



Health & Safety

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Health and Safety Policy

It is the policy of The Outdoors Project to comply with the requirements of the Health and Safety at Work Act 1974 to ensure, so far as is reasonably practicable, the health, safety and welfare of their employees at work and comply with the Management of Health and Safety at Work Regulations 1999 (risk assessment), Health and Safety (Consultation with Employees) Regulations 1996, Safety Representatives and Safety Committees Regulations 1977, Workplace (Health, Safety and Welfare) Regulations 1992, Control of Substances Hazardous to Health Regulations 2002 (COSHH), Manual Handling Operations Regulations 1992, Regulatory Reform (Fire Safety) Order 2005, The Health and Safety (First Aid) Regulations 1981 and Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR). The schools has a responsibility to provide a safe environment for your child and the company owner is responsible for health and safety matters concerning The Outdoors Project.

At The Outdoors Company we: Provide a safe and healthy environment by following guidelines from the above regulations. Have a procedure in place to ensure children only leave the premises with individuals named by the parents or by another adult by obtaining written permission from the parents.

Conduct a risk assessments and review them regularly at least once a year or when the need arises. A daily check is carried out inside and outdoors prior to the children attending to identify and take reasonable steps to minimise the risks and inform others of any potential hazards.

Follow procedures for staff so they are informed and aware of potential hazards within the surrounding environment actively protecting children from hazards. All accidents and any incidents are recorded in the accident book and parents notified as soon as possible. Staff and visitors are also requested to record any accidents in the staff accident book and the appropriate supervisor informed.

Inform staff of hygiene rules with particular care relating to bodily fluids. Staff is aware of how infections can be transmitted.

Make sure furniture, toys and equipment on the premises are in good repair and conform to safety standards and ensure any faulty equipment and hazards are reported or removed immediately.

Emergency & First Aid Action Plan

Emergencies could include:

- First Aid
- Sudden, severe weather changes (lightning/gales)
- Outside forces – strangers, dogs or terrorist attacks

Assess and manage situation:

- a) If a minor problem - Lead Instructor to administer first aid where required or possible. Child's parents contacted as necessary. Incident report form completed and signed by parent. Please also complete evaluation for highlighting situation. Return all in club folder.
- b) Severe weather/lightning strikes – Children gathered using 1,2,3 basecamp call. Head count. Take group back to nearest point of safety. School hall / School Emergency Meeting Point / Open playground.
- c) Stranger danger – Children gathered using 1,2,3 basecamp call. Head count. Take group away from situation. In extreme cases call school office or 999
- d) In case of serious accident:
 - Call 999 if necessary.
 - Conduct emergency first aid if required/possible
 - If possible the person in danger will be taken to the nearest point of access for the emergency services
 - Ensure danger has passed and no other participants are in danger, if so move to safety

To get help use any of the following details below:

Mobile (direct to 999) - Details for Medical Staff:

- Who you are and contact number
- Age of patient
- Nature of injury
- Nature of site (how to get there)

Location:

Please see schools contact sheet for full address of all school locations and note nearest access point for emergency services communication.

Mobile Phone Coverage:

There is mobile phone coverage at all East Sussex School Locations.

Senior member of staff to gather the children back to basecamp, head count and supervise until situation is under control.

Please send member of staff or older pupil to school office for additional help.

Use common sense. Is it safe to leave group to go to office? Is it safe to send a pupil?

- Ensure that there is an adult available to direct emergency services.
- Ensure that a member of staff accompanies casualties to hospital with any relevant medical information.
- Contact parent as soon as safe to do so, reassure them and give clear instruction to your whereabouts
- Fill in accident form and pass on information to OP office.
- Call Joel for assistance if needed.
- Keep a record of all events, times and contacts during and after the incident.
- Contact school/parents/group leader as necessary

Sick Child Policy

It is The Outdoors Project's policy not to admit children who are sick to prevent the spread of infection to others.

Any child suffering from a rash, sore throat, discharge from the eyes, or sickness and diarrhoea, should be kept at home until his/her doctor has certified in writing that he/she is fully recovered or 48 hrs have elapsed since the last outbreak.

If a child is sent home from school or is off school due to illness, then they are not permitted to attend the after school club.

Parents are required to supply updated and relevant contact details of people who may be contacted in case of a child becoming unwell or receiving a minor injury whilst at The Outdoors Project.

If during one of the Clubs a child becomes ill it is the responsibility of the Lead Instructor to ensure parents and head office are informed. It is also important to ensure an Incident report is fully completed.

Infection Control

We at The Outdoors Project prevent the spread of infections by ensuring high standards of personal hygiene and practice, particularly hand washing, and maintaining a clean environment.

We aim to ensure high standards of personal hygiene and practice by:

- Hand washing using liquid soap, water and paper towels, always wash hands or use anti – bacterial hand gel after using the toilet, before eating or handling food, and after handling animals.
- Staff cover all cuts and abrasions with water proof dressings.

Medicine Policy

Staff may only administer prescribed medication if written authorisation is given to a member of THE OUDOORS PROJECT STAFF by the parent/carer prior to attending the club for each and every medicine on a medicine form, which authorises staff to administer stated medicine for that child.

It is the parent's responsibility to inform us of the last time the child was administered the medicine at school / home.

Medicines must be stored in their original container, clearly labelled and staff will check to ensure the child has it.

Due to the nature of the business we do not have facilities to store medication in a fridge.

For children with long-term medical needs parents must ensure that they provide us with sufficient information about the medical condition and provide details of any changes to the support required.

Under no circumstances will we allow children to take their own medicine or staff administer any medicines without prior written consent from the parent. The consent must be given to The Outdoors Project and not the school.

Staff will ensure they are aware of the locations medication is stored when at After School Clubs. It is the company's policy that there will be a First Aider present at each club.

Food and Drink Policy

The Outdoors Project promotes healthy eating for both children and staff. We ask that all parents/ careers provide snacks which are healthy, balanced and nutritious, encouraging children to try different foods of their choice.

We make sure that a child is sitting at a designated area and following the club rules to ensure the health and safety of all children. This includes not allowing children to swap or share food or drinks.

The Outdoors Project does not provide any snacks for the children however does allow at specific times throughout the day in the holiday club for the children to eat their snacks, fresh drinking water is available to children at all times. During some activity sessions there is an exception to this, however this is communicated at the time of booking.

We cannot and do not heat up or refrigerate food and request parents supply ice packs (especially in the summer months) to keep food at an appropriate temperature.

Parents are requested to give details of any special dietary requirements and allergies the child may have at the time of enrolment.

Appendix A – Accidents and Incidents Report Form

Accident / Incident report form – to be used for medical / discipline / child protection issues



Incident Report Form

1. Time and Place	
Date of incident	
Time of incident	
Location of incident	

2. Description of Incident

3. Incident Type		
<input type="checkbox"/> Injury	<input type="checkbox"/> Near Miss	<input type="checkbox"/> Other

4. Incident Cause	
<input type="checkbox"/> Administration of medication	<input type="checkbox"/> Hit against something fixed or stationary
<input type="checkbox"/> Behaviour Management	<input type="checkbox"/> Hit by a moving object/person
<input type="checkbox"/> Contact with extreme temperature	<input type="checkbox"/> Manual Handling of Loads
<input type="checkbox"/> Contact with moving machinery	<input type="checkbox"/> Manual Handling of People
<input type="checkbox"/> Contact/exposure to a harmful substance	<input type="checkbox"/> Noise
<input type="checkbox"/> Fire	<input type="checkbox"/> Recreation/sport
<input type="checkbox"/> Drowned/asphyxiation/Choking	<input type="checkbox"/> Repetitive Strain Injury
<input type="checkbox"/> Existing medical condition	<input type="checkbox"/> Sharps (e.g. needle-stick, broken glass)
<input type="checkbox"/> Explosion	<input type="checkbox"/> Slip/trip/fall on the same level
<input type="checkbox"/> Exposure to event causing emotional/psychological harm	<input type="checkbox"/> Trapped by something collapsing
<input type="checkbox"/> Fall from height	<input type="checkbox"/> Use/failure of equipment
<input type="checkbox"/> Fatality/Major Incident	<input type="checkbox"/> Vehicle incident/hit by moving vehicle
<input type="checkbox"/> Injured by animal	<input type="checkbox"/> Other – Please specify

5. Injured Party	
Name:	
Address:	
Job Title or Class & School:	
Phone number:	
Male/Female:	
Date of Birth:	
Category:	<input type="checkbox"/> The OP Instructor <input type="checkbox"/> Pupil <input type="checkbox"/> Member of the Public <input type="checkbox"/> School Staff <input type="checkbox"/> Visitor/Job Trial <input type="checkbox"/> Other

6. Injury Type		
<input type="checkbox"/> Allergic Reaction	<input type="checkbox"/> Concussion	<input type="checkbox"/> Multiple Injuries
<input type="checkbox"/> Amputation	<input type="checkbox"/> Crushing	<input type="checkbox"/> Nerve Damage
<input type="checkbox"/> Asbestos Exposure	<input type="checkbox"/> Cuts and Bleeding	<input type="checkbox"/> Occupational Disease
<input type="checkbox"/> Asphyxia/Suffocation	<input type="checkbox"/> Death	<input type="checkbox"/> Poisoning
<input type="checkbox"/> Bite	<input type="checkbox"/> Dislocation	<input type="checkbox"/> Psychological/Emotional Harm
<input type="checkbox"/> Blisters	<input type="checkbox"/> Electric Shock	<input type="checkbox"/> Scratches
<input type="checkbox"/> Broken Bone/Fracture	<input type="checkbox"/> Hearing Loss	<input type="checkbox"/> Strain/Sprain
<input type="checkbox"/> Bruise	<input type="checkbox"/> Irritation/Inflammation	<input type="checkbox"/> Superficial Injuries
<input type="checkbox"/> Burn	<input type="checkbox"/> Loss of Sight	<input type="checkbox"/> Other (Please Specify)

7. Body Part Affected		
<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Finger	<input type="checkbox"/> Multiple Areas
<input type="checkbox"/> Ankle	<input type="checkbox"/> Foot	<input type="checkbox"/> Neck
<input type="checkbox"/> Arm	<input type="checkbox"/> Groin	<input type="checkbox"/> Nose
<input type="checkbox"/> Back	<input type="checkbox"/> Hair	<input type="checkbox"/> Shoulder
<input type="checkbox"/> Breast/Chest	<input type="checkbox"/> Hand	<input type="checkbox"/> Teeth
<input type="checkbox"/> Buttocks	<input type="checkbox"/> Head	<input type="checkbox"/> Toe
<input type="checkbox"/> Ear	<input type="checkbox"/> Internal Organs	<input type="checkbox"/> Torso
<input type="checkbox"/> Eyes	<input type="checkbox"/> Knee	<input type="checkbox"/> Wrist
<input type="checkbox"/> Face	<input type="checkbox"/> Leg	<input checked="" type="checkbox"/>
<input type="checkbox"/> Finger	<input type="checkbox"/> Mouth	

8. Treatment		
First Aid: <input type="checkbox"/> Yes <input type="checkbox"/> No	Taken to hospital? <input type="checkbox"/> Yes <input type="checkbox"/> No	Ambulance Called <input type="checkbox"/> Yes <input type="checkbox"/> No
First Aid Given / By Whom?		

9. Witness Details		
Name:		
Phone No:		
Email Address:		
Category:	<input type="checkbox"/> Lead Instructor <input type="checkbox"/> Assistant Instructor <input type="checkbox"/> School Staff <input type="checkbox"/> Pupil	<input type="checkbox"/> Parent <input type="checkbox"/> Visitor <input type="checkbox"/> Trial Instructor <input type="checkbox"/> Other – Who:

10. Reporting Instructor Certification
<input type="checkbox"/> To the best of my knowledge I certify that this is a true account of the events of the incident/occurrence.
Name:
Date:

11. Parent / Guardian Informed <input type="checkbox"/> Yes <input type="checkbox"/> No			
Informed by		Date	
Parent Signature		Date	
Parent Name		Comment	

The following sections are for completion by a MANAGER

12. Why did the incident happen?

13. What action was taken straight away?

14. Recommended action to prevent an incident like this happening again?

15. Staff Absence?
If injured person is an OP Instructor are they taking time off work? <input type="checkbox"/> Yes <input type="checkbox"/> No
First Day of Absence
Last day of absence (if known)

16. Manager Authorisation		
Name:	Signed:	Date:

Appendix B – Risk Assessment Form

This form must be completed before new clients, events or take part.



Risk Assessment Form – Location & Activities

Activity		RISK Low = L Moderate = M High = H
Location		
Number of Children		
Assessment Date		
Review Date		
Assessor: Signature:		

Description of Hazard & Associated Risks	Risk Rating	Persons at Risk	Current Control Measures	Any Further Action
	L, M, H			