



Cumberland FA Health and Safety Policy

Version 4 1st May 2019

Scope

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

It is ultimately the responsibility of the Head of the Centre, Craig Lewis, to ensure that this procedure is implemented, published and accessible to all personnel, learners and any relevant third parties. However, the Qualification Coordinators (QCs) specific to each qualification are responsible for ensuring this information is fully understood by their qualification team and by the learners who commence courses/programmes in their area.

All learners and personnel have a legal responsibility, as stated under Section 7 of the Health and Safety at Work Act 1974, to do everything practicable to prevent an accident or injury to themselves and to fellow learners and/or personnel.

Objectives

Cumberland FA aims to promote health and safety, so far as reasonably practicable, by:

- providing and maintaining safe equipment and environment, including a means of access in a condition that is safe and without risk to health
- preventing accidents and cases of work-related ill health and safety hazards arising from work activities via effective risk identification, assessment and implementation of control measures
- implementing regular emergency and evacuation procedures in case of a significant incident
- protecting the health and safety and welfare of individuals and vulnerable learners via systematic risk management
- engaging with learners, personnel and any related third parties, to provide providing 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
- complying with statutory regulation on health and safety and welfare of learners, personnel and any related third parties

This list is not exhaustive and represents general principles followed by Cumberland FA in respect of health and safety.

Risk Assessment Procedures

Cumberland FA ensures that suitable and sufficient control measures are in place to reduce identified risks in the delivery of all courses/programmes.

All personnel required to conduct risk assessments will be given the appropriate training and/or will be made aware of what is expected of them in advance. All recorded risk assessments are made available to all relevant staff who must ensure that all control and/or recovery measures plans are complied with and related actions recorded.

Where tutors/assessors identify additional risks which were not previously identified, or where a current risk assessment is not in place risk assessment must be conducted.

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

The nominated/appointed individuals(s) are:

First-aiders

Ben Snowdon – 07918 083638

Craig Lewis – 07786 130168

Nicholas Rigg – 07403 016858

James Reid – 07918 083637

David Morris – 07812 615705

All confirmed nominees are appropriately qualified first-aiders, holding current first-aid certificates. 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).

Whenever learners are present, to attend for a component of a course/programme, their tutor/assessor is responsible for making them 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).

The first aid box(es) are located:

Nominated first aiders as above are also provided with appropriate first-aid equipment.

Accident Reporting

During a course the Tutor, Assessor, individual(s) in charge of the event (possible via delegation) involved in the accident/incident is responsible for ensuring that an investigation takes place and that an accident/incident/near miss report is completed.

In the case of an injury, following appropriate care for the injured individual, the Tutor/ Assessor/individual(s) in charge of the event must inform the nominated person James Reid at Cumberland FA.

The Accident Report Form should be forwarded immediately via the quickest route to enable details to be recorded and any actions noted.

Please note that delivery/assessment sites might also have their own recording procedures which will also need to be followed.

Accident Report

| Date, time, location and event details where the incident took place | | |
|--|--|------|
| Date | | Time |
| Location (Venue) | | |
| Event details (eg Qualification title and course number) | | |

| Injured persons details | | |
|-------------------------|--|----------|
| Name: | | |
| Occupation: | | |
| Date of birth: | | |
| Address: | | Postcode |
| Tel: | | |
| 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 | | |
| 5 | | |

| 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 | | |

| Incident details | | | |
|---------------------------------------|--------|---------------------------------------|--------|
| Time of injury | | Date of injury | |
| Description of the incident | | | |
| Treatment applied | | | |
| Name of person giving treatment | | | |
| Role 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 | |