



Registered Charity 1092333

# Hart First Response

## Health and Safety Policy

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### 1. Statement

- 1.1. This document is the health and safety policy statement of Hart First Response (HFR), an organisation which provides first aid, ambulance aid and public education services to local people and at local events.
- 1.2. This policy statement was formulated following the guidance provided in 'Stating your business' (IDG324) published by the Health and Safety Executive.

### 2. Introduction and scope

Our statement of general policy is:

- 2.1. To provide adequate control of the health and safety risks arising from our activities.
- 2.2. To consult with our volunteers on matters affecting their health and safety.
- 2.3. To provide and maintain safe equipment.
- 2.4. To ensure safe handling and use of substances.
- 2.5. To provide information, instruction and supervision to support volunteers.
- 2.6. To ensure that volunteers are suitably qualified and experienced to perform any tasks asked of them.
- 2.7. To provide relevant training.
- 2.8. To prevent accidents and cases of work-related ill health.
- 2.9. To maintain safe working conditions.
- 2.10. To comply with relevant legislation
- 2.11. To review this policy and revise as necessary, either in light of operational experience or organisational change and on an annual basis.

### 3. Related policies, procedures and Acts

- The Health and Safety at Work etc Act 1974
- The Management of Health and Safety at Work Regulations 1999
- Regulatory Reform (Fire Safety) Order 2005
- Control of Substances Hazardous to Health Regulations 2002 (COSHH)
- Manual Handling Operations Regulations 1992
- Health and Safety (Display Screen Equipment) Regulations 1992
- Noise at Work Regulations 2005
- Regulatory Reform (Fire Safety) Order 2005 - fire precautions for buildings
- Workplace (Health, Safety and Welfare) Regulations 1992 – design, maintenance and environmental requirements for workplaces
- Provision and Use of Work Equipment Regulations 1998 – design, selection and maintenance requirements for equipment
- Electricity at Work Regulations 1989 – design and maintenance of electrical systems
- Safety Representatives and Safety Committees Regulations
- Health and Safety (First Aid) Regulations 1981
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 – statutory reporting procedures (RIDDOR)



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There are numerous other items of legislation specifying detailed health and safety duties. These will normally be dealt with by specialists with appropriate knowledge and training.

### 4. Responsibilities

- 4.1. Overall and final responsibility together with day-to-day responsibility for health and safety is that of the **Chair of Hart First Response**.
- 4.2. All **volunteers** are required to:
  - 4.2.1. Co-operate with all other volunteers and the Executive Committee on health and safety matters.
  - 4.2.2. Not interfere with anything provided to safeguard their health and safety.
  - 4.2.3. Take reasonable care of their own health and safety and use Personal Protective Equipment (PPE) as provided and in line with their training.
  - 4.2.4. Follow the HFR risk management and incident reporting process and report all health and safety concerns.

### 5. Staff training and support

- Qualified HFR volunteers will receive relevant training.
- HFR volunteers will be made aware of this updated policy by members of the HFR Executive Committee as appropriate.
- All HFR volunteers are assigned mentors (members of the HFR Executive Committee) to whom they are encouraged to approach as a first point of contact in the event of a concern.

### 6. Risk assessments

- 6.1. Formal written risk assessments will be assessed by the HFR Executive Committee using HFR's Risk Register.
- 6.2. The results of training needs reviews are used to inform HFR's Training Programme.
- 6.3. Risk assessment will be conducted by suitably qualified and experienced persons under the guidance of the person responsible for health and safety.
- 6.4. Risk assessment will be conducted at two levels. First, HFR will produce formalised risk assessments based on generic, known or planned activities undertaken; these will include control actions to mitigate risk and inform operational practice. Second, dynamic operational risk assessments will be conducted by volunteers prior to undertaking specific tasks. There is no need for these latter risk assessments to be recorded, but these must be reported if significant observations are made.
- 6.5. Risk assessors will follow the principles of '5 Steps to Risk Assessment' (from the UK HSE's model), which will clearly identify hazards, risks, people at risk, level of risk, control measures and any additional safety measures to be considered. Risks will be assessed and prioritised using a quantitative rating system and discussed with affected volunteers.
- 6.6. When determining controls, consideration shall be given to reducing the risks according to the following hierarchy:
  - Elimination
  - Substitution
  - Reduction
  - Process controls
  - Signage/warnings/administrative controls
- 6.7. To ensure consistency, risk assessment templates have been designed to cover specific risks, e.g. fire, COSHH, etc.



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- 6.8. The findings of risk assessments will be reported to the Executive Committee and any action to remove or control that risk will be approved by the Executive Committee.
- 6.9. The Executive Committee may solicit additional 'expert' advice if required on a time- and task-limited support basis from an external advisor (such as Environmental Health Officer, H&S Expert, etc). The person responsible for health and safety will ensure that any required actions are implemented and that risks have been mitigated.
- 6.10. Risk assessments will be reviewed together with the health and safety policy statement when a work activity changes or as scheduled in the HFR database.

### 7. Legal and other requirements and evaluation of compliance

- 7.1. HFR will review health and safety legislation, regulations and other requirements relevant to its activities to ensure that their requirements are communicated to the HFR volunteers through training and communication programmes.
- 7.2. Any significant changes in legislation will be communicated to the Executive Committee at Executive Committee meetings. Changes in requirements will be identified from appropriate sources, including trade associations, relevant safety websites and other safety publications.

### 8. Safe equipment

- 8.1. The **Honorary Secretary** will be responsible for identifying all equipment needing maintenance via the HFR database and ensuring effective maintenance procedures are drawn up.
- 8.2. The **Chair of HFR** will be responsible for ensuring all identified maintenance is implemented.
- 8.3. Any problems with equipment should be reported to the **Honorary Secretary** as soon as is reasonably practicable.
- 8.4. The **Executive Committee** will check that any new equipment is purchased in accordance with HFR's Medical Devices Policy or relevant guidance.

### 9. Safe handling and use of substances

- 9.1. The person responsible for the safe handling and use of substances is the **Vice-Chair**, who will be responsible for:
  - Identifying all substances which need a COSHH assessment
  - Undertaking COSHH assessments
  - Ensuring that all actions identified are put to the Executive Committee
  - Ensuring that all required actions are implemented
  - Checking that any new substances can be used safely before they are purchased
- 9.2. COSHH assessments will be reviewed together with the health and safety policy statement when a work activity changes or as scheduled in the HFR database.

### 10. Personal Protective Equipment (PPE)

- 10.1. The Health and Safety Executive defines PPE as 'all equipment (including clothing affording protection against the weather) which is intended to be worn or held by a person at work and which protects him against one or more risks to his health or safety.'
- 10.2. It is important to note that PPE is supplied only in cases where there are risks to health and safety that cannot be adequately controlled in other ways.



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- 10.3. The need and type of PPE is defined by addressing particular areas of the body on a 'top to toe' basis as described by the Health and Safety Executive, by analysis of task-based risk assessments and any feedback gained from operational experience.
- 10.4. Duties of **Hart First Response**
- HFR undertakes to minimise risks to volunteers by the provision of suitable PPE wherever it is required and to provide training in its application and use.
  - HFR will maintain records of PPE equipment within the equipment database; this will be used to arrange for inspection, maintenance or replacement in line with suppliers recommendations.
  - HFR will store PPE in accordance with suppliers recommendations.
- 10.5. Duties of the **volunteer**
- It is the responsibility of the volunteer to be familiar with the range of PPE supplied, assess risks whilst on duty and use PPE appropriately as required.
  - It is the responsibility of the volunteer to use the PPE provided in accordance with the training they have received.
  - It is the responsibility of the volunteer to contact a member of the Executive Committee if they feel that there is a need for any additional PPE.
  - PPE is provided for members to use only at approved HFR events.
  - It is the responsibility of the volunteer to take reasonable care of any PPE provided for them and to ensure that their personal PPE is maintained in a clean and serviceable condition.
  - It is the responsibility of the volunteer to inform a member of the Executive Committee of any damage to PPE that they may find.
- 10.6. Eye and ear protection
- Safety glasses are provided for first aid and ambulance volunteers to protect against dust, small flying objects or a patient's body fluids.
  - Safety glasses will be to the recognised British Standard BS EN 166-1F.
  - HFR will make provision of safety glasses for people who normally wear glasses upon request.
  - HFR will provide disposable foam earplugs for hearing protection.
- 10.7. Head and neck protection
- Hard hats are provided to offer head and neck protection from falling objects.
  - It is the responsibility of the volunteer to assess whether hard hats are likely to offer a benefit to safety if worn, unless already stipulated as mandatory by Officer in Charge.
  - Hard hats are to be marked with identification showing the date of purchase.
  - Hard hats are to be disposed of following a maximum of 3 years' service or earlier if they are damaged in any way that may reduce their effectiveness.
  - Hard hats should be fitted properly and are provided with chin straps.
  - HFR provides thermally insulated caps for wearing outside in cold conditions. It is the responsibility of an individual volunteer to decide on the benefits of wearing the caps to reduce heat loss on cold days.
  - HFR will also provide hats to protect against excess sun; such hats should also offer protection to the back of the neck.



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### 10.8. Breathable atmosphere

- HFR does not undertake to provide services in areas where the breathable atmosphere may pose a risk to the volunteer, either by the absence of oxygen or the presence of harmful gases.
- The presence of dust, water vapour or exhaust fumes during normal service provision is not considered to provide any special hazard outside of normal experience.
- The presence of potentially dangerous atmospheres should be considered by each volunteer in choosing the position or location in which they place themselves.
- The risk to first aiders or ambulance crews from patients with infectious diseases, by inhaling infectious agents is covered in detail by published guidance on infectious diseases. This risk is judged to be small. Surgical masks are provided for use on the ambulance.
- Bag, valve and mask resuscitators or face shields are provided for protection during resuscitation.

### 10.9. Body protection

- HFR provides high visibility clothing such as vests, jackets and over-trousers to enhance the visibility and identification of volunteers.
- Waterproof and windproof jackets and over-trousers are provided to give protection against inclement weather.
- HFR requires its members to wear uniform during service provision. This uniform has been selected on the basis of utility to provide adequate levels of protection from adverse weather conditions and is based on commercially available workwear.
- Plastic aprons are provided to protect the volunteer against patients' infectious diseases and exposure to patients' body fluids.

### 10.10. Protection of hands and arms

- HFR provides three types of gloves in a range of sizes suitable for volunteers as listed below:
  - Nitrile gloves are provided for the dual purpose of protecting the volunteer against a patient's body fluids and to protect the patient from potential cross-infection.
  - Gloves suitable for protecting volunteers' hands from the cold in adverse weather conditions.
  - 'Rigger' gloves or gauntlets to provide hand protection against sharp edges, abrasion or heat during light rescue activities.
- Risk assessment has not shown any special requirements for PPE to protect the arms, over and above the general requirement to offer protection from abrasion during light rescue and protection from over exposure to the sun. This requirement is met by both normal uniform provision and the high visibility clothing supplied.

### 10.11. Protection of legs and feet

- HFR will provide suitable work boots for volunteers to wear at events.
- Risk assessment has not shown any special requirements for PPE to protect the legs, over and above the general requirement to offer protection from abrasion during light rescue and protection from over exposure to the sun. This requirement is met by both normal uniform provision and the high visibility clothing supplied.



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### 11. Accidents, first aid and work-related ill health

- 11.1. Accidents and ill health at work which are covered under RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations) will be reported by the Honorary Secretary.
- 11.2. HFR has no requirement for health surveillance.

### 12. Policy consultation

- This policy has been circulated to the HFR Executive Committee for consultation.
- The policy has been approved by the HFR Executive with future reviews and updates tabled for approval at Exec meetings.

### 13. Dissemination

A summary of any relevant changes (and a link) will be disseminated via email to the HFR volunteers, and a pdf copy of the procedure placed by a member of the Exec on the member's section of the website: [www.hartresponse.org.uk](http://www.hartresponse.org.uk)

### 14. Monitoring of compliance and effectiveness

- Monitoring of the policy will be the responsibility of the HFR Executive Committee. This will be through incidents reported on the HFR database and annual audits. Actions and lessons learned from incident investigations will be monitored through the HFR Executive Committee. Where any omissions or deficits have been noted results and action plans will be monitored through the HFR Executive Committee.
- Lessons learned will be disseminated to the HFR volunteers through email briefings or via weekly training sessions.

### 15. Implementation

- The HFR Executive Committee is responsible for communicating this information to HFR volunteers and ensuring that the procedures are followed.
- All HFR policies are available on the Hart First Response website ([www.hartfirstresponse.org.uk](http://www.hartfirstresponse.org.uk)).

### 16. Archive statement

The Honorary Secretary is responsible for archiving all previous versions and supporting evidence of approval for this policy.

### 17. References

- 'Stating your business,' IDG324, Health and Safety Executive.
- 'A short guide to the personal protective equipment at work regulations 1992', INDG174, 9/03, Health and Safety Executive.





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### Appendix 1 Equality Impact Assessment

Impact	Age	Disability	Race	Gender	Religion or belief	Sexual orientation
Do different groups have different needs, experiences, issues and priorities in relation to the proposed policy?	N	N	N	N	N	N
Is there potential for or evidence that the proposed policy will not promote equality of opportunity for all and promote good relations between different groups?	N	N	N	N	N	N
Is there potential for or evidence that the proposed policy will affect different population groups differently (including possibly discriminating against certain groups)?	N	N	N	N	N	N
Is there public concern (including media, academic, voluntary or sector specific interest) in potential discrimination against a particular population group or groups?	N	N	N	N	N	N

Do different groups (age, disability, race, sexual orientation, gender, religion or belief) have different needs, experiences, issues and priorities in relation to the proposed policy?	We have no statistical or anecdotal evidence, at this stage, to show that this policy will affect the groups mentioned differently.
Is there potential for or evidence that the proposed policy will not promote equality of opportunity for all and promote good relations between different groups (age, disability, race, sexual orientation, gender, religion or belief)?	We have no statistical or anecdotal evidence, at this stage, to show that this policy will not promote equality of opportunity or good relations between different groups.
Is there potential for or evidence that the proposed policy will affect different population groups (age, disability, race, sexual orientation, gender, religion or belief) differently (including possibly discriminating against certain groups)?	We have no statistical or anecdotal evidence, at this stage, to show that this policy will not promote equality of opportunity or good relations between different groups.
Is there public concern (including media, academic, voluntary or sector specific interest) in potential discrimination against a particular population group or groups (age, disability, race, sexual orientation, gender, religion or belief)?	We have no statistical or anecdotal evidence, at this stage, to show that this policy will affect the groups mentioned differently.

Based on the information set out above the HFR Executive Committee has decided that a full equality impact assessment is not necessary.