

## Statement of Health and Safety

Malvern Special Families has the maintenance of health and safety at all its events as one of its declared objectives. The Trustees are resolved to take all necessary measures throughout the organisation to promote this objective.

It is therefore Malvern Special Families policy, so far as is reasonably practical, to ensure that at all events organised by Malvern Special Families, the buildings, facilities, equipment and the environment are safe for the benefit of all children, families, employees and visitors. In particular Malvern Special Families Trustees will take all reasonable practical steps in the light of current knowledge, and will provide the necessary resources to ensure that:

- Safe methods of working for employees are developed and maintained.
- Employees are provided with sufficient information, instruction, training and supervision to enable them to work safely and without endangering other people, and to contribute to the reduction of risks at Malvern Special Families events.
- Risk assessments are undertaken at each venue used by Malvern Special Families.

### Organisation

The ultimate responsibility within Malvern Special Families for health and safety rests with the Trustees. They will annually appraise the effectiveness of the health and safety policy and ensure that such revisions are undertaken, as are necessary.

Fundamental to the achievement of this policy is the need for co-operation amongst all employees to ensure that Malvern Special Families can achieve its overall policy objective. Malvern Special Families requires its employees to take a mature and intelligent attitude towards health and safety and to do all that they can to minimise the possibility of any accident or injury occurring.

Effective joint consultation on health and safety will be maintained so that the collective advice of all concerned contributes to the establishment of safe places of work for employees and a safe environment for the children, families and visitors.

All employees have a duty under the Health and Safety at Work Act to take reasonable care with regard to the health and safety of themselves and others. They should make themselves aware of, and co-operate in the implementation of Malvern Special Families policy, its procedures and all relevant statutory documents and codes of practice, to ensure a safe working environment.

### Arrangements

Malvern Special Families health and safety objectives shall be achieved through:

- Implementation of effective management control through development and maintenance of the health and safety policy and structure in which responsibilities and accountability are clearly defined and understood
- Adoption of risk assessment techniques to enable hazards to be identified and appropriate action to be taken to minimise risks
- Promotion of an open culture in which health and safety development are clearly communicated and in which concerns of the employees may be readily discussed
- Abiding by national standards in care from Ofsted
- Establishment of arrangements to secure advice and assistance on health and safety matters as necessary from competent independent specialists
- Recognition of the value of joint consultation with nominated representatives of the staff and trustees
- Arrangements for recording and reporting of accidents as necessary

Details for implementing the above arrangements are laid out in the document entitled "Procedures."

Signed (Malvern Special Families Chairperson)

Date

Signed (Malvern Special Families Manager)

Date

*Note:*

*Whenever the holders of the post of Chairperson or Manager of Malvern Special Families change then this statement should be reprinted and signed by both of the new post holders.*

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**1. REVIEWING AND INFORMATION PROCEDURES**

- Health and Safety will appear as an agenda item at every meeting of Trustees.
- Health and Safety will appear as an agenda item at every general staff meeting.
- A copy of the leaflet “Health and Safety Law- what you should know” will be given to each Trustee and new member of staff and volunteer when they commence employment with Malvern Special Families.
- A copy of all Malvern Special Families policies including the Health and Safety Policy and Procedures will be available at every Malvern Special Families event.

**2. RISK ASSESSMENT**

The Management of Health and Safety at Work Regulations 1992 require risk assessments to be undertaken in all workplaces for all **significant** hazards. These must be recorded if there are more than 5 employees.

**Trivial** risks can be ignored, as can the risks associated with everyday life unless the risk is compounded by the work situation.

A *hazard* is something with the potential to cause harm.

A *risk* is the likelihood that a hazard will cause harm.

*Risk potential* combines the likelihood with the extent of the potential harm

**General risk assessment procedure**

The aim of this is to identify any areas of potential danger (hazards) and to eliminate them or, if this is not possible, to reduce the risks as far as is possible. The premises owner should share any relevant risk assessment with the users, and also a user should share any relevant risk assessment with the owner.

- 1) Identify any activities, equipment, facilities or procedures that give rise to a significant hazard in the area under consideration. It may be helpful to consider all perceived hazards in an area first and then decide which are significant. (It may be useful to keep a record of those not thought significant in case it becomes necessary to show that they have been considered, in the event of a subsequent accident).
- 2) Consider which groups of people are likely to be put at risk (e.g. children, staff)
- 3) Consider the nature of the hazard and the type of harm it might cause.
- 4) Assess the potential for risk and classify them as high, medium or low risk potential. The risk potential will depend both on the degree of harm that can be caused and the likelihood of it happening.
- 5) Consider what precautions or control measures are necessary and whether existing ones are adequate or can be improved in any way to reduce the risk potential so far as is possible.
- 6) Record the assessment in a clear and suitable format.
- 7) Review the risk assessment periodically or if any significant factors (e.g. staff, children, premises) change.
- 8) All children/ young people’s files include a personal risk management form.

### 3. FIRST AID

There will be at least one person qualified in first aid and a first aid box present at every MSF event. After each club, the playleader will ensure that sufficient stocks are maintained and that supplies are disposed of when out of date. In practice the Deputy playleader and playleader are trained, with many playworkers also trained. Paediatric first Aid Training is held by the playleader and deputy at our Ofsted registered clubs, in addition to Emergency First Aid in the Workplace.

The first aid box should contain:

- 1 guidance leaflet giving general first aid advice
- Disposable gloves (at least one pair of medium and large)
- 10 individually wrapped medical wipes
- 20 individually wrapped sterile adhesive dressings (plasters) in assorted sizes
- 2 triangular bandages
- 2 sterile eye pads
- 3 large size (approx 18cm x 18cm) wrapped, sterile un-medicated dressing
- 10 safety pins
- 1 pair of rustproof blunt-ended scissors

Following any accident or injury, the following steps should be taken to ensure that the correct help is given as quickly as possible.

- 1) The injured person should not be moved if there is any suspicion that doing so could exacerbate their injuries.
- 2) The first aider should examine the injured person and give such treatment as is appropriate or possible.
- 3) If hospital treatment is necessary an ambulance should be called. Staff should not use their own cars to take injured persons to hospital unless there are exceptional reasons for doing so.
- 4) The parent or guardian of a child should be contacted as quickly as possible and asked to join their child as soon as possible at the MSF event or hospital. There must be no delay to treatment or despatch of the injured child to hospital while waiting for parents or guardians to arrive.
- 5) A member of staff must accompany the child to hospital in the ambulance unless parents have arrived to do so or requested not to do so by the ambulance crew. The staff member should wait at the hospital until the parent arrives.
- 6) Staff accompanying a child to hospital are not able to give consent for a child's treatment, but should take with them any consent form for treatment which has been signed by the child's parent or guardian.
- 7) The Accident and Near Miss Reporting File should be completed as soon as possible and the MSF Manager informed.

### ACCIDENT AND NEAR MISS REPORTING

#### All accidents

In the event of an accident to a child their parent/guardian should either be contacted immediately by the playleader or at the end of the club depending on the seriousness of the accident.

All accidents and near misses happening to employees, volunteers, children, visitors and trustees must be recorded in the appropriate Accident and Incident Reporting Books and a duplicate sent promptly by post to the manager:

Malvern Special Families,  
First Floor Offices  
73 Church Street  
Malvern WR14 2AE

The following information must be recorded as the minimum:

- 1) Date and Time
- 2) Name of injured (or nearly injured) person
- 3) Place of accident
- 4) Nature of injury
- 5) How caused
- 6) Treatment given/action taken
- 7) Staff attending

## Serious accidents

Serious accidents include the following:

To employees:

- Fatalities
- Major injury
- Unconsciousness
- A stay in hospital greater than 24 hours
- The need to be off work for more than 3 consecutive days (not necessarily working days) starting on the day following the accident

To children/parents/visitors/volunteers:

- Fatalities
- Direct admission to hospital for treatment from the scene of the accident

As well as completing the Accident and Incident Reporting Books the **form F2508 must be completed by the manager** who will hold copies of this form. It must be sent promptly to the Health and Safety Executive at:

Malvern Hills District Council  
Highlea  
36 Church Street  
Malvern  
WR14 2AZ

## Fatalities

Fatalities must be reported immediately to the police and then to the manager or a trustee if the manager is not available. They will contact the Health and Safety Executive at:

Malvern Hills District Council  
Highlea  
36 Church Street  
Malvern  
WR14 2AZ

## Near misses

Near misses are situations where an injury was not caused, but could have been. It is important that they are recorded and reported to the Malvern Special Families manager as it helps to identify areas where it may be possible to prevent an accident from happening in the future.

## 4. ASSAULTS ON STAFF

Physical attacks on staff should always be reported and taken seriously, with consideration given as to what caused the incident and how a repetition may be avoided.

They should always be reported whether or not there has been a physical injury sustained. It is realised that the children who attend MSF activities may cause injury to staff without fully understanding what they are doing.

## 6. ELECTRICAL EQUIPMENT

Electrical equipment should be treated with great care.

**Great care should be exercised when using two or three way adapters to ensure they are not overloaded. The use of extension leads should be avoided wherever possible and they should never be allowed to trail across gangways.**

Inspection and testing of electrical equipment is most important and all appliances should be inspected and tested annually by a trained electrician.

For electrical equipment used elsewhere a visual inspection will detect 95% of all faults and should include the following:

- Ensure that the mains lead and plug are not damaged.
- Check that the outer casing of the lead is held firmly at both ends and that there are no individual coloured conductors showing at either end.
- Ensure that the top of the plug is securely fitted.

Appliances should be fitted with the correct fuse.

Appliances should also be observed whenever they are used and if seen to be faulty their use should be discontinued.

## 5. BLOOD BORNE DISEASES

Precautions against infection by blood borne diseases should be taken whenever it becomes necessary to deal with any body fluids, including blood, urine and vomit. The main danger is of infection by HIV or Hepatitis B viruses, particularly the latter as the virus can remain active for long periods well below body temperature. Hepatitis A and C viruses can also cause serious infections.

### Dealing with body fluid spillages including bleeding:

- Disposable gloves should be worn by all staff having to deal with spillages of body fluids, no matter how small. Vinyl, latex or latex free (if necessary) gloves in a range of sizes will be available for staff to use in the event of a spillage. They should not be reused, and if punctured during a procedure should be replaced immediately. Hands should be washed before and after taking off the gloves.
- Disposable aprons will be available and should be worn if there is any danger of the spillage being splashed onto the clothing.
- Spillages of blood, vomit, urine or diarrhoea should be cleared up as quickly as possible. They should not be left until cleaning staff arrive. Disinfectant will be available which should be applied to the spillage, which should then be covered with paper towels. It should then be wiped up with paper towels and the surface rinsed with water before being dried. The spillage should be wiped up immediately if its position will create a hazard e.g. in the middle of a busy room.
- External bleeding should be dealt with by normal First Aid methods. If surgical dressings or other materials are used as compresses to stop bleeding they should be treated and disposed of as contaminated waste. When bleeding has stopped, the area surrounding the wound should be washed with soapy water, any blood splashed onto the person giving First Aid should be washed off with plenty of water as soon as possible and immediately if the mouth or eyes are splashed.
- Gloves, paper towels and contaminated dressings or other materials should be sealed in a plastic bag and disposed of in the waste bin. Hands should be washed again at the end of the job.
- Contaminated waste: If the spillage comes from a person known to be infected with a blood-borne virus, waste (including nappies, incontinence pads, sanitary towels etc.) should be double wrapped in yellow bags and arrangements made for it to be removed for incineration.
- Vaccination against Hepatitis B is available from General Medical Practitioners should staff consider themselves at special risk of infection, cost to be met by Malvern Special Families.

## 6. FIRE AND OTHER EMERGENCY ARRANGEMENTS

**Staff should familiarise themselves with the fire escape routes and fire evacuation procedures of the building in which they are situated at the beginning of each event. Fire evacuation plans should be on the risk assessment forms.**

A register should be taken of every person entering and leaving the building, which, in the event of an emergency evacuation should be taken to the assembly point by the person with overall responsibility.

All fire and escape routes must remain unobstructed at all times and external doors must never be locked when the building is occupied. In the event of a bomb warning the fire alarm should be sounded and the building evacuated as if for a fire. The police should be notified immediately and no entry should be made into the building until clearance is given by the police.

## 7. MANUAL HANDLING

The Manual Handling Operations Regulations 1992 were introduced to help reduce the very high incidence of injuries related to manual handling in all areas of work. They require that an assessment of risk is undertaken for any manual handling activities where there is a significant risk of injury or where an individual person is limited in their capability by their particular circumstances (e.g. pregnancy) or by previous injury. The regulations do not require the assessment of trivial handling tasks, but there are many situations where other factors will combine to change an apparently low risk activity into one with a high risk of injury.

It is expected that all members of staff will attend an appropriate training session on manual handling, with special reference to the needs of the physically disabled children attending MSF activities. (Please see Manual Handling Policy)

## 8. OUTSIDE VISITS AND TRIPS

**Outside visits and trips must have a named playleader who will have overall responsibility.** The leader must be a member of MSF staff. There must be sufficient accompanying adults to allow all the children's needs to be met. As a minimum staff must allow for the possibility that one or more of the accompanying adults might have to leave the party e.g. to accompany a child to hospital following an accident. There should be sufficient adults left to supervise the party adequately.

Unless the accompanying staff are extremely familiar with the area to be visited, a preliminary planning visit is absolutely essential. Risk assessments of any significant hazards that may be encountered during the visit (including the journey to and from the venue) should be completed. All staff and accompanying adults must be aware of potential hazards and must adequately supervise and control the group in their charge.

Party leaders should be aware of the medical needs of all the children in the group. A First Aid kit should be taken on every trip and each trip should have a qualified first aider present.

Parents must be given the following information in writing prior to the visit or journey. This information should include:

- Purpose and destination of the visit
- Dates, places and times of departure and arrival
- Full cost of the visit
- The method of transport to be used
- Emergency contact number

### **Transport**

The transport of children in the cars of staff or other parents on MSF trips and outings is discouraged. MSF cannot be accountable for the state or safe repair of any vehicles, or for the standard of driving of parents or members of staff in their own cars.

### **Minibuses**

As a legal minimum, the driver of the minibus regularly used by the group, is obliged to:

- be over 25 years of age
- have a Class D1 entitlement on their driving license

*If a driver has passed their driving test before 1997* then they should automatically have a D1 entitlement on their driving license, but it is necessary for any intending minibus drivers to check this. When a license has been renewed after 1997 then the D1 entitlement is left off unless it is specifically requested.

*If a driver has passed their driving test after 1997* then they need to take a separate Ministry of Transport test for minibus drivers to get a D1 entitlement. There is an exception to this rule for volunteer drivers providing that the vehicle contains 17 or less passengers (including the driver)

MSF takes seriously the responsibility of drivers of minibuses and therefore expects all its volunteer minibus drivers to satisfy the requirements of the County Council Minibus Drivers Assessment (contact Road Safety Unit at County Hall tel: 01905-763763 and ask for Road Safety)

### **Driving Times**

- After 2-2 ½ hours of driving then a break of 15 minutes should be taken
- After 4 ½ hours of driving then a break of 45 minutes should be taken
- Driving time should not exceed 11 hours in any 24 hours. The 11 hours shall include any time spent working in another capacity than driving. Drivers will be alternated to share the driving duties on long journeys.
- There should be a second driver to share the driving on longer journeys.

### **Tail lift operation and wheelchair clamping**

Specific training in tail lift operation and wheelchair clamping will be given to drivers and escorts

### **In the event of any accident or emergency**

- Contact the appropriate emergency service
- Make sure that all members of the party are accounted for
- Remove the adult passengers and children to a safely supervised place unless it is decided that they are safer to remain in the damaged vehicle
- If there are any injuries, administer appropriate first aid if possible
- Any adults accompanying children to hospital should take parental consent forms and appropriate medical information with them
- Contact the MSF Co-ordinator as soon as possible.

### **Farm Visits.**

Special precautions are recommended during farm visits to reduce risk of infection from animals. These are summarised as follows:

- Check that the farm is well managed with public areas and grounds as clean as possible with good hand washing facilities available. Dangerous areas should be clearly signed.
- No food should be consumed anywhere other than in areas set aside for eating, which should be inaccessible to animals.
- Cuts and grazes should be covered with dressings.
- After contact with animals hands should be thoroughly washed.
- No unpasteurised dairy produce or animal feedstuffs or unwashed crops should be consumed.
- Volunteers or staff members who are known to be pregnant will not go on farm visits.

### **9. PREGNANT AND NURSING MOTHERS**

An amendment to the Management of Health and Safety at Work Regulations 1992 requires that particular account should be taken of risks to new and expectant mothers when undertaking risk assessments. This means that extra risk assessments should be undertaken for staff who become pregnant or who return to work while still breastfeeding.

- Adequate rest facilities should be available
- Manual handling should be avoided so far as is possible in the later stages of pregnancy, not only to avoid damage to the unborn child, but also because there can be a greater susceptibility to injury.
- Certain infectious diseases notably rubella, TB, typhoid and chickenpox can affect the unborn child and staff who are pregnant should avoid contact with children or others who are known to have these diseases.

### **10. WORKING ALONE**

Working alone can be defined as work in any situation where the ability to summon assistance is impossible.

Members of staff should try to avoid working alone where possible, but if it is necessary should carry out a risk assessment and take sensible precautions to prevent the entry of unwanted visitors into the premises and ensure that they are able to make contact to request outside help if it is needed.

If a member of staff needs to work alone they should always inform another responsible person of the situation. If a home visit or meeting alone with another person is made then a responsible person should be informed of the place and time of meeting and the person being met.

### **11. WORKING CONDITIONS**

#### **Indoor temperatures**

The minimum working temperature in an administrative office should be 16°C.

The maximum working temperature in an administrative office should be that which is comfortable.

#### **Lighting and Ventilation**

This should be adequate for the work being done.

#### **Room Dimensions and Working Space**

For administrative offices the total volume of the room when empty should allow 11 cubic metres per person normally working in it.

#### **Smoking and Non-smoking Areas**

MSF operates a non-smoking policy in its office and at all of its events.

#### **Staff taking medications/other substances**

If staff are taking medication which may affect their ability to care for children, they should declare it on their health declaration form when accepting a post and seek medical advice. Staff medication on the premises must be securely stored and out of reach of children at all times.

Staff being unfit to work due to being under the influence of alcohol, drugs or any other substance which may affect their ability to care for children, will be deemed as gross misconduct and disciplinary procedures will be enforced.

