

Health and Safety Policy

Version: 6 Date: October 2018

British Weight Lifting 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 Zoe Kettle-Metcalf 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 via the 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.

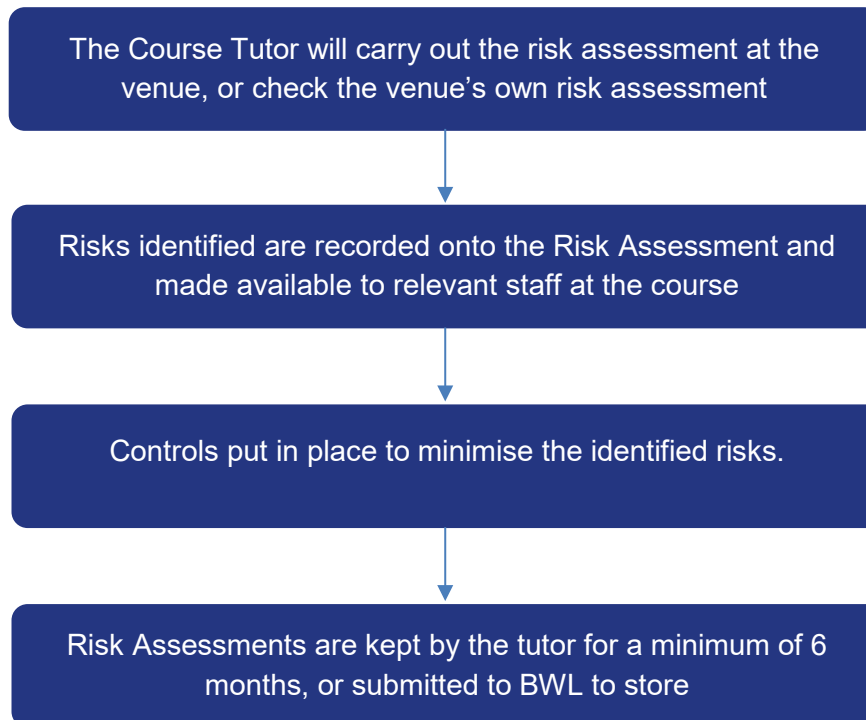
British Weight Lifting aims to promote health and safety in the workplace and learning environment by¹:

- 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.

¹ 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:



Risk Assessment Record

Venue			
Course			
Educator name		Date	

Hazard Description	Preventive Action	Any other detail	Level of risk <small>(low/medium/high based on evaluation of likelihood and impact)</small>	Action Completion Details <small>(date and nominated staff)</small>
Signed			Time risk assessment completed	

First Aid Procedure

Designated First Aiders	Contact details
Your course educator will confirm the venue first aider for the course	
Location of First Aid boxes	
Your course educator will confirm the location of the first aid box	

A designated first aider should 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 educator to make learners aware of whom their nominated first-aiders are and where they can be found.

All accidents/ incidents will be recorded on an Accident Report Form which should be sent to British Weight Lifting, who will decide whether further action needs to be taken and whether a report under RIDDOR² is required.

² 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 (Venue)	
Course details	

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	