, including facilities for training staff, to ensure understanding and compliance with procedures for safe working.

BfN is committed to ensuring the health, safety and welfare of its volunteers and employees, so far as is reasonably practicable, wherever they are working for BfN. As an employee, adherence to this policy forms part of your contract of employment. Any serious breaches of health and safety could lead to dismissal. As a volunteer you are required to be aware of and comply with this policy.

Different health & safety issues can compete, for example the need to keep corridors free which prevents buggies being stored outside a room with the need for mothers (who may have difficulty carrying their baby) to have access to a BfN Breastfeeding Centre or tutorial. When this occurs a common sense approach should be taken. If you have any problems of a health and safety nature you should bring them to the attention of your Line Manager, Supervisor, or the BfN Health & Safety Adviser. The Health and Safety Adviser reports to the Directors in respect of Health and Safety matters.

It is the intention of BfN to provide, so far as reasonably practicable:

A safe and healthy place of work with safe access and egress (exit);

Safe equipment and systems of work;

Safe methods of handling, using and storing hazardous substances;

Instruction, training and supervision on BfN's health and safety policy; and

A system of regular inspections to ensure that the above responsibilities are fulfilled.

A health & safety policy that treats volunteers and staff with equal consideration.

A policy which applies in all settings where BfN activities take place or BfN volunteers and staff may work, including homeworking.

Local and national guidance and support, when necessary, such as during an epidemic or pandemic

Legislation

This policy takes into account the following legislation and information:

Health and Safety at Work etc Act 1974

www.hse.gov.uk - HSE is the enforcing authority for workers in England, Scotland and Wales and also for patient and service users in Scotland and Wales.

<http://www.cqc.org.uk/> - In England, the Care Quality Commission (CQC) has responsibility for patient and service user health and safety for providers registered with them.

Health Act 2006 – refer to smoking policy

What BfN expect from our members

All employees and volunteers should:

- read and understand the H&S policy (discussing any queries with their line manager and/or supervisor)
- cooperate with supervisors and managers on health and safety matters
- Follow any local or national guidance that BfN releases around the work we do
- not interfere with anything provided to safeguard their health and safety
- take reasonable care of their own health and safety
- report any health and safety concerns to the relevant person (as detailed in this policy)

What members can expect from BfN organisation

Statement of general policy	Responsibility of	Actions/arrangements
To provide adequate training to ensure employees are competent to do their work.	Line Manager Tutor/Supervisor	Regular CPD and training available to ensure skills remain up to date
To implement emergency procedures in case of fire or other significant incidents.	Person in charge of premises being used Central Support Manager	Ensure premise users are aware of fire drill procedures and evacuation points
To engage and consult with employees on day-to-day health and safety conditions and provide	Human Resources Line Manager Supervisor	To discuss in 1-1's and appraisals Information to be available

advice and supervision on occupational health.		
To maintain safe and healthy working conditions	Line Managers Supervisors	Central office checks include Fire extinguisher checks (annual) Electrical testing (annual)
To provide appropriate occupational health support	Human Resources Line Managers Supervisors	

If you have any questions about a particular aspect of BfN's health and safety policy, please contact your line manager, Supervisor or one of the BfN Health & Safety Advisers at projects@breastfeedingnetwork.org.uk.

Working with other organisations

Before working in any new building or situation ask to see the Health & Safety policy operating in the building and discuss with the named Health & Safety person in that building (or the BfN person in charge of the service being provided) how it applies to you and the services you are providing. This includes finding out who the First Aider or appointed person is, where the First Aid kit is kept and fire evacuation procedures

When planning to work in a new setting or work in partnership with one or more other organisation(s) (whether on a long term basis or just for a one-day event), the person leading the project on behalf of BfN should work through the list of basic health and safety principles listed below to ensure all parties involved understand their responsibilities in terms of insurance cover, risk assessment and needs for health & safety provision.

Use BfN's [risk assessment procedure](#) (Appendix 1 and 2) to do your own risk assessment on behalf of BfN, as the specific needs of our organisation may not have been considered. This will ensure there are no gaps or omissions in the Health & Safety Policy operating in that setting.

Make sure you know who has ultimate responsibility for health & safety between the two (or more) organisations. This should be written down as part of the Service Level Agreement.

Establish and record how the organisation with responsibility will ensure its policies are carried through.

Ensure all BfN staff and volunteers working in the new setting understand their responsibilities and know who they should report to if they are not satisfied with health & safety standards.

Establish and record what BfN can do if health & safety standards are not being met.

Working through a period where the health or safety of BfN staff and volunteers may be at risk for wider societal reasons

This could include situations like an epidemic or pandemic or where there may be political disruption. If this occurs then the Breastfeeding Network will issue additional guidance that is to be followed to ensure we keep our staff and volunteers safe as well as the general population. Exceptions to this guidance might arise where we work within commissioned services and work can be provided in a secure way and with full permission of the health board/NHS trust or local authority. We expect services to change in accordance with local guideline and need. In these cases commissioned services leads must complete a BfN Risk Report available from Programme Managers at projects@breastfeedingnetwork.org.uk which must be signed off by a Programme Manager and final authorization from CEO/Board. This will work alongside the usual process of a risk assessment (see appendix 1)

Health and Safety Issues List – Background and Information

Health and Safety Background and Information	
Issue	Background Information and Guidelines
Fire	<p>Every setting you work in will have a copy of the fire regulations and you should make yourself familiar with them and act upon them. Fire regulations will include the following points:</p> <p>Never wedge open fire resistant doors designed to stop the spread of smoke and fire.</p> <p>Make sure you know how to raise the fire alarm.</p> <p>Ensure everyone can get out safely, particularly those who may need assistance with an evacuation, e.g. anyone who may need help carrying their children</p> <p>Make sure you have an exit plan and know the evacuation procedure for the area you work in.</p> <p>Keep fire routes and fire doors clear of obstruction.</p> <p>Report any faulty or locked fire doors to the manager of the building.</p> <p>http://www.hse.gov.uk/fireandexplosion/workplace.htm</p>
Accidents (including slips & trips)	<p>All accidents, incidents or near misses which could result in actual injury, loss or damage to yourself or others, or property must be reported to your Supervisor, senior member of staff on duty and a BfN Health & Safety Adviser. The BfN Health & Safety Advisers are responsible for reporting certain accidents to the Health and Safety Executive. This includes any injury to members of the public that require them to go to hospital.</p> <p>All accidents will be recorded on an accident report form (Appendix 3). A copy should be sent to one of the BfN Health & Safety Advisers at projects@breastfeedingnetwork.org.uk. The senior member of staff on duty is responsible for completing</p>

	<p>an accident report form as soon as possible after the event. Make sure you know who the designated first aiders are in the setting you are working.</p> <p>Try to keep areas tidy, remove any rubbish and do not allow it to build up. Clean spills up immediately.</p> <p>Position equipment to avoid cables crossing pedestrian routes, use cable covers to securely fix to surfaces, restrict access to prevent contact. Ensure rugs/mats are securely fixed and do not have curling edges.</p> <p>Slips and trips guidance can be found here: http://www.hse.gov.uk/pubns/indg225.pdf</p> <p>http://www.hse.gov.uk/involvement/accidents.htm</p> <p>RIDDOR [Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995]</p> <p>http://www.hse.gov.uk/riddor/examples-reportable-incidents.htm</p>
Food and Drink (including hot drinks & allergies)	<p>A risk assessment should be performed before any hot drinks are served at any BfN event. The benefits of serving hot drinks needs to be weighed against the risk of scalds. Please abide by the Hot Drinks Guidance (Appendix 4).</p> <p>Babies and young children are particularly vulnerable and can be seriously affected by food poisoning and food allergy. Before bringing food to a BfN event or drop-in consider the risk of allergies. Any shop bought food and drink will be labelled as there are 14 allergens which, by law, must be named. See Appendix 4 for Food and Drink Guidance</p> <p>Appendix 4 BfN hot drink guidance</p> <p>Appendix 5 - BfN food and drink guidance</p>
First Aid	<p>Anyone being injured or taken ill needs immediate attention. You may need to call an ambulance in serious cases. There should be a trained first aider or appointed person in any building you work in (see 'First Aid at Work' link below). Your first-aid needs should be similar to other users of the building and the first aid kit should be stocked to include things you may need and checked that the contents are in date. Please speak to your line manager or supervisor or BfN H&S Adviser if you are running activities on behalf of BfN on your own.</p>

	<p>BfN members are encouraged to undergo first aid training if this is available locally.</p> <p>What your first Aid Kit should contain - https://www.hse.gov.uk/simple-health-safety/firstaid/what-to-put-in-your-first-aid-kit.htm</p> <p>Basic Advice of First Aid at Work http://www.hse.gov.uk/pubns/indg347.pdf</p> <p>First Aid At Work http://www.hse.gov.uk/pubns/indg214.pdf</p>
Infectious Illnesses	<p>BfN acknowledge that the profile of health protection has increased significantly in recent years with issues such as immunisation, flu and food borne infections regularly in the public eye. Preventing and controlling infection is a crucial part of health protection for many charities and we note the serious issue of recent outbreaks and reduced uptake of immunisations.</p> <p>https://www.unicef.org.uk/press-releases/over-20-million-children-worldwide-missed-out-on-measles-vaccine-annually-in-past-8-years-creating-a-pathway-to-current-global-outbreaks-unicef/</p> <p>https://www.unicef.org/stories/measles-explained-whats-behind-recent-outbreaks</p> <p>Childhood Vaccinations</p> <p>In the UK, immunisation is recommended and highly effective. The Breastfeeding Network support national guidance on childhood vaccinations. Details of which can be found here https://www.gov.uk/government/publications/a-guide-to-immunisations-for-babies-up-to-13-months-of-age</p> <p>It states: Vaccination is recommended because it gives your baby protection against serious diseases, most of which can kill. Around the world, many children are now routinely protected with vaccines. Because of this, some of the world's most serious diseases may soon disappear.</p> <p>Further information on measles vaccination and protection for babies under 6 months can be found here:</p> <p>https://www.nhs.uk/conditions/vaccinations/measles-outbreak-advice/</p>

14 questions new parents ask about vaccinations can be found here
<https://publichealthmatters.blog.gov.uk/2016/04/25/14-questions-new-parents-ask-about-vaccination/>

Flu vaccine

The BfN endorse national guidance and encourages everyone to have the protection of annual vaccination, as soon as the national flu immunisation programme commences each year. There is free availability via GP practices of the flu vaccine for high risk groups that meet the criteria and for carers. Availability for volunteers who wish to protect themselves and the women/baby they have contact with at BfN activities should consider access to vaccination via one of the many high street outlets.

<https://www.nhs.uk/conditions/vaccinations/who-should-have-flu-vaccine/>

For BfN paid employees, who are not eligible to free vaccination, BfN will reimburse costs for access to the vaccination, please speak to your line manager/supervisor to discuss this.

Working as a BfN member – prevention control

BfN considers the safety of pregnant women, new mothers and their babies to be the utmost priority.

As well as usual good hand hygiene practice and training (detailed below) the Breastfeeding Network will issue further specific guidance on prevention control as necessary for example during epidemics and pandemics where there may be requirement for homeworking or wearing of face masks / PPE. Please see working through an epidemic or pandemic section above

The following points apply to any setting where you are representing BfN and helping breastfeeding mothers.

Local arrangements with Occupational Health need to be completed before working on hospital wards.

Do not undertake any face-to-face BfN activities if you are feeling unwell particularly if you think you may be getting flu. **This is because people are most infectious soon after they develop symptoms.** They can continue to spread the virus, for example in coughs and sneezes, for up to five days (seven days in children). People become less infectious as their symptoms subside, and once symptoms are gone, they are considered no longer infectious to others. So, do not do any BfN work until you are fully recovered. (NHS: Pandemic flu, Risk assessment in the occupational setting)

	<p>Other infectious illness such as vomiting or diarrhoea, require you to stay away from any contact with families for 48 hours after the last bout.</p> <p>Contact with infectious diseases such as whooping cough, measles, mumps or chicken pox would not exclude you from being in contact with families as long as you and your children feel well and have no symptoms.</p> <p>Please see exclusion table link below for guidance.</p> <p>It is important that tutors advise trainees of this when setting ground rules in Session One and ensure they are aware not to come to training sessions if you or your child has been vomiting, has a high temperature or head lice etc.</p> <p>If you or your child become unwell soon after being in contact with families or other volunteers, for example at a training session, please let your supervisor or manager know so that appropriate action can be taken (depending on the illness involved)</p> <p>https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/691091/Exclusion_table.pdf</p> <p>http://www.hse.gov.uk/biosafety/infection.htm</p> <p>http://www.hse.gov.uk/pUbns/priced/infection-mothers.pdf</p> <p>https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/326913/Information for healthcare workers exposed to whooping cough.pdf</p> <p>https://www.gov.uk/government/collections/pertussis-guidance-data-and-analysis</p>
Hand Hygiene	<p>Hand hygiene is an essential activity to reduce the risk of cross infection.</p> <p>Training on hand washing techniques is mandatory with BfN, as are good hand washing facilities.</p> <p>Toilets and hand washing facilities must be safe, regularly cleaned and adequate for the users of the building.</p> <p>Liquid soap is preferable to bars of soap as these can get contaminated with germs.</p>

	<p>Effective hand drying facilities should be provided; paper towels or automatic dryers are preferable to communal towels.</p> <p>When working in hospitals or home visiting or in keeping with local policies; keep nails short and clean, do not wear nail polish, artificial nails, wrist watches, bracelets, or rings with stones or ridges.</p> <p>Keep sleeves short, arms bare below the elbow.</p> <p>Any cuts or open wounds, below the elbow, should be covered with a water resistant occlusive dressing.</p> <p>Sanitiser hand gels should be used before visiting the maternity unit and between each mother visited and in settings where access to hand washing facilities is restricted, for example when visiting mothers in their homes.</p> <p>When volunteering at breastfeeding drop-ins the decision on hand hygiene will depend on local circumstances, contact with families and the need to protect yourself and others from infectious diseases.</p> <p>https://vimeo.com/118607154</p> <p>https://www.nhs.uk/live-well/healthy-body/best-way-to-wash-your-hands/</p> <p>http://www.hse.gov.uk/skin/posters/skinwashing.pdf</p>
Electrical Safety	<p>Every setting you work in will have a policy dealing with electrical safety you should make yourself familiar with it and act upon it.</p> <p>The policy should include the following points:</p> <p>Before using any portable electrical apparatus, you are asked to carry out a visual inspection for damage to equipment, attached cables, extension leads and plugs.</p> <p>Any and all electrical work must only be undertaken by a competent person. Under no circumstances should you change a plug/fuse, unless trained by a qualified person and authorised to do so by BfN.</p> <p>Non-compliance with this instruction may result in disciplinary action.</p> <p>http://www.hse.gov.uk/pubns/indg236.pdf</p>

Equipment (including VDU's)	<p>You must not use any work equipment unless you have received adequate information, instruction and training in its safe use. Training must include the methods of using the equipment, any potential risk involved and the precautions necessary to avoid those risks. Written instructions on the use of work equipment will be provided where appropriate</p> <p>As part of a visual display unit ("VDU") assessment ensure your workstation meets minimum requirements. If you are using a VDU take regular breaks, even if this means carrying out other work duties, thus avoiding eye contact with the VDU. Ensure that you have regular eye tests, every two years is recommended. Please read link below for detailed information.</p> <p>http://www.hse.gov.uk/pubns/indg36.pdf</p>
Manual Handling	<p>Manual handling is any form of activity which involves pushing, pulling, lifting and carrying at work. There is no general guidance that can be given as to what load is too heavy for a person to carry. This depends on a person's age, physique, condition and whether the person knows how to lift and handle loads. However, the Health & Safety Executive (HSE) recommend a maximum lifting weight of 16kg for women to lift safely.</p> <p>New and expectant mothers are more at risk of injury through manual handling. New mothers in particular may still be recovering from the birth and may need assistance carrying their baby (whether someone meeting them at the door, or bringing their buggy into the group). See Where to get advice about Health and Safety BfN volunteers and employees should never carry a baby or toddler for whom they do not have responsibility (parental or in loco parentis) in a sling or baby carrier, whether their own, BfN's or provided by the mother.</p> <p>Weight is not the only factor that makes things difficult to lift and carry. The size and shape of any object can make it difficult to handle. Know your limitations; you should not lift anything that you feel is beyond your capacity. Take time to look at the HSE manual handling leaflets, showing you how to lift correctly.</p> <p>http://www.hse.gov.uk/pubns/indg143.pdf</p> <p>http://www.hse.gov.uk/pubns/indg383.pdf</p>
Hazardous Materials	<p>Material safety data sheets for all materials will be obtained from suppliers, before they are introduced for routine production. The risks associated with hazardous materials will be assessed, and safe systems laid down for the use of all such materials. You will be trained to use the materials and appropriate protective clothing will be provided as necessary. This includes items such as household bleach and dishwasher cleaner. All new materials will be subject to assessment for potential hazards and a safe system established before they are used.</p>

	http://www.hse.gov.uk/comah/sragtech/techmeassegregat.htm
Housekeeping and Premises for BfN work/volunteering	<p>Make sure you leave any rooms tidy and empty waste bins at the end of any BfN session. Used nappies must only be left in bins specifically designated for this purpose. Most buildings require parents or carers to take used nappies away with them. Make sure toys are cleaned, especially if they have been in children's mouths. Clean furniture and any equipment where breastmilk has been spilt. Make sure materials are stored safely in designated areas. All passageways and exits will be marked and kept clear.</p>
New & Expectant Mothers	<p>BfN has a duty to protect the health of female volunteers and staff who are, or in the future could be, a new or expectant mother or breastfeeding. <i>[A new mother is defined as one who has given birth within the previous six months so breastfeeding extends beyond this definition]</i></p> <p>If you are a BfN employee or volunteer and pregnant or a new mother, notify your Supervisor or line manager in writing. This person will do a risk assessment (with your help- see appendix 2) to ensure that you are not exposed to any significant risk. This will include specific measures to minimise any risk of exposure to influenza or whooping cough. Your Supervisor or line manager will inform you of actions being taken to reduce, remove or control the risks identified. As a BfN employee you are entitled to time off with pay to keep appointments for antenatal care made on the advice of your GP, midwife or health visitor. BfN employees are entitled to rest breaks if pregnant or breastfeeding and where possible a private place to express and store milk. As a BfN volunteer you should notify your Supervisor when you are pregnant as you may be entitled to six months sabbatical which includes a reduction in ongoing learning requirements.</p> <p>http://www.hse.gov.uk/mothers/</p>
Stress	<p>The BfN recognises that all employees have the right to work free from stress and should feel valued and respected. The BfN is fully committed to ensuring that all employees are able to enjoy that right, and support will be provided in the case of concerns or complaints. There is a responsibility on all employees to comply with this policy.</p> <p>If you are experiencing stress, and you think work is contributing to this, you should be listened to and help should be available from your manager, supervisor or trade union / employee representative. You will be asked to explain how you are feeling and what you believe will help you and to help create an action plan to help reduce stress at work. It is important that you and your Supervisor / line manager try to identify the causes and what you can do to make things better. Ideally, tell your Supervisor, or line manager, at an early stage to help prevent the situation getting worse. Even if it isn't work-related, she may be able to do something to help you reduce some of your pressure.</p>

	<p>A risk assessment for work-related stress, involves assessing six key areas (or 'risk factors') that can be causes of work-related stress.</p> <p>These include:</p> <p>The demands of your job; Your control over your work; The support you receive from Supervisors and colleagues, Your relationships at work; Your role in the organisation; Change and how it's managed.</p> <p>If the source of pressure is your Supervisor, contact 4cs@breastfeedingnetwork.org.uk in confidence – and ask to change Supervisor.</p> <p>http://www.hse.gov.uk/pubns/indg430.pdf</p>
Machinery	<p>Risk assessments will be carried out by project leads, working in liaison with the Programme Manager or Health & Safety lead, on all equipment intended to be used by parents (for example slings or baby carriers). Risk assessments will also be carried out on all breast pumps that BfN volunteers and staff may need to demonstrate to parents.</p>
Personal Safety (including lone worker policy)	<p>All volunteers and employees must abide by the Lone Worker and safe home visiting guidelines (Appendix 5). Keep personal property in a secure area. BfN does not accept responsibility for the loss or damage to any personal property.</p> <p>Guidelines for volunteering or working alone, including safe home visiting. (Appendix 5)</p> <p>Working alone http://www.hse.gov.uk/pubns/indg73.pdf</p> <p>Please be aware of your own responsibility in ensuring your personal safety when working alone and making home visits. BfN asks that you think carefully about the guidelines in Appendix 5 and not to take any unnecessary risks with your own safety. It is impossible to write guidelines that cover all situations, so please discuss how these guidelines might apply in your own situation with your supervisor or line manager.</p>
Smoking	<p>This Policy complies with the Health Act 2006 and associated regulations. Breastfeeding Network does not allow its employees or visitors to smoke in any part of its premises or whilst undertaking any activity on behalf of BfN.</p> <p>BfN takes the view that smoking constitutes a fire risk and a hazard to the health of all its employees, both smokers and non-smokers (as a result of 'passive smoking'). It is therefore against the Company's rules for anybody to smoke inside any enclosed or substantially enclosed spaces or in or near the entrances to and exits. You may only smoke outside in designated areas during breaks. When smoking outside, you should ensure that you dispose of cigarette butts and other litter in the</p>

	<p>receptacles provided. Avoid smoking anywhere where your smoke could drift towards others, particularly mothers and children. Smoking in smoke-free premises or vehicles is also a criminal offence and may incur a fixed penalty fine and possible criminal prosecution. If you breach the smoking ban you will be subject to BfN's disciplinary procedure and may, as a consequence, be dismissed for gross misconduct.</p> <p>BfN is committed to making this policy effective and to promoting a healthy working environment. If you are experiencing particular difficulty in complying with this policy you should discuss your situation with your Supervisor, line manager or the BfN Health & Safety Adviser. In addition, the NHS offers a range of free services to help smokers give up. If you are seeking help you should visit www.gosmokefree.co.uk call the NHS Smoking Helpline on 0800 169 0 169 or text 'GIVE UP' and your full postcode to 88088 to find a local NHS Stop Smoking Service.</p> <p>If you are providing BfN services to mothers in their own home, you should be able to do so in a safe environment. This assessment should include not being exposed to second-hand smoke. BfN will support you to make alternative arrangements with the mother to provide breastfeeding support in a smoke free environment. If you cannot reach an agreement with the mother, contact your supervisor or line manager and ask for support in handling the issue.</p> <p>If you are a smoker, please consider the effects of this on the families you are supporting and speak with your line manager to discuss how you will manage smoking before / after your volunteer/work eg. before a home visit or running a group.</p> <p>http://www.hse.gov.uk/contact/faqs/smoking.htm</p> <p>www.parliament.uk/briefing-papers/sn04414.pdf</p>
Risk Assessments	<p>Please see appendix 1 and 2 for further guidance on assessing risks. For Word versions of the forms email projects@breastfeedingnetwork.org.uk</p> <p>http://www.hse.gov.uk/pubns/indg163.pdf</p>
Homeworking	<p>As many of our staff work from home we recognise the importance of providing opportunities where possible for staff to meet face to face. This can be achieved via Supervision, attendance at BfN events (such as the AGM and Tutor/Supervisor CPD Days) and local events in your area. In many cases simply meeting a colleague for an informal chat can help reduce feelings of isolation and loneliness.</p> <p>Contact with team members and other BfN volunteers/staff, as speaking with other BfN colleagues may help to reduce feelings of isolation, especially when there is no one in your local area. We encourage self-organisation of 'wellbeing</p>

	<p>groups' such as BfN book club and BfN can support with setting up via Teams and Zoom videocalls as well as the social media channels in place.</p> <p>For support with set-up please contact projects@breastfeedingnetwork.org.uk.</p> <p>http://www.hse.gov.uk/pubns/indg226.pdf</p>
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If further information is required, contact your local council or the Health and Safety Executive <http://www.hse.gov.uk/contact/contact.htm>

Appendix 1: Risk Assessments – Guidance and General Risk Assessment Template Form

Risk Assessments

What is a risk?

A risk is a chance, be it high or low, that someone may be harmed by a hazard.

What is risk assessment?

A risk assessment is a careful examination of what might cause harm so you can decide whether you have taken enough precautions or should do more to prevent harm.

Risk assessment is:

Identifying the hazards that exist in any setting you might be volunteering or working

Assessing how likely these hazards are to cause harm to workers and members of the public

Deciding what prevention or control measures are needed.

It is part of the systematic approach that all employers are legally required to adopt in order to manage health and safety effectively.

How to assess risks

Follow the five steps – listed on the next page and attached sample form.

When thinking about your risk assessment, remember:

A hazard is anything that may cause harm, such as small objects that might cause a child to choke, doors that open to the street, chemicals, electricity, hot water, an open drawer etc.

The risk is the chance, high or low, that somebody could be harmed by these and other hazards, together with an indication of how serious the harm could be.

5 Steps for assessing risks

<http://www.hse.gov.uk/pubns/indg163.pdf>

1	Look for the hazards Spend time, ideally with a colleague; carefully walk around the rooms BfN plan to use. Think about what could go wrong at each stage of what you do. It is often the small things that get overlooked. Identify and document all areas that you think may be hazardous and list the type of hazard involved. Discuss with others to find out any concerns they have
2	Decide who might be harmed and how This is useful for drop-ins as the room may not have been used by the age range of children you may have in a breastfeeding centre.
3	Consider the risks and decide on precautions Can you get rid of the hazard all together?

	If not, how can you control the risk so that the harm is unlikely?
4	<p>Record your findings and implement them.</p> <p>We need to be able to demonstrate that a proper check was made;</p> <p>We asked who might be affected;</p> <p>We dealt with all the significant hazards;</p> <p>The precautions are reasonable, and the remaining risk is low</p> <p>We involved our staff or their representatives in the process.</p>
5	<p>Review your assessment and update if necessary</p> <p>Assessments should be reviewed at least annually as well as after accidents or if a new piece of equipment is brought into the building</p>

Getting help

If you need any help please contact admin@breastfeedingnetwork.org.uk or your Supervisor/Project Lead

More information about legal requirements and standards can be found at: www.hse.gov.uk and HSE publications (available from HSE Books).

Help is also available from Workplace Health Connect www.workplacehealthconnect.co.uk

BfN risk assessment template

Project name/code		Specific activity or venue being risk assessed	
Name of person carrying out assessment		Assessment date	
		Review date	

What are the hazards?	Who might be harmed and how?	What are you already doing to reduce or control the risks?	What further actions (if any) do you need to take to reduce the risks?	Who needs to carry out the action?	When is the action needed by?	Date completed
Look for the hazards and list them. The list below are examples of things you might identify as hazards. It is not an exhaustive list and there may be other things you need to include depending on the type of activity or event you are planning	This could include people who might attend the activity/event and the general public	Describe what you are already doing to reduce the risk Use BfN Health and Safety and specific Covid-19 Guidance (link?) to help	If there are further actions you still need to take please add them here. If there is a risk that cannot be reduced you might need to stop or alter the activity	Who is responsible for existing or further actions?	Give a date for when actions were/will be in place.	Add the date when actions are completed here

Covid-19	<p>Specific risks related to transmission of covid-19</p> <p>Handwashing – guidance and resources</p> <p>Social distancing - guidance</p> <p>Resources – dolls/boobs, books, toys etc</p> <p>Food and drink</p> <p>Travel to support groups/events</p> <p>Using venues – BfN guidance and local guidance</p>	<p>Families</p> <p>Babies and children</p> <p>Volunteers</p> <p>BfN Staff</p> <p>Other professionals</p> <p>General public</p>					
	<p>Specific considerations for staff/volunteers e.g. uniform, badges, resources, rotas, offering support, working in different venues, face masks/PPE, vulnerable groups</p>						
	<p>Slips, trips and falls – Inside a venue/room or outside at an event, is the ground uneven? Are there any trip hazards you can see? Is the ground wet? Is it an appropriate area for your group/event? If people will need to move from indoors to outdoors is there a safe route?</p>						

	Scalds/ burns from hot drinks/ taps / radiators. Electrical burns from plug sockets. Sun burn if outside						
	Accidents - Cuts/injuries, head bumps, obstacles, is there a specific risk to your event? E.g. food poisoning if food is left in a warm place, exhaustion if it is a long run/walk						
	Blocked fire exit.						
	General hazards in the area you are using. For example - Inside -blind cords in reach of young children, plant pots, plug sockets, electric cables, drawing pins. Outside – Car park, roads, stinging nettles, streams/rivers or other water, dog mess or other rubbish etc						
	Spreading germs and possible infection due to poor hand hygiene. – Think about serving cakes and handling money. Are there facilities to wash hands for volunteers/participants?						

	Manual handling – including need to carry any children or manoeuvre buggies - especially for new & expectant mothers. Do volunteers need to lift heavy boxes or move chairs/tables?						
	Babies playing on the floor/grass – are they safe? Could older children escape from the venue or outside area? How far from a road/river/busy shopping area are you holding your event? Who is responsible for children while they play?						
	Are there toilets/baby change facilities? Can parents easily find them, are they adequate for the number of people attending? Are there accessible toilets for anyone with a disability? If you are holding an outside event are there any toilet facilities nearby?						

Appendix 2: Risk Assessment - Pregnant Worker / New or Expectant Mother Risk Assessment Guidance and Form

The following risk assessment is meant as a guide only, to the issues to be aware of when undertaking a risk assessment for pregnant workers.

It is important that the pregnant worker is involved in the risk assessment process to ensure all the relevant facts and issues are covered. The risk assessment should then be reviewed on a regular basis, this may have to be increased as the pregnancy progresses.

If the risk assessment identifies hazards that cannot be eliminated or adequately reduced then the pregnant worker's duties (e.g. temporarily reducing hours, changing duties or place of work etc.) should be adjusted appropriately to ensure they are. If that cannot be achieved locally, the pregnant worker should be re-deployed for the duration of the pregnancy to a safer environment, if this cannot be achieved the legislation requires the pregnant worker to be suspended from work on maternity grounds.

NB These actions are only necessary where, as a result of an assessment of risk, there is genuine concern. If there is any doubt the manager should seek advice from HR and occupational health on what the risks are and whether they arise from work.

New Mothers returning to work - Risk Assessment Guidance

It is important to remember that the definition of 'new or expectant mother' means a worker who is pregnant, who has given birth within the previous six months, or who is breastfeeding. 'Given birth' is defined in the regulations as 'delivered a living child or, after 24 weeks of pregnancy, a stillborn child'.

Any risk assessment undertaken for new mothers returning to work should be identifying any risks to the new mother and / or their children i.e. communicable diseases or hazards for new mothers who are breastfeeding.

The risk assessment process should continue for the duration the new mother breastfeeds for.

In practice this means constantly reviewing the risk assessment undertaken when the new mother returns to work for the duration of the time the new mother breastfeeds.

The guidance 'Pregnant Women and Nursing Mothers' that can be found in the County Safety Manual informs on the hazards arising from:

- Physical Agents – Shocks, vibration or movement and manual handling of loads.
- Biological Agents – Hepatitis B, HIV, Herpes, TB, Chickenpox and Typhoid.
- Chemical Agents – Chemical agents known to be dangerous by absorption through the skin, Carbon monoxide.

Risk Assessment For:	Pregnant Worker Risk Assessment	
Establishment:	Assessment by:	Date:
1st Review Date Due:	Manager Approval:	Date:
Description of activities: Describe tasks undertaken by employee.	E.g. everyday duties include DSE and office work, external meetings with clients and driving to and from establishments	
Week's pregnant (Approximately): Baby Due (Approximately):		The proposed date for maternity leave is (or dependant on practicality of work).



Hazard / Risk	Who is at Risk?	How can the hazards cause harm?	Normal Control Measures	Are Normal Control Measures Y/N/NA	
				In Place	Adequate

<p>Effects of pregnancy that may occur</p> <p>Morning sickness / nausea, Backache,</p> <p>Varicose veins, Haemorrhoids, Frequent visits to the toilet, Balance, Comfort, Increasing body size, Tiredness.</p> <p>Individuals past history History of miscarriage, high blood pressure hypertension</p>	<p>Pregnant worker</p> <p>Unborn child</p>	<p>Nausea / vomiting, Aches and pains, Bleeding, Restricted movement. Risk of stress, slips, trips and falls, tiredness</p> <p>Miscarriage, Stress, medical complications.</p>	<p>Existing risk assessments. (For employed duties)</p> <p>GP / Midwife advice and treatment.</p> <p>Pregnant workers own knowledge, experience and training of employed duties.</p> <p>Facilities:</p> <ul style="list-style-type: none"> - Adequate Resting facilities available (requirement under the regulations for employers to provide a quiet rest area to put feet up or lie down if required in the future.) <p>Hygiene facilities: There are sufficient toilets and associated hygiene facilities available.</p> <p>Adequate onsite arrangements for nutrition and liquid refreshments. Also that she is able to take breaks as and when required</p>		
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Client group: Unpredictable / Challenging behaviour, Level of care needs		Physical / verbal assault, Communicable disease infection, Miscarriage, Stress, Vulnerability	<p>Contact with known or potentially violent clients should be prevented wherever possible for duration of pregnancy.</p> <p>Mental / Physical fatigue and working hours: currently able to cope with her workload and working hours this will be reviewed with pregnant employee and manager as pregnancy develops.</p>		
Employed duties: Consider if the following are significant Manual handling, Driving, Poor or Prolonged Working Postures, Lone working, Administration of medication, Night work, Shift work		Physical injury, Vulnerability, Poisoning causing foetal lesions i.e. injury or disease to foetus, Tiredness, Stress, Miscarriage.	<p>No significant manual handling of loads to be undertaken for duration of pregnancy. Member of staff to request assistance / support available.</p> <p>Display Screen Equipment (DSE): if a DSE user review DSE Risk Assessment on workstation.</p> <p>Working Alone: Provide adequate training and access to communications, mobile phone, personal alarms etc. Ensure support is available. If the risk cannot be significantly reduced offer alternative work</p>		

<p>Environment:</p> <p>Small / limited workspace,</p> <p>Exposure to excessive temperatures, lack of rest facilities.</p> <p>Exposure to hazardous substances, Body fluid spillages.</p>		<p>Slips, trips and falls,</p> <p>Miscarriage,</p> <p>Fainting, foetal lesions, inability to take adequate breaks / rest,</p> <p>Communicable disease infection</p>	<p>Adequate resting facilities available</p> <p>Condition of premises regularly checked</p> <p>Prompt maintenance of defects</p> <p>Immediate cleaning up of spillages</p> <p>Good housekeeping maintained</p>		
<p>Exposure to Communicable Diseases:</p> <p>Hepatitis B, TB, HIV, Chickenpox etc. For a more comprehensive list refer to the Pregnant Workers and Nursing Mothers guidance in the County Safety Manual</p>		<p>Infection, foetal lesions, Miscarriage</p>	<p>Awareness of HPA guidance on infection control in schools</p> <p>Good hygiene practice followed (universal infection control procedures)</p> <p>Pregnant staff in direct contact with someone with a potentially infectious rash (e.g. chicken pox, measles, rubella etc.) to seek advice from their GP / midwife.</p> <p>All female staff under the age of 25 working with young children should have evidence of 2 doses of MMR vaccine.</p>		

As Pregnancy is not a static condition and the nature and degree of risk will change as the pregnancy develops, risk assessment to be reviewed on a regular basis in agreement with the pregnant worker, or sooner if any significant change.

Pregnant worker should inform Line Manager of any changes in their condition that may be relevant to their pregnancy and their safety at work.

Additional Control Measures (to take account of local/individual circumstances including changes such as working practices, equipment, staffing levels).	Action by Whom (list the name of the person/people who have been designated to conduct actions)	Action by When (set timescales for the completion of the actions – remember to prioritise them)	Action Completed (record the actual date of completion for each action listed)	Residual Risk Rating
DATE OF REVIEW: Record actual date of review	COMMENTS: Record any comments reviewer wishes to make. Including recommendations for future reviews.			
DATE OF REVIEW:	COMMENTS:			
DATE OF REVIEW:	COMMENTS:			

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

Appendix 3: Accident Report Form

Accident Report Form

Any information provided to the Breastfeeding Network will be handled in confidence and in line with the General Data Protection Regulation (GDPR). For more information please refer to our Privacy Policy

<http://www.breastfeedingnetwork.org.uk/privacy-policy/>

About the person who had the accident

Name	
Address	
Postcode	
Occupation	
Telephone number	
Email address	

About the person filling in this form

Name	
Address	
Postcode	
Occupation	
Telephone number	
Email address	

About the accident

Date of accident	
Time	
Location	
What happened	
Were any injuries caused	
Action taken	

For the employee or volunteer

I confirm that to the best of my knowledge the information provided is correct, and that I will be willing to answer questions should they arise.

☐ By ticking this box I give my consent to the Breastfeeding Network to disclose my personal information and details about the accident which appear on this form to safety representatives and representatives of employee safety for them to carry out the health and safety functions given to them by law.

Signature	
Print name	
Date	

Please report accidents via the BfN Admin line on telephone: 0844 412 0995 and send completed forms to: projects@breastfeedingnetwork.org.uk

For Office Use Only

Complete this box if the accident is reportable under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR). To report call the ICC on 0845 300 9923. See <http://www.hse.gov.uk/riddor/>

How was the accident reported	
Signature	
Print Name	
Date reported	

Appendix 4: Hot Drinks Guidance

A baby's skin is 15 times thinner than an adult's.

- Over 500 under-fives are rushed to A&E every week because of burns and scalds.
- Hot drinks are the number one cause of scalds among under-fives.
- A hot drink can still scald a young child 15 minutes after it's been made.
- Babies and toddlers are particularly at risk when they grasp cups and mugs of hot tea or coffee

Carefully look at how drinks might be made and carry out a risk assessment for each new venue.

Drinks must be prepared in a separate area with a child-gate or other means of keeping toddlers and children away from the kettle or urn.

The following measures should be put in place to help reduce the risks of scalds:

Cool drinks before giving to adults – making tea in a pot rather than individual mugs helps. Add cold water to the drink if no milk is to be added.

Drinks should be given to mothers once they are seated.

Where possible use tables to lay the drinks on – not the floor or low table. If used tablecloths should not overhang the table and should be clipped on to minimise risk of being pulled.

Keep mugs and cups away from the edges of tables and counters - out of sight and reach of young children.

Do not place drinks on the floor.

Never pick up or hold a child or baby when you have a hot drink in your hand.

The use of insulated lidded mugs should be phased out. Insulated lidded mugs can increase the risk of scalds as drinks stay hotter for longer. Until these mugs are replaced mugs should be of one standard to avoid mixing lids, and lids checked to ensure they are on firmly before use.

Appendix 5: Food and Drinks Guidance

Food safety is very important because babies and young children are particularly vulnerable and can be seriously affected by food poisoning and food allergy. Food allergens pose a significant risk for those with allergic conditions, this may even be life threatening. Parents should always be aware that they are responsible for the safety of their own children at drop in groups and training sessions. It can be especially difficult if there are lots of toddlers eating different food during the group and parents need to be alert for their child picking up other items of food. If you know a child or parent with food allergies is attending the group you could chat to the parent to find out if there is any practical help you could offer, for example asking others not to bring nuts to the group. But the parent must be aware you cannot guarantee this.

If you are bringing any food to a BfN activity, including drop-ins you are responsible for ensuring that food is prepared, stored and handled in compliance with the food hygiene regulations. Home baking donations from parents attending the group are welcome and if possible it is good practice to ask about any specific allergens so that you can make others aware. If you regularly offer home baking at a drop in please make sure everyone attending is aware that you cannot guarantee the absence of any specific allergen. By law shop bought items must provide allergen information on any food or drink offered to families. The labelled packaging could be placed on display to support people with allergies and provide more choice. Home-made food and drink that is provided could be provided with a verbal caution that they may contain allergens. A common sense approach should be taken. The best thing is to explain the information to parents and let them decide whether to accept home cooked foods. It is probably too high a risk to offer home cooked baby foods for those under one (unless prepared by the baby's family).

There are 14 allergens currently listed under food law that must be declared.

Cereals containing gluten, (eg wheat (including spelt and khorasan), rye, barley and oats and their hybridised strains)

Crustaceans, (eg prawns, crab and lobster)

Eggs

Fish

Peanuts

Soybeans

Milk

Nuts, (eg almonds, hazelnuts, walnuts, pecan nuts, Brazil nuts, pistachio, cashew, macadamia nuts or Queensland nuts)

Celery (including celeriac)

Mustard

Sesame

Sulphur dioxide/sulphites (preservatives used in some foods and drinks) at levels above 10mg per kg or per litre

Lupin

Molluscs, (eg clams, mussels, whelks oysters, snails and squid)

Further information on allergen legislation and FSA advice can be found via the link below.

<https://www.food.gov.uk/business-industry/caterers/startingup/childminders#sthash.lv69A2QS.dpuf>

Useful information about preparing food available here:

<https://www.food.gov.uk/business-industry/caterers/sfbb/sfbbchildminders>

Appendix 6: Lone Working and Safe Home Visiting Guidelines

Introduction

This policy aims to explain the steps you can make to minimise, but not completely remove, the risks of working alone, especially in when visiting a mother in her home.

Lone Workers are defined as those that work by themselves without close or direct supervision, such as contact with another volunteer or staff member

<http://www.hse.gov.uk/pubns/indg73.pdf>

Lone Working

You may be in a position where you are volunteering on your own. This section explains steps you can take to help you decide whether you have sufficient information and instructions to feel safe and confident to continue.

Lone working includes situations where you may be:

Out in the community or visiting mothers in their homes.

Helping at a drop-in where you may be the only person in the building for part of the session.

Helping at a drop-in, in the same building but some distance away from other staff or volunteers.

Working outside normal office hours, perhaps travelling to, or from, a session at the hospital or a meeting.

In these situations your Local Authority/PCT Lone Working Policy may be applicable and so take priority; this BfN policy should complement any local policies. There should be training available covering the risks and hazards associated with lone working. If you have any concerns, please discuss them with your Supervisor before continuing.

Before you start

Check the condition of the premises – does it seem safe? Has a risk assessment form been completed, this will let you see what actions others in the building have done to make it safer. This should include making the entrance to the venue safe, with sufficient lighting around the venue so there are no hidden, dark corners. The same steps should apply to the entrance to the hospital car park and entrance to the building.

When you are travelling or volunteering do you have a way of contacting your supervisor or colleagues - by phone or mobile? Are these options always available? Are they adequate and reliable? Would you be able to summon help if you felt you were in danger?

If you are travelling by yourself to or from a work meeting make sure you know how you will get from the car park or train station to the meeting venue or your hotel. If you are travelling late at night make sure you know the route to walk and that it is safe, if you are not sure or you are in unfamiliar surroundings consider using taxis and claiming the costs back on expenses.

Do you have access to a personal distress alarm? This may be funded through the local peer support scheme.

Check out who uses the premises or neighbouring buildings - is there a risk of a visitor being violent?

Car insurance. Let your insurance company know that you travel on charity business and that you are able to claim mileage. If you are considering giving a mother a lift to a drop-in or training venue you will need to let your insurance company know. This should not increase your premium. However, it may invalidate it if you don't let them know.

It is safer to arrange to volunteer at a breastfeeding group in pairs, especially if the venue does not have any other people around, for example a church hall. If you are volunteering on your own and you are the only person in the building, make sure you have access to a phone to call for help if needed. You might want to consider leaving the door to the premises locked whilst you get set up so that no one can wander in without you noticing. At the end of the group when all the parents have left you could lock the door again if you need to spend some time tidying up.

Do not

Take your own children, if you are working on your own.

No breastfeeding support should be offered in your own home. BfN insurance does not cover you for this and your own home insurance may be invalidated.

Home visiting

Always arrange visits directly with the mother. This is to make sure this is a genuine call and there really is a mother.

Make sure you have a fully charged mobile phone with phone credit before doing any home visits. You may be able to get one through local BfN funding.

Make sure that you have clear instructions on how to get there and find the flat or house without having to stop and ask for assistance e.g. green door on the left, opposite the newsagents.

Find out the full name, address and phone number of the person you are visiting.

Agree a time of arrival and approximate duration for the visit.

Aim to visit in the morning or early afternoon – rather than the evening or late afternoon so you can avoid travelling in the dark, especially to areas that you do not know well or might feel uncomfortable in. If you are working in the evenings you may want to work in pairs.

In extreme weather conditions you should seek advice from your Supervisor and go in pairs if necessary in case of breakdown.

Ask about parking near the house. Make sure you do not leave valuables in your car or other items left visible.

Leave a note at the venue where you are based (or at home if you do not work within a local scheme) with the name, address and phone number of the person you are visiting. To protect confidentiality this information could be placed in a sealed envelope, with the time that you left your home or Children's Centre and the time you expect to return written on the outside, together with instructions

to open the envelope and phone you and/or the last person you are visiting if you are late home. This should be set out in your local policy. There should be a check-in time agreed between the team.

Call just before you leave to check that the mother is still expecting you and she will be in to see you. This gives you a chance to check she is still happy for you to visit.

Planning your route: plan your journey and look at the map before you go. Identify safe places to park close to the house or flats.

You might ensure that someone knows your intended route.

Remember to take:

The name, address and phone number of the person you are visiting and directions on how to get there, together with a map.

Your BfN registration badge – wear it so it can be clearly seen.

Your charged mobile phone with the numbers that you need in the phone. Make sure you have enough phone credit to make calls.

Any paperwork and leaflets including a BfN information leaflet with you to leave with the mother, so that she knows which organisation you are with.

How to reduce risks:

Do not get into lifts with people who make you feel uneasy. If you are in a lift and feel uncomfortable, trust your instincts and get out. Use stairs if possible.

Do not look through the letter box if there is no answer.

Do not take your own children.

When you arrive

If a father or other man answers the door, you might announce yourself and ask for the mother by name. If you are at all unsure about the situation, then do not go into the house.

Listen to your intuition.

Make sure you are at the right address and talking to the right person before entering.

Let the mother lead the way in, this gives you the opportunity to leave the door unlocked (if she has small children, this may not be possible as they might get out).

If you feel uncomfortable at any time during a visit, then make an excuse and leave.

It might be useful to think through an excuse you can use should this situation ever arise.

Know where the door is should you need to leave quickly and try to have a clear line of exit – don't get cornered.

Ask for dogs to be put into another room if you they make you feel uncomfortable.

Be careful about moving towards or raising your voice with the person while the dog is in the room, talk quietly and calmly to the dog, don't stare at it. If the dog seems aggressive and they refuse to move it, leave.

If you feel under pressure, or are presented with violence or a threat of violence then leave immediately.

When you return from a visit:

Let your supervisor or colleague know that you have returned safely as set out in local policy. There should be an agreed system for checking you are back safely and audited at regular meetings.

If you have any concerns about the visit then speak with your supervisor.

Manual handling

A separate risk of being on your own is whether you will be doing tasks that are easier with another person such as lifting heavy objects. This may include tables, chairs, boxes etc. Further details can be found in the Health & Safety Issues table above.