

## Health & Safety Policy

Designated Health and Safety Officer: Carol Pearce

The Changist 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 Carol Pearce 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/programme and the policy should be easily accessible (website, intranet, booklets).

### 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.

The Changist aims to promote health and safety in the workplace and learning environment by<sup>1</sup>:

- 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.

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<sup>1</sup> This list is not exhaustive but represents the general principles followed in respect of health and safety.

### **Risk Assessment Procedure**

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



# THE CHANGIST

## Risk Assessment Record

|               |  |      |  |
|---------------|--|------|--|
| Location/Site |  |      |  |
| Activity      |  |      |  |
| Risk assessor |  | Date |  |

| Hazard Description | Cause and Consequence<br>(what causes the hazard and why is it harmful) | Control Measures in Place<br>(preventive action) | Recovery Measures in Place<br>(corrective action) | Severity/level of risk<br>(low/medium/high based on evaluation of likelihood and impact) | Action Completion Details<br>(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 RIDDOR<sup>2</sup> is required.

<sup>2</sup> Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013

## Accident Report

| Date, time, location and event details where the incident took place |  |      |  |
|----------------------------------------------------------------------|--|------|--|
| Date                                                                 |  | Time |  |
| Location<br>(Venue)                                                  |  |      |  |
| Event details<br>(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                                                                                                                        |      |                |

| 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 |        |

|                                          |                    |
|------------------------------------------|--------------------|
| This policy was adopted by: The Changist | Date: 02/01/2023   |
| To be reviewed: 01/01/2024               | Signed: C M Pearce |