Patron: Dr. Michael R. Oliver OBE DL

 ***Health, Safety and Risk Policy***

**1. Background**

Knutsford Community First Responders Trust (KCFRT) is a charity that provides support to the local community in four main areas:

* Operation of a volunteer **FIRST RESPONDER** service, in conjunction with the North West Ambulance Service (NWAS)
* Provision of **HEARTSTART** training, in line with British Heart Foundation (BHF)
* The supply and maintenance of Automatic External Defibrillator (**AED)’s &** Community Public Access Defibrillator (**CPAD)’s** in Knutsford and local Parishes
* Provision of **CARDIAC SCREENING** in collaboration with a screening service, on a annual basis

The KCFRT is a registered charity and volunteers deliver its services. KCFRT follows UK charity commission rules and is managed by a small group of trustees via an executive committee.

**2. Objectives**

* To prevent accidents to all volunteers, members and the general public attending any KCFRT event or service.
* To ensure
	+ All volunteers are suitably trained and skilled for any duties required of them.
	+ Volunteers follow all appropriate guidance and instructions
	+ Risk assessments are provided when and where appropriate
	+ Volunteers take no risks to their own health or that of others
	+ All potential risks or incidents are reported to the Chairman of the Trust who will maintain a log of the incidents and the actions that were taken to reduce the risks for the future

**3. FIRST RESPONDERS**

NWAS procedures and guidance will be used for all Community First Responder (CFR) activities.

See <https://www.nwas-responders.info/PRIVATE/login.php> where CFR’s can log in to access all info required.

KCFRT will seek to minimise any risks identified in the role of CFRs.

**4. HEARTSTART**

Approved BHF trained volunteers only will deliver Heartstart training.

To ensure safety and security of the volunteers and attendees a minimum of 2 volunteers are required for every 6 attendees for any given course.

For regular events there is a Health & Safety Checklist for Events available and this is reviewed, updated, signed and dated prior to the start of each event. (see Appendix 1)

**5. AEDs/CPADs**

A spreadsheet will be kept to record all AEDs/CPAD information, to include:

* Type
* Location
* Date installed
* Date last serviced-checked
* Date batteries changed
* Date pads changed

Each AED & CPAD will be clearly labeled with a contact number for the KCFRT. Faults reported or found on inspection should be recorded in the AED log and the AED removed from service (marked not working with the location of the next nearest AED)

All CPAD’s will be tagged and checked in accordance with NWAS Memorandum of Understanding with KCFRT.

AED’s will be checked /maintained in line with the manufactures guidance.

Only official replacement parts will be used for replacement or servicing.

**6. CARDIAC SCREENING**

KCFRT arranges screening of people aged (14-34years) in the Knutsford area.

The screening organisation employed is fully responsible for all medical & confidential data taken at any event held and complete their own risk assessment of the venue and their equipment set up.

KCFRT are responsible for generating funds for these events only.

**7. Fundraising**

KCFRT organises and attends fundraising events. For each event an assessment of potential risk needs to be carried out unless the KCFRT are supporting a larger event organised by another organisation (e.g. The Knutsford Lions Fair) where the event organiser’s procedures and instructions should be adhered to. Working to others procedures does not negate the need for volunteers to always consider their own safety and to question any activities they are uncertain about.

The Health & Safety Checklist for Events should be completed, signed and dated prior to the start of each event. (See Appendix 1)

**8. General Health**

Volunteers should always consider their own personal health and not put themselves or others at risk. If a volunteer is unable to attend any activity, they should inform the Activity Lead ASAP. Should the Activity Lead not be able to find suitable replacement volunteers to reach minimum safety levels, the activity should be cancelled.

**9. Health & Safety Checklist**

All Checklists should be passed to the activity lead for review and copies provided to the KCFRT secretary for filing.

All comments, suggestions about the Checklist and policy should be reported to a member of the executive committee.

**10. Revision History**

| **Version number** | **Reason for change** | **Valid from** |
| --- | --- | --- |
| 1 | New version | 27-Mar-2018 |

**11. Appendix 1**

See following page.

Health & Safety Checklist for Event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Please tick the boxes below to confirm check completed)

* Setting up, individual volunteers to be made aware to lift according to their own capabilities and to use handles to carry cases or wheels where available. Individuals to avoid carrying items upstairs where possible
* Register of all attendees & volunteers made in case of evacuation
* Fire exits identified, all attendees to be made aware
* Fire assembly point identified in case of evacuation, all attendees to be made aware
* All public areas used have been assessed for access, suitable signage, potential tripping hazards, such as cables, bags, personal items, chairs, equipment etc. Anything identified as a hazard tidied away or the hazard reduced to the lowest possible. All volunteers to monitor this during event
* Visual inspection made of plug sockets, wiring and any equipment used during event, for signs of wear and tear, exposed wires etc. All electrical equipment used is PAT tested and in date
* Ensure that any hazardous substances or hot drinks are kept out of harm’s way and out of reach of children, and any potential allergies are addressed
* Identify the location of the nearest First Aid kit, or ensure you have your own
* Photography; if anyone taking photos or filming during the event, explicit permission or consent is given by the subject(s) for use of images
* Other identified issues & actions taken: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_