

Health and Safety Policy

Designated Health and Safety Officer: Chris Lucker and Matthew Boucher

Writer/reviewer of this policy: Richard Todd Version: 1 Date: 07/08/2018

Gloucestershire FA is committed to providing a safe working, coaching, teaching and learning environment for all personnel, learners and any related third parties.

The Head of Centre David Neale is responsible for ensuring that this policy is published, implemented and accessible to all personnel, learners and any relevant third parties. The Head of Centre will also ensure that all personnel have read and understood this policy and that any amendments to the policy are communicated to relevant parties.

Learners should be made aware of this policy at the start of their course and the policy should be easily accessible (website).

Objectives

All learners, personnel and third parties have a responsibility to prevent any accidents or injuries taking place. This is a legal responsibility under Section 7 of the Health and Safety at Work Act 1974.

Gloucestershire FA aims to promote health and safety in the workplace and learning environment by:

- providing and maintaining safe equipment and environment, including a means of access in a condition that is safe and without risk to health.
- ensuring sufficient first aid cover is available during courses/programmes.
- implementing regular emergency and evacuation procedures in case of a significant incident.
- providing information on escape routes and emergency exits in case of a fire
- providing signage or information on the identification or location of fire-fighting equipment
- protecting the health and safety and welfare of individuals/vulnerable learners via systematic risk management.
- engaging with learners, personnel and any related third parties, to provide relevant information, instruction, training and supervision, as is necessary to ensure health and safety.
- providing adequate training and allocating appropriately qualified members of personnel to identify and control potentially hazardous situations/environments.
- having employer liability and indemnity insurance, which covers staff, learners and third parties.



Risk Assessment Procedure

Risk Assessments will be carried out for all relevant activities/venues by following the procedure below:





Risk Assessment Record

Location/Site	
Activity	
Risk assessor	Date

Hazard Description	Cause and Consequence (what causes the hazard and why is it harmful)	Control Measures in Place (preventive action)	Recovery Measures in Place (corrective action)	Severity/level of risk (low/medium/high based on evaluation of likelihood and impact)	Action Completion Details (date and nominated staff)



Signed Time risk assessment completed



First Aid Procedure

Designated First Aiders	Contact details
Location of First Aid boxes	

All designated first aiders are appropriately qualified. Therefore, one of the first-aiders listed above must be contacted in the event of an incident occurring, to administer any first aid required. It is important that all issues where a first-aider has been involved are recorded in the necessary incident logbook(s) which accompany the first-aid box(es).

It is the responsibility of the tutor/assessor to make learners aware of whom their nominated first-aiders are and where they can be found (they are required to be on site at the time of a course/programme taking place).

All accidents/ incidents will be recorded on an Accident Report Form which should be sent to the Designated Health and Safety Officer who will decide whether further action needs to be taken and whether a report under RIDDOR¹ is required.

¹ Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013



Accident Report

Da	Date, time, location and event details where the incident took place				
Da	te		Time		
Lo (Ve	cation nue)				
	ent details Qualification title and course lber)				
Inii					
	Injured persons details				
Na	me:				
Oc	cupation:				
Da	te of birth:				
Address:		Postcode			
Tel:					
Em	Email:				
Details of all persons involved – insert details of all individuals actually involved in near miss, incident or accident					
	Name		Contact number		
1					
2					
3					



4				
De	Details of all witnesses –insert details of all individuals who witnessed the near miss, incident or accident			
	Name		Contact number	
1				
2				
3				
4				
5				
Inc	Incident details			
	ne of injury		Date of injury	
Description of the incident				
Tre	eatment applied			
Na	me of person giving treatment			
Ro	le of person giving treatment			



Loss of consciousness:	Yes/No	Ambulance called:	Yes/No
Person sent to Hospital:	Yes/No	If Yes, which Hospital:	
Name of person completing this report			
Date of report		Office use only: date report received	