# Health and Safety Policy

FASD HUB South West / FASD Informed UK™

| FASD HUB South West is a Community Interest Company. FASD Informed UK™ is a trading name of FASD HUB South West, established to extend specialist FASD-informed support, education and advocacy across the UK.<br>Document owner | FASD HUB South West, trading as FASD Informed UK™ |
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| **Policy lead** | Health and Safety Lead, working with the Designated Safeguarding Lead |
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## Contents

# 1. Policy statement

FASD HUB South West, trading as FASD Informed UK™, is committed to protecting the health, safety and welfare of everyone who works for, volunteers with, visits or takes part in our services. We support children, young people and adults, including people with diagnosed or suspected Fetal Alcohol Spectrum Disorder (FASD), families and carers, and people whose needs may be severe, complex, hidden or fluctuating.

We will plan, manage and review our work so that risk is reduced so far as is reasonably practicable, while avoiding unnecessary barriers to participation. Safety is not achieved by excluding a person because their needs appear complex. It is achieved through competent specialist leadership, individualised planning, reasonable adjustments, accessible communication, proportionate supervision, safeguarding arrangements and partnership with the person, their family or carers and relevant professionals.

# 2. Purpose and scope

This policy sets out how FASD HUB SOUTH WEST / FASD Informed UK meets its duties under the Health and Safety at Work etc. Act 1974 and associated regulations. It applies to directors, committee members, employees, workers, volunteers, contractors, students and anyone acting on behalf of the organisation. It covers offices, home and lone working, travel, outreach, online activity, hired venues, family and community events, training, guest-speaker events, forest and beach activities and other indoor or outdoor provision.

# 3. Our aims

- Provide and maintain safe working arrangements, equipment and environments.
- Identify hazards, assess risk and implement proportionate controls.
- Integrate health and safety, safeguarding, equality, accessibility and data protection in planning and delivery.
- Provide information, instruction, training and supervision suited to each role.

- Consult workers, volunteers, participants and families about safety and reasonable adjustments.
- Record, investigate and learn from accidents, incidents, near misses and concerns.
- Ensure emergency arrangements are clear, accessible and rehearsed where appropriate.
- Allocate sufficient people, time and financial resources to implement this policy.

# 4. FASD-informed health and safety practice

FASD is a lifelong, brain-based neurodevelopmental disability. A person's verbal ability, chronological age or outward presentation may not reflect their memory, processing speed, executive functioning, sensory needs, adaptive functioning, understanding of cause and effect or ability to use information consistently. Stress, fatigue, unfamiliar settings, transitions, sensory demand and trauma may increase support needs.

- Use respectful, concrete and non-shaming language; describe needs and observable risk rather than labelling a person as difficult, non-compliant or unsafe.
- Give one instruction or question at a time where helpful, allow extra processing time, repeat or rephrase information and use visual or written prompts.
- Check understanding without relying only on a "yes", "no", nod or apparent agreement.
- Use predictable routines, clear boundaries, named trusted adults, structured transitions, regulation breaks and low-arousal support.
- Assess real-world functioning and support needs rather than relying on diagnosis, IQ, age or verbal fluency.
- Recognise distress, shutdown, flight, impulsivity, perseveration or aggression as possible indicators of overwhelm or unmet need; respond first through safety, co-regulation and adjustment.
- Do not expect consequences or previous experience alone to prevent recurrence where memory and executive functioning are affected.

# 5. Governance and responsibilities

## 5.1 Board of Directors

The Board holds overall accountability for health and safety. It approves this policy, appoints a competent Health and Safety Lead, ensures adequate resources and receives assurance on risk assessments, training, incidents, corrective actions and emerging risks. Health and safety will be considered at least every six months and after any significant incident.

## 5.2 Health and Safety Lead, managers and event leads

- Maintain current policies, procedures and risk-assessment arrangements.
- Ensure activities are led and supervised by people with suitable specialist knowledge, skills, experience and authority.
- Coordinate with the Designated Safeguarding Lead where risk concerns involve a child or adult at risk.
- Ensure venue, contractor and activity information is obtained and reviewed.
- Provide suitable first-aid, fire, welfare, communication and emergency arrangements.

- Brief staff, volunteers, participants, families and contractors on relevant controls.
- Stop, pause, adapt, relocate or cancel an activity where controls are no longer effective.
- Monitor practice and record decisions, incidents and learning.

### 5.3 Employees, volunteers and contractors

- Take reasonable care of their own health and safety and that of others affected by their actions or omissions.
- Follow this policy, agreed procedures, risk assessments, safeguarding arrangements and reasonable instructions.
- Use equipment correctly and report defects, hazards, incidents, near misses and safeguarding concerns promptly.
- Work within their competence and seek guidance where a situation exceeds their training or authority.
- Complete required training and participate in briefings, supervision and emergency practice.
- Never interfere with safety equipment or arrangements.

Participants and accompanying supporters are expected to share relevant information needed for safe planning, follow accessible safety instructions, use equipment as directed and report hazards, changes in need, incidents or concerns promptly. These expectations will be communicated in a way that reflects each person's understanding and support needs. A person will not be blamed or excluded solely because disability affects memory, communication, regulation or the consistent use of instructions.

## 6. Risk assessment and inclusive planning

Suitable and sufficient risk assessments will be completed by a competent person before a new activity, event, venue or material change. Planning will be proportionate to the scale and degree of risk and will identify the activity, people who may be affected, hazards, existing controls, further action, responsible person, completion date and review point. Assessments will consider both group-level risks and individual support or safeguarding plans where required.

Risk assessment is a tool for enabling safe participation, not a reason for blanket exclusion. FASD HUB SOUTH WEST / FASD Informed UK will anticipate barriers and make reasonable adjustments where practicable. Where a risk cannot be removed, the event lead will consider whether it can be reduced through additional staffing, shorter sessions, quieter spaces, altered routes, accessible information, specialist equipment, transport planning, staged participation or another suitable adjustment. Any decision to restrict participation must be individual, evidence-based, proportionate, documented, reviewed and communicated respectfully.

## 7. Outdoor and off-site events

Outdoor and off-site events can offer valuable opportunities for participation, connection, movement, sensory regulation and family support. They also introduce variable conditions and additional hazards. Every organised event will have a named specialist event lead with suitable competence in the activity, FASD-informed practice and the needs of the participant group. The event lead works within this policy and the organisation's Safeguarding Policy, which provides

the structure for assessing and responding to risk for children, young people and adults at risk, including people with severe and complex needs.

## 7.1 Minimum planning considerations

- Site suitability, boundaries, access, quiet or retreat spaces, toilets and changing facilities.
- Uneven, steep, wet, slippery or unstable ground; cliffs, water, roads, vehicles, animals and other site-specific hazards.
- Weather forecasts and thresholds for heat, cold, rain, wind, lightning, poor visibility, air quality and flooding.
- Safe arrival, parking, transport, collection, handover, missing-person and reunification arrangements.
- Staffing and supervision based on functional need, communication, sensory profile, mobility, medical needs, risk of wandering or flight, vulnerability, and the nature of the activity.
- First aid, medication arrangements, allergies, hydration, food safety, sun protection, warm or waterproof clothing and access to shelter.
- Communication methods, visual schedules, clear boundaries, transitions, breaks and support if a participant becomes overwhelmed or distressed.
- Mobile-phone coverage, emergency contacts, precise location information, emergency-service access and evacuation or shelter plans.
- Equipment suitability, inspection, maintenance and any contractor or landowner controls.
- Contingency plans to shorten, adapt, relocate, postpone or cancel the event without blame or stigma.

## 7.2 Approval and recording of outdoor-event assessments

Before an outdoor or off-site event proceeds, the written risk assessment and event plan must be completed by the named specialist event lead and approved by the Health and Safety Lead or another competent person authorised by the Board. Where the assessment concerns a child or adult at risk, severe or complex needs, one-to-one support, medication, personal care, missing-person risk or restrictive intervention, the Designated Safeguarding Lead must also review the relevant safeguarding arrangements. The assessment must record the date, venue, activity, persons who may be affected, identified hazards, agreed controls, reasonable adjustments, staffing and supervision, emergency and contingency arrangements, responsible persons, approval names and dates, and the review point. A current copy must be available to the event team, and relevant controls must be communicated accessibly to participants, parents, carers, volunteers, contractors and venue staff. Material changes before or during the event must be recorded as soon as practicable, together with the decision taken and the person authorising it. Assessments and related event records will be retained securely in accordance with the organisation's records-retention and data-protection arrangements.

## 7.3 Dynamic assessment during an event

The specialist event lead will monitor weather, site conditions, staffing, group movement, equipment and individual presentation throughout the event. Controls will be adapted promptly when circumstances change. A participant who becomes dysregulated, fatigued or unable to process instructions will be offered low-arousal support, reduced demands, a quieter space,

co-regulation, a trusted supporter and an accessible route back to safety. Emergency intervention will be the least restrictive option necessary to prevent immediate harm and will follow safeguarding and behaviour-support arrangements.

## 8. Parent and carer partnership

Parents and carers often hold essential knowledge about a person's communication, sensory profile, health, mobility, regulation, support needs, strengths and previous experiences of risk. With appropriate consent and regard to confidentiality, safeguarding and the person's rights and preferences, FASD HUB South West / FASD Informed UK™ will work in partnership with parents and carers before, during and after activities. Relevant information will inform individualised planning, reasonable adjustments, supervision, transitions and emergency arrangements. Parents and carers will receive clear, accessible information about the activity, foreseeable risks, agreed controls, what support the organisation can provide and any responsibilities agreed with them. Concerns or changes will be shared promptly, and feedback will be considered in event debriefs and future planning. Partnership does not transfer the organisation's duty of care or replace the event lead's responsibility for safe delivery.

## 9. Safeguarding, severe and complex needs

Health and safety and safeguarding responsibilities operate together. Before participation, FASD HUB South West / FASD Informed UK™ will identify and document an appropriate lawful basis for collecting and using only the information necessary to plan and deliver safe support. People will be supported to understand, consider and communicate decisions through accessible information, one question or choice at a time where helpful, extra processing time, repetition or rephrasing, visual or written prompts, communication aids and involvement of a trusted supporter, advocate, parent, carer or relevant professional where appropriate. A person's verbal fluency, apparent agreement, nod, silence or compliance will not be treated on its own as evidence of understanding, consent or capacity. Where consent is the appropriate lawful basis, it will be freely given, specific, informed, recorded and capable of being withdrawn; withdrawal will not affect processing already carried out lawfully. Where a person may lack capacity for a particular decision, the organisation will follow the applicable legal framework, including decision-specific assessment, all practicable support to enable the person to decide, and any best-interests or related decision-making process required by law. Where safeguarding, vital interests or another legal duty requires information to be used or shared without consent, the decision and reasons will be recorded. Relevant information may include communication, mobility, health, sensory needs, distress indicators, regulation strategies, support with personal care, transport, trusted adults, medication, allergies and emergency contacts. Information will be accurate, kept secure, retained only as required and shared only with people who need it to deliver safe support or meet a safeguarding or legal obligation.

- Each person will be supported as an individual; diagnosis or complexity alone will not determine access.
- Support plans will identify strengths, foreseeable risks, reasonable adjustments, supervision and agreed responses.
- Parents, carers, advocates and relevant professionals will be involved with appropriate consent and regard to safeguarding.

- Apparent agreement will not be assumed to show understanding; information and choices will be presented accessibly.
- Personal care, one-to-one support, touch, photography, transport and online contact will follow safeguarding and professional-boundary requirements.
- Concerns, disclosures, missing episodes, injuries, unexplained changes or allegations will be reported immediately under the Safeguarding Policy.
- Immediate danger or urgent medical need requires a 999 call; the Designated Safeguarding Lead must be informed as soon as it is safe to do so.

Medication and personal care will be supported only under written organisational procedures. Before attendance, the organisation will agree what assistance is required, who is authorised and competent to provide it, how consent will be obtained, how medication or equipment will be stored and accessed, what will be recorded, and what action is required if a dose is missed, refused, lost or unavailable. Intimate or personal care will preserve dignity, privacy, communication and choice, follow the safeguarding plan and avoid unnecessary restriction. Parents and carers will not be asked at short notice to perform tasks that the organisation agreed to provide.

## 10. Premises, equipment and working practices

The organisation will maintain suitable arrangements for fire safety, evacuation, first aid, electrical safety, manual handling, hazardous substances, display-screen equipment, lone and home working, violence or aggression, infection prevention, food safety, driving and travel, contractor management, accessibility and the safe storage and use of equipment. Venue-specific procedures will be obtained for hired premises. Required statutory notices will be displayed or otherwise made readily available to workers.

## 11. First aid and emergencies

First-aid provision will be based on the activity, venue, attendance, travel time and participant needs. The event or activity lead will identify trained first aiders, first-aid equipment, communication methods, emergency contacts, evacuation arrangements and access for emergency services. Emergency information will be provided in an accessible format. No person will be left without appropriate support during an evacuation or emergency.

## 12. Accidents, incidents and near misses

All accidents, work-related ill health, safety incidents, near misses, equipment failures and significant distress or safeguarding events must be reported promptly on the organisation's approved form. The Health and Safety Lead will secure immediate action, preserve relevant evidence, coordinate with the Designated Safeguarding Lead where required, investigate proportionately, identify learning and monitor completion of corrective actions. Reportable events will be notified to the enforcing authority under the current Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR).

# 13. Information, training and supervision

Induction and role-specific learning will cover this policy, risk assessment, incident reporting, emergency action, first aid where relevant, safeguarding, professional boundaries, accessible communication and FASD-informed practice. Additional training will be provided for activities such as outdoor leadership, water or animal contact, food handling, manual handling, medication support, lone working and managing distress or aggression. Competence will be checked through qualifications, experience, supervision, observation and refresher learning.

# 14. Records, monitoring and review

Records will be retained securely and in line with data-protection and retention requirements. They include risk assessments, event plans, individual support information, training and competency records, first-aid arrangements, equipment checks, contractor information, accidents, incidents, near misses, investigations, RIDDOR reports, meeting records and action plans. The policy will be reviewed by 1 September 2027 and sooner if there is a significant incident, material change to activities or organisational structure, evidence that controls are ineffective, or a relevant change in law or guidance.

# 15. Legal framework, guidance and references

This policy must be read with the legislation, statutory guidance, regulator guidance and internal policies listed below. References were checked during the August 2026 review. The Health and Safety Lead and Designated Safeguarding Lead will monitor material changes and obtain competent legal, clinical, safeguarding or activity-specific advice where interpretation or application is uncertain. Guidance does not replace the organisation's legal duties, individual assessment or professional judgement.

## 15.1 Primary legislation and regulations

- Health and Safety at Work etc. Act 1974, particularly sections 2, 3, 7 and 8 — www.legislation.gov.uk/ukpga/1974/37/contents
- Management of Health and Safety at Work Regulations 1999, including risk assessment, prevention, competent assistance, emergency procedures, information, cooperation and training — www.legislation.gov.uk/uksi/1999/3242/contents
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) — www.legislation.gov.uk/uksi/2013/1471/contents
- Health and Safety (First-Aid) Regulations 1981 — www.legislation.gov.uk/uksi/1981/917/contents
- Workplace (Health, Safety and Welfare) Regulations 1992 — www.legislation.gov.uk/uksi/1992/3004/contents
- Regulatory Reform (Fire Safety) Order 2005 — www.legislation.gov.uk/uksi/2005/1541/contents
- Manual Handling Operations Regulations 1992 — www.legislation.gov.uk/uksi/1992/2793/contents
- Control of Substances Hazardous to Health Regulations 2002 — www.legislation.gov.uk/uksi/2002/2677/contents

- Provision and Use of Work Equipment Regulations 1998 — www.legislation.gov.uk/uksi/1998/2306/contents
- Equality Act 2010, including sections 15, 20, 21 and 29 on disability discrimination, reasonable adjustments and services — www.legislation.gov.uk/ukpga/2010/15/contents
- Children Act 1989 and Children Act 2004 — www.legislation.gov.uk/ukpga/1989/41/contents and www.legislation.gov.uk/ukpga/2004/31/contents
- Care Act 2014, including adult safeguarding duties — www.legislation.gov.uk/ukpga/2014/23/contents
- Mental Capacity Act 2005 — www.legislation.gov.uk/ukpga/2005/9/contents
- UK General Data Protection Regulation and Data Protection Act 2018 — www.legislation.gov.uk/ukpga/2018/12/contents

## 15.2 Statutory and national safeguarding guidance

- Department for Education, *Working Together to Safeguard Children 2026: statutory guidance*, updated 18 March 2026 — www.gov.uk/government/publications/working-together-to-safeguard-children--2
- Department of Health and Social Care, *Care and support statutory guidance*, including adult safeguarding and carer assessment provisions; note the GOV.UK notice that parts remain under review — www.gov.uk/government/publications/care-act-statutory-guidance
- Office of the Public Guardian, *Mental Capacity Act 2005 Code of Practice* — www.gov.uk/government/publications/mental-capacity-act-code-of-practice
- Relevant local safeguarding partnership procedures, thresholds, referral pathways and emergency contacts for the area in which an activity takes place.
- For work in Wales, the Social Services and Well-being (Wales) Act 2014, Working Together to Safeguard People codes and Wales Safeguarding Procedures must also be applied.

## 15.3 Health and safety, event and data-protection guidance

- Health and Safety Executive, *Event safety*, including *Getting started* and *Managing an event* — www.hse.gov.uk/event-safety/; www.hse.gov.uk/event-safety/getting-started.htm; www.hse.gov.uk/event-safety/managing-an-event.htm
- Health and Safety Executive, *Managing risks and risk assessment at work* — www.hse.gov.uk/simple-health-safety/risk/
- Health and Safety Executive, *RIDDOR* and *Reporting accidents and incidents at work* (INDG453) — www.hse.gov.uk/riddor/ and www.hse.gov.uk/pubns/indg453.htm
- Health and Safety Executive, *First aid at work: Guidance on regulations* (L74, third edition, amended 2018 and 2024) — www.hse.gov.uk/pubns/books/l74.htm
- Health and Safety Executive, *Health risks from working in the sun* (INDG147, revised 2019), together with current HSE guidance on extreme heat and outdoor work — books.hse.gov.uk/gempdf/indg147.pdf
- Information Commissioner's Office, *Special category data*, including the need to identify and document an Article 6 lawful basis and an Article 9 condition, and to consider a data protection impact assessment for high-risk processing — ico.org.uk/for-

organisations/uk-gdpr-guidance-and-resources/lawful-basis/a-guide-to-lawful-basis/special-category-data/
- Information Commissioner's Office, *Vital interests*; this is a narrow basis generally relevant to necessary life-protecting processing and is not a routine basis for planned health-data processing — ico.org.uk/for-organisations/uk-gdpr-guidance-and-resources/lawful-basis/a-guide-to-lawful-basis/vital-interests/

## 15.4 Clinical and FASD-informed guidance

- National Institute for Health and Care Excellence, *Fetal alcohol spectrum disorder*, Quality Standard QS204 — www.nice.org.uk/guidance/qs204
- National Institute for Health and Care Excellence, *Disabled children and young people up to 25 with severe complex needs: integrated service delivery and organisation across health, social care and education*, Guideline NG213 — www.nice.org.uk/guidance/ng213
- FASD Informed UK™, *FASD Informed Toolkit Social Care 2026*, used as organisational practice guidance for communication, developmental functioning, safeguarding, assessment, family support and complex-needs planning.
- FASD HUB South West / FASD Informed UK™, *Safeguarding Policy*, reviewed 2 August 2026 and approved 7 August 2026.
- FASD HUB South West / FASD Informed UK™, *Equality, Diversity and Inclusion Policy*, reviewed 2 August 2026 and approved 7 August 2026.

## 15.5 Related internal procedures and source control

This policy is implemented through the organisation's current risk-assessment form and register, event plan, individual participation and support plan, safeguarding referral procedure, incident and near-miss form, missing-person or unsafe-departure procedure, medication procedure, personal and intimate-care procedure, first-aid arrangements, emergency and business-continuity plan, lone-working procedure, equality and reasonable-adjustment process, data-protection and retention schedule, complaints procedure and whistleblowing procedure. The controlled master copy will record the version, approval date, owner and next review. At each review, the policy lead will check that cited sources remain current, record any superseded edition, and update operational procedures and staff briefings where a change affects practice.

**Approved on behalf of FASD HUB South West, trading as FASD Informed UK™, on 7 August 2026.**