



QUALIFICATION POLICY

HEALTH AND SAFETY POLICY

Scope

Great Britain Wheelchair Rugby Ltd 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, David Pond, 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

Great Britain Wheelchair Rugby 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 Great Britain Wheelchair Rugby in respect of health and safety.

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Risk Assessment Procedures

Great Britain Wheelchair Rugby ensure 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)	Action Completion Details (date and nominated staff)
Signed			Time risk assessment completed		



First Aid Procedure

The nominated/appointed individuals(s) are:
First-aiders First aid cover to be provided by the University of Gloucestershire, sports facility staff. The University to provide names of nominated First aiders, prior to course start dates. GBWR to nominate additional first aid cover for any course not delivered at the university of Gloucestershire.

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:
University of Gloucestershire Sport Facility office Nominated first aiders 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 Paul Arnold at Great Britain Wheelchair Rugby.

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.

In the instance of any lack of clarity arising from this policy, or where a resolution cannot be reached under the guidance of this policy, Great Britain Wheelchair Rugby will refer to all relevant corporate policies to resolve issues.



Accident Report

Date, time, location and event details where the incident took place			
Date		Time	
Location (Venue)			
Event details (e.g. 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		

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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	